

Mr & Mrs R W Cope

The Old Vicarage Residential Home

Inspection report

Vicarage Road
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Tel: 01538723441

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 28 November 2016 and was unannounced.

The Old Vicarage Residential Home provides residential for up to 15 older people, some of whom may be living with dementia. There were 14 people resident at the time 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.

The registered manager identified when people's needs changed and may need nursing care. However, whilst waiting for this reassessment, suitable moving and handling equipment was not available to help them to move safely.

The application form completed by new staff did not enable them to share a full employment history or disclose previous convictions. This meant recruitment procedures could be improved to ensure the provider had all the necessary information to check new staff's suitability to work with people.

People made decisions about their care and staff sought people's consent before they provided support. Where people were not able to make decisions for themselves, capacity assessments had been completed and best interest decisions had been made. Where restrictions had been identified; applications to restrict people of their liberty had been made to ensure this was lawful.

Staff were available at the times people needed them and staff had received training so that people's care and support needs were met. The provider had introduced the care certificate for new staff to ensure they developed and demonstrated key skills, knowledge, values and behaviours. This would enable staff to provide people with safe, effective, compassionate and high quality care.

People received support from health care professionals where they needed this to keep well. Staff supported people to attend healthcare appointments and liaised with their GP and other professionals as required to meet people's needs. People were supported to eat and drink and there was a choice of foods available. Specialist diets were catered for and alternative meals could be provided upon request.

People were treated with kindness and compassion by staff who knew them well. We saw that their privacy and dignity was respected and people were called by their preferred name. People were confident that staff supported them in the way they wanted. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence.

People knew how to make complaints. They were confident that the staff and registered manager would respond to any concern and they could approach them at any time. Complaints were managed in line with the provider's complaints procedure and people were informed of any investigation and actions.

Quality assurance systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. There was an open culture and which put people at the heart of the service. There was regular communication with people and staff whose views were gained on how the service was run; their views were used to make continuous improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Where people's dependency needs had changed, equipment to help them move safely was not available. Recruitment checks need to be more thorough to ensure that all the necessary information to make a judgement about new staff was available. There was sufficient numbers of staff on duty to meet people's needs and medicines were managed safely to enable people to take the correct medicines at the right time.

Is the service effective?

Good 

The service was effective.

Staff understood the importance of gaining consent from people prior to providing care. When people were unable to make decisions, capacity assessments had been carried out and decisions made in their best interests. Staff received the training they needed to support people. People had access to health care professionals to maintain their health and wellbeing.

Is the service caring?

Good 

The service was caring.

People received support from staff who were kind and caring. Staff knew how people wanted to be supported and provided care in line with their preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care; their views were listened to and acted upon.

Is the service responsive?

Good 

The service was responsive.

People were able to continue with their hobbies and interests and activities were provided according to people's preferences. People's care was reviewed with them to ensure it reflected how they wanted to be supported. People knew how to complain and the provider responded effectively to people's complaints about

the service.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were carried out to review the quality of the service provision. People were able to approach the manager who was supportive and sought their views and opinions about the service. Staff were supported in their role and able to comment on the quality of service and raise any concern.

The Old Vicarage Residential Home

Detailed findings

Background to this inspection

We carried out this inspection 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 inspection took place on 28 November 2016 and was unannounced. Our inspection team consisted of one inspector.

We spoke with six people who used the service, two relatives and visitors, three members of care staff, the cook and the registered manager. We did this to gain views about the care and to check that the standards were being met. We observed care in the communal areas of the home so that we could understand people's experience of living in the home.

The provider completed a Provider Information Return (PIR). 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. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at three care records to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

The manager had recognised where people's needs had changed and had organised for a review of their care to determine whether they needed to move to a nursing home. However, they had not ensured that action was taken to reduce the immediate risk to their safety. The staff knew about people's changing support and had expressed concerns that the service could no longer meet their needs. We saw that two staff helped one person to move into their wheelchair and there was no moving and handling equipment to ensure any risks with moving were minimised. The registered manager agreed that further prompt action needed to be taken to ensure the person was safe and agreed to raise this under safeguarding procedures to prevent any potential harm. Following our inspection, the staff confirmed that support had also been provided from a health care professional with how to help them to move, to keep them safe.

For other people, potential risks for people had been identified and steps taken to minimise them. One person told us, "The staff watch me to make sure I am safe. They know I like to walk around by myself. I'm slow but I get there and I'm happy with this." The risk assessments included specific details of how people wanted to be supported and we saw this matched what we saw.

When new staff were recruited into the service the application form they completed did not contain a full employment history or to disclose any previous convictions. The registered manager agreed that this needed to be reviewed to ensure all required information was obtained so that the recruitment procedures made sure, as far as possible, that staff were safe to work with people who used the service.

