Morecare Limited

Old Vicarage Nursing Home

Inspection report

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Tel: 015436838333

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 2 June 2016 and was unannounced. At our last inspection on the 1 June 2015 we found that improvements were required to give people a positive mealtime experience and ensure they received adequate food. The provider sent us an action plan setting out how they would make the improvements. At this inspection we found mealtimes were better managed and people were supported appropriately however we found other areas of concern.

The Old Vicarage Nursing Home provides accommodation, personal care and nursing care for up to 30 people, some of whom may have dementia or sensory impairment. There were 25 people living in the home on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
When we were planning the inspection we looked at the information we held about the provider including the information they are required to send us by law. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) however we gave them the opportunity to share information with us during our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Staff sought people's consent before they provided care and support. Where people were not able to make decisions for themselves as they may lack capacity, the provider had not always assessed whether people could make these decisions themselves; this meant that some decisions that had been made may not be in their best interests.

Improvements were required to the way medicines and medicine stock was recorded. Staff had received training so that people's care and support needs were met. When new staff joined the team the provider had introduced the new Care certificate to ensure they developed and demonstrated key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff understood their responsibility to safeguard people from harm and what constituted abuse or poor practice. Where risks associated with people's health and wellbeing had been identified there were management plans in place to protect people. People's care needs were planned and reviewed regularly. There were a sufficient number of suitable recruited staff to support people living in a caring environment.

Staff provided care which was kind and compassionate. People were supported to maintain their dignity and their right to privacy was recognised. People were supported to socialise together and maintain relationships with people who were important to them. There was information on raising concerns or

complaints displayed prominently. Visitors views on the service was sought and staff felt well supported by the registered manager.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from harm and potential abuse by staff who were suitable to work with them. People's risks were assessed and there were individual management plans in place to keep people safe. The equipment and the environment were well maintained.

Is the service effective?

Requires Improvement

The service was not consistently effective. Staff understood the importance of gaining consent from people before providing care. However, the rights of people who lacked the capacity to make choices for themselves were not protected. People were provided with a varied and nutritious diet and supported to eat in a sociable atmosphere. People had support from healthcare professionals when required.

Is the service caring?

Good

The service was caring. People were treated with kindness and compassion. Staff promoted people's dignity and recognised their right to privacy. People were supported to maintain their important relationships.

Is the service responsive?

Good

The service was responsive. People received the care they preferred because staff understood their likes and dislikes. People were supported to engage socially with staff and each other. People and visitors were provided with information about raising concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Records associated with the administration and stock control of medicines required improvement. Audit processes were in place to identify where improvements were required. Relatives and healthcare professionals were asked to share their views of the service. Staff said the service was open and honest with them and they felt well supported.

Old Vicarage Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection visit under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 2 June 2016 and was carried out by one inspector. We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home. On this occasion we had not asked the provider to complete information for the Provider Information Return about their service. The PIR is a form that asks the provider to give us some information about their service, what they do well and any improvements to care they plan to make.

As we were unable to have detailed conversations with people we observed the care being provided in communal areas to understand people's experience of care. We spoke with two relatives, five members of the care staff and the registered manager. We did this to gain views about the care and to check that the standards were being met.

We looked at four care plans to see if the records accurately reflected the care people received. We also looked at records relating to the management of the service including quality checks and four recruitment files to ensure there were suitable checks in place.

Good

Is the service safe?

Our findings

Staff understood their role in protecting people from harm and keeping them safe. Staff told us they had received training in safeguarding people and knew the different categories of abuse people might be at risk of and the action they should take. One member of staff told us, "People aren't well so we need to protect them. The first thing I'd do is reassure the person and then go to report it".

People's risks had been identified and assessed. The assessments provided staff with information about the level support people needed to be moved safely or to ensure they received adequate nutrition. We saw that some people needed to be moved by staff using equipment. We saw staff operated this in a safe manner and provided reassurance to people as they did so. One member of staff said, "Going up. Hold on there, that's it, well done". We saw that people looked relaxed during the manoeuvre which demonstrated their confidence with the staff.