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. The staff understood the procedure to follow to report concerns and were confident these would be dealt with appropriately by the manager. One member of staff told us, "Initially I would speak with the manager or senior unless I suspected they were involved with any abuse and I'd go above them." The staff confirmed they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them. One member of staff told us, "We are a small staff team and many of us have worked here for many years. People here are like family to us and I would most certainly report something that I knew wasn't right."

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help then staff were quick to respond. One person told us, "If you have to call them for anything, they are never far away and come quickly." We observed that staff were available at the times people needed them and they received care and support that met their needs and preferences. The staff told us that the team worked together to ensure that vacancies or unplanned absences were covered in the team. One member of staff told us, "We like to cover everything ourselves as we know people really well. It's always better for people if we cover any shifts." The staff explained that continuity of care for people was helped by having a low turnover of staff within the team.

People's medicines were safely managed and we saw people were offered their medicines with a drink. People were told what their medicines were for and staff spent time with them to ensure they took them. We

saw that medicines were administered according to the prescriptions. Some people needed certain medicines 'as required' (PRN); individual plans were agreed so that staff knew when to administer the medicine and the amount to give. One person told us, "The staff ask me if I have any pain and I can have more tablets if I need them." Another person told us, "If I'm in pain I can have a paracetamol and that seems to work." All medication was kept securely in a locked cupboard to ensure that it was not accessible to unauthorised people.

Arrangements were in place to check the premises and equipment, to ensure that people were kept safe. For example, in relation to fire safety equipment, hot water temperatures, electrical and other equipment; we saw that all checks were up to date and no issues had been identified. Fire drills were held regularly so that staff knew what action to take in the event of an emergency.

Is the service effective?

Our findings

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. 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 checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where staff had identified that people may no longer have capacity to make certain decisions, capacity assessments had been completed and a best interest decision recorded. One member of staff told us, "We've had training to understand about capacity and decisions making and even if people are judged not have capacity, we know they can still make some decisions. People still have choices here." Another member of staff told us, "We are the best people to do these assessments because we are the ones that know them." We saw where there were concerns that people may be restricted, applications to lawfully deprive people of their liberty had been made. One member of staff told us, "I know the people who have a DoLS in place. We still allow them their rights, but the DoLS is for remaining here and it was decided that it was in their best interests."

New staff members had completed an induction when they first started to work in the home. The manager recorded within the PIR that the induction was completed in the first 12 weeks of employment and this gave staff the confidence to carry out their role and responsibilities effectively. New staff were given the opportunity to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new 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. One member of staff told us, "New staff get a lot of support and training. We are such a small team we need to make sure we all work well together and have the same values so we can maintain quality here."

People were confident that staff supported them in the way they wanted to be supported. Staff received ongoing training the provider considered essential to meet people's care and support needs. One member of staff told us, "We do a lot of training here. I love learning about new things so even if it's not essential, I do it. I've just done training about learning disabilities. Even though you'd think that wasn't relevant, it still teaches you about treating everyone as an individual and having positive values." Staff told us that if further learning was identified, this was reviewed and discussed through their supervision and appraisal system. One member of staff told us, "If we need to do more training then it's arranged and it's no bother."

People were provided with a varied diet and there was a choice of food and drink. At breakfast time, people were eating porridge or toast and drinks were offered in cups and saucers. The tables were pleasantly laid and people were able to help themselves to any toppings, condiments or sugar. People were independent

and sat talking together sharing experiences and laughing. People were asked by staff what they wanted to eat and drink and asked if they were still hungry and wanted more food. Where people needed any drink thickened due to a risk of choking, the staff knew how much thickener to use and what consistency the drinks needed to be to ensure the risks were minimised.

People told us they were supported with accessing health care services such as GPs, dentists and opticians. One person told us, "If I'm not well then the doctor will come and visit me. I don't have to wait." The doctor comes and visits me here. I only have to ask." Where people needed medical support due to changing health needs, we saw this was obtained and changes to people's care was recorded. People received support from the district nursing team where they needed any dressing changed or wounds monitoring. This support was recorded in the support plan to ensure all staff had the necessary information to provide the support people needed.

Is the service caring?

Our findings

People's comfort was important to staff and we saw where people were agitated or upset the staff spoke with people, giving reassurance and support. The staff responded with care and compassion and spoke with people about how they were feeling and why they were upset. We saw people responded and walked away with staff telling them how they felt. People and their relatives told us they were happy and were complimentary about the care and support they received. We saw there was a relaxed atmosphere and people were comfortable with staff. There was laughter between people and with staff. One person told us, "The staff are so kind."

People were able to retain their independence and one person told us, "I like to get involved and often do the tables after the meals. I like doing this." People were able to walk around the home on their own where this was safe. One person told us, "Some days I walk on my own or use my frame. If I'm struggling, I have a wheelchair I can use but I try not to use that." We saw when people were supported to move in their wheelchair, the staff checked they were wearing footwear and the footplates were positioned correctly and they asked people where they wanted to go.