We saw there were sufficient staff to meet people's needs. Staff told us that the staffing levels were maintained and that any gaps caused by sickness were covered internally. One member of staff told us, "The staffing is pretty good. The staff are reliable and if people ring in sick we cover it ourselves". There was at least one member of staff in the communal lounge all of the time and staff recorded the checks they made on people who remained in their bedrooms. Staff told us there were recruitment processes in place which were completed before they could start work. We spoke with a member of staff who told us, "I had an interview and had to wait for all my checks to come back before I could start". Another member of staff said, "I had a DBS in my last job but I had to get it done again for here". The Disclosure and Barring Service (DBS) is a national agency which holds information on criminal convictions. We looked at four recruitment records which confirmed that staffs suitability to work within a caring environment was completed before they were able to work with people who lived in the home.

We saw medicines were stored securely and at safe temperatures to ensure they remained suitable to use. Some people were receiving homely remedies. These are medicines which are available to buy 'over the counter' and include medicines for pain relief and coughs. We saw the system gave clear guidance to staff on the use and restrictions associated with these medicines. The registered manager told us that they had introduced the system to reduce the amount of stock they were storing to a safer and more manageable level.

There were checks on the environment to ensure it remained safe for people to live in. We saw that the health and safety aspects of the home were reviewed and there were regular checks and routine maintenance in place for the equipment in use.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 1 June 2015 people were not supported to enjoy a pleasurable eating experience because mealtimes were not well managed. We judged that this was a breach of Regulation 17 of the Health and Social Care Act 2014 and issued the provider with a requirement notice to improve. The provider sent us a plan setting out the actions they intended to take. At this inspection we found that the provider had implemented the changes they had planned and people's experience at mealtimes had improved. We looked at the menu plans and saw they provided people with a varied and healthy choice of foods. One person said, "The food is always worth waiting for". People were encouraged to be independent as they ate and were provided with adapted plates to facilitate this. When people needed assistance we saw staff sat with them and provided patient encouragement. People's weight was monitored regularly and when necessary supplements were provided to increase their intake and support their health and wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that there had been no capacity assessments for some people who needed to be supported with their decision making. One person was receiving their medicines covertly which means without their knowledge. People can be given their essential medicines in this way when they do not have the capacity to understand this is in their best interest. There was no capacity assessment in place for this person and the reasoning behind their covert medicines had not been demonstrated as is required under the Act. We read in another person's care plan that their relative had been asked to consent for their care and support. There was no assessment in place to demonstrate that they were unable to consent on their own behalf or that their relative had the legal authority to make decisions for them.

This is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that some people had DoLS authorisations in place to keep them safe and the provider had submitted applications to restrict other people to ensure they complied with the statutory requirements of the Act/ law.

Staff told us they were provided with opportunities to extend their knowledge and the skills they required to care for people effectively. One member of staff told us, "We get training all the time. We can ask to do things we want as well". Another member of staff said, "We're learning all the time". New members of staff told us they were supported with an induction programme before they were able to work alone. One member of staff told us, "During induction we learn about people and shadow the other staff. The [registered] manager checks that we're okay". New staff also told us they were completing the Care Certificate. One member of staff told us, "I'm working through the modules with the support of the [registered] manager and care coordinator". The Care Certificate has been introduced nationally to help care workers develop and

demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff said they received regular opportunities to discuss their performance and felt able to discuss anything that was worrying them during their one-to-one supervision sessions. One member of staff told us, "We get supervision regularly; they're very good about it". Another member of staff said, "I feel I can discuss anything in confidence".

People received additional support from specialist healthcare professionals to support their mental, physical and psychological health and wellbeing. We saw in people's care plans that people had regular engagement with the optician, podiatrist and their doctor to ensure all their needs were met.

Good

Is the service caring?

Our findings

A relative we spoke with told us, "My relation received wonderful care and attention. I cannot fault the care here". We heard staff speaking kindly to people and saw they offered regular non-verbal gestures, such as stroking people's hands as they spoke with them. We saw that staff demonstrated a genuine interest with people and engaged with them throughout the day on a one-to-one basis. Staff knew people well and were able to support people with their needs when verbal communication was difficult. Some people did not remember they had already asked a question and we heard staff respond to them with patience. People looked comfortable in the presence of staff and we heard laughing and banter between them. One person told us, "They are kind to me".