The staff treated people with respect and were able to make choices about their care. One person told us, "The staff are so patient and they are never rude to any of us." We saw that staff were patient and waited for responses When speaking with people.

People told us their dignity and privacy was respected by staff. Staff greeted people by their preferred names. People and relatives were positive about the staff and told us they were caring. We saw staff speaking with people discreetly about matters of a personal nature. For example, when people had spilt food on their clothes, staff supported them to change. People told us that when they received personal care, it was provided in a private space and the staff were sensitive and recognised where they could be independent. One person told us, "The staff still let me wash where I can reach and I prefer it this way. They are very respectful and know when I want some privacy."

People were supported to maintain important relationships with their friends and families. Relatives told us they were able to visit at any time. One relative told us, "[Person who used the service] is a part of a large family and we all know we can visit at any time. We try to avoid meal times but tonight there is a buffet dinner as it is [Person who used the service]'s birthday. Everybody is welcome and it's nice that we can still celebrate together."

People were able to be supported by an advocate. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

Is the service responsive?

Our findings

People received care and support in the way they preferred and their support needs had been discussed and agreed with them. Individual support plans included information about how people wanted to be supported and their likes and dislikes. One person told us "It's really up to you how everything is done. If you want a shower you can have one at any time, you only have to ask." Another person told us, "I can think for myself and nobody bosses me around. The staff know how I like everything done and they don't let me down." People knew they had written support plans and these were reviewed each month and people had been asked to sign the review to evidence their involvement. Where people's needs had changed, the support plan was updated to reflect this. For example, one person no longer used a walking stick when walking and used a walking frame. A member of staff told us, "We noticed they weren't as steady as they used to be so we arranged for a review. They now walk with a frame and we arranged for a medication review too as they were drowsy which meant they were at an increased risk of falls. It's much better now."

People could choose how to decorate and arrange their furniture in their room. One person told us, "The staff were lovely when I moved here. They moved the wardrobe so I could fit my chair in. I have my pictures hung on the wall and it's just how I want it." Another person told us, "I made a good choice when I decided to move in here and it's the kindest of places."

People chose how to spend their time and what to be involved with. One person told us, "There's no hard or fast rules here. You can choose what you want to do including going to bed when you want." A range of activities were organised based on people's interests. One person told us, "I'm quite happy talking with my friends here and I get lots of visitors." Another person told us, "I enjoy it when the singers come in. We've had some good shows." People told us they were happy with the level of activity provided and could choose whether or not to participate.

People were supported to practice their faith and staff recognised the differences in how people chose to meet their religious needs. One person told us, "I'm quite a religious person and I like to have holy communion here." One member of staff told us, "It's up to people how they want to practice their faith. People can go to church or we have a service here."

People knew how to raise any concerns and make complaints if needed. The provider's complaints procedure was on display in the entrance to home. One person told us, "I always know I can talk to the staff. They are so friendly; they have been from the start so it's easy to tell them if anything is bothering me." Another person told us, "If you say anything, then something's done about it. I'm quite settled here and family are happy to know that I am so settled here." We saw where people had raised concerns there were arrangements in place to resolve these and people were informed of any outcome.

Is the service well-led?

Our findings

Quality assurance systems for monitoring the health and safety of the home had been introduced for checks on the fire equipment, the quality of the household equipment and environment. Walking frames and wheelchairs were assessed weekly and one member of staff told us, "We check these regularly as you can't be too careful. If one of the rubber feet had come off the walking frame, this could mean it slides and people would fall. We know how important these checks are." Accidents and incidents, including falls, had been recorded and analysed by the registered manager to identify any trends. Referrals were made to external professionals as required to reduce the risk of further accidents and incidents from occurring again.

The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. One member of staff told us, "We can talk about what we want and we can say how things are going. For example, I thought one chair didn't need a high riser on it, so the manager arranged for them to be taken off; we now have a non-slip mat by the chair instead. It's nice that they listen to us." The manager worked alongside staff and told us in the PIR that by working alongside staff, they could see if they were happy and motivated within their role and confident to perform their duties. It also enabled them to ensure staff had the correct work ethic and work was being carried out competently.

People were encouraged to put forward their suggestions and views about the service they received. People were also consulted individually about the quality of the service and their care. One member of staff told us, "People are often more open when we speak with them on an individual basis. We ask people what they like and what we could do differently. If we do it this way, everyone gets to contribute, which is better."

There was a registered manager in the home and people felt they were approachable. People told us they were happy living in the home and thought that it was well run. The staff felt the registered manager gave clear direction to them and they felt supported and valued. Staff told us they had a good understanding of their role and responsibilities and were happy and motivated to provide support and care. One member of staff told us, "I'm lucky to work here and to be part of this team."

The registered manager understood their responsibilities and the requirements of their registration with us. They had submitted statutory notifications to us so that we were able to monitor the service people received.