We saw that when staff offered care, the person's dignity was promoted. A relative told us, "They treat everyone with dignity and respect". Staff approached people discreetly to offer personal care and we saw that care was delivered behind closed doors to ensure the person's privacy was maintained. Staff understood that some people preferred to spend time alone in their bedroom and supported their right to privacy. One member of staff told us, "We just take it as it comes. People do what they want and choose how to spend their time". We saw that staff made regular checks on people who were in their bedrooms to ensure they were still happy to be there. People were supported to maintain their appearance and presentation. One person told us, "They keep my nails nice and clean for me". We saw that staff noticed when people's clothing needed adjusting and heard one member of staff say, "Let's tuck you in", when they saw a person's clothing was untidy. We heard another member of staff offering clothing protectors to people before their meal. They said, "Can I put this on you to keep your clothes clean?" This demonstrated that staff protected people's dignity when they were unable to do so for themselves.

People were supported to maintain relationships with their families and friends. One relative told us, "They give the relatives as much attention as people. The staff are very caring and always offer you a drink when you come in".

Good

Is the service responsive?

Our findings

People were provided with personalised care which reflected their preferences. We saw where people were unable to provide information about their likes and dislikes for themselves their relatives had been consulted. One member of staff said, "We always ask people's relatives what they do and don't like if they can't say for themselves". We saw that the information in people's care plans reflected their preferences, for example how they liked their tea and the time they preferred to go to bed. People's care was reviewed regularly and we saw when changes were required, for example when a person had sustained a fall, this was recognised and action taken. Staff told us that they received an update on people's day during the shift handover, which included the personal care they had received and their wellbeing. We saw that each person had a named nurse who was responsible for ensuring their planned care met their needs. People also had a key worker. One member of staff explained the key worker role to us and said, "Key workers are responsible for checking what a person has done over the month. We also check their clothes and make sure they have enough toiletries etc".

People were supported to take part in activities if they wanted to. The registered manager told us the member of staff appointed to lead on the activity provision had recently left the service and they were trying to replace them. Staff were providing the support in the interim. We saw staff sat with people and supported them individually during the morning of our visit. Some people were drawing and others were discussing the items in a reminisce box. We heard one person telling staff about their wedding. During the afternoon there were group games such as floor noughts and crosses and we saw staff encouraging and helping people to participate.

A relative told us, "I don't have any complaints; quite the opposite but I would raise any concerns directly with the registered manager". The registered manager told us they had not received any complaints or had concerns raised with them since our last inspection. We saw there was a complaints procedure displayed in the entrance hall of the home. The policy set out how people could share their concerns and what response they could expect.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection 1 June 2015 we found discrepancies in the way medicine stock was monitored which had not been identified during the internal monitoring process. At this inspection we saw that the records related to the administration of medicines still required improvement. We saw that staff were not keeping accurate records of the medicine stock in place for each person. We looked at the medicine administration records (MAR) for three people who were receiving medicine to settle them when they became anxious. We found that none of the remaining stock levels tallied with the expected levels for the person. Some stock was over the level expected and some was below. The registered manager told us and we saw that they had already identified the problem in their last MAR audit. We saw that a member of staff had been tasked with increasing the monitoring and control of stock. The registered manager told us that staff received regular training and updates on the administration and recording of medicines. However there were no arrangements in place to monitor the competency of staff to do so safely and accurately.

Some of the people who used the service were unable to explain to staff when they were in pain and required medicines for pain relief. There was guidance in place for the use of 'as and when required' medicines however this did not provide information for staff on how to identify when people, who were unable to tell them, might need them. This meant staff may not know the signs to look for to indicate a person was in pain or uncomfortable.

There was an audit programme in place to monitor the quality of the service and drive improvement when necessary. We saw that the audits included all aspects of the service including checks that people's care was recorded accurately. There were processes in place to analyse the incidents and accidents which occurred to identify if there were any trends. For example, with falls we saw the analysis included the time of day, if the fall had been witnessed by staff and what actions had been taken to prevent further occurrence.

We saw that relatives and healthcare professionals were asked to share their views of the service with an annual satisfaction survey. The responses received for 2015 were displayed in the reception area and we saw these provided positive comments about the care of people living at the Old Vicarage.

Staff told us they worked together well. One member of staff said, "We're a good team. We work together well". Staff said there was an open and supportive environment in the home. A member of staff told us, "The [registered] manager is good at letting us know what's going on. We have some informal meetings when they come into handover to update us and make sure we're okay". We saw there were staff meetings arranged to discuss changes. We looked at the minutes of the last meeting and saw key worker roles were discussed and staff were reassured that they could raise concerns at any time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not have a system in place to ensure people who may lack capacity had decisions made in their best interest.