

Rufus Healthcare Ltd The Old Vicarage at Airmyn

Inspection report

75 High Street Airmyn Goole North Humberside DN14 8LD Date of inspection visit: 09 February 2016

Date of publication: 08 March 2016

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Ratings

Overall rating for this service

Requires Improvement

Is the service safe?

Requires Improvement

Overall summary

We carried out an unannounced comprehensive inspection of this service on 4 and 10 June 2015. A breach of legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach regarding safeguarding adults from abuse. We undertook this focused inspection to check that they had followed their plan and to check that they now met legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Old Vicarage at Airmyn on our website at www.cqc.org.uk

The Old Vicarage at Airmyn is a care home for older people, some of whom may be living with a dementia related condition. The home is located in the village of Airmyn, close to the town of Goole, in the East Riding of Yorkshire. It can accommodate up to 22 older people.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a registered manager employed at the home. 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.

At the inspection on 9 February 2016 we found that the registered provider, registered manager and staff had attended training on safeguarding adults from abuse. They were aware of how to assess the level of risk involved in any incidents that might occur, and how this determined the action that needed to be taken.

We looked at accident recording and noted that notifications were submitted to the Care Quality Commission as required. Accident records included the action that had been taken to ensure people were safe following any accidents or incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We found that the registered provider, registered manager and staff had undertaken training on safeguarding adults from abuse, including training that advised them how to assess the level of risk and what action needed to be taken.

Accidents and incidents were documented and meetings were held to discuss any patterns or trends that might be emerging.

This meant that the provider was now meeting legal requirements. While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement



The Old Vicarage at Airmyn 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.

We undertook an unannounced focused inspection of The Old Vicarage at Airmyn on 9 February 2016. This inspection was done to check that improvements to meet legal requirements planned by the registered provider after our June 2015 inspection had been made. We inspected the service against one of the five questions we ask about services: Is the service safe? Is the service effective? Is the service caring? Is the service responsive to people's needs? Is the service well-led? This is because the service was not meeting one legal requirement. At this inspection we checked: Is the service safe?

The inspection was carried out by one Adult Social Care (ASC) inspector. We did not consult with people prior to this inspection as the purpose of the visit was to check the registered provider had made the improvements recorded in their action plan; this had been submitted to the Care Quality Commission following the previous inspection.

On the day of the inspection we spoke with the registered provider; we were not able to speak to the registered manager as they were not at work. We also spent time looking at records that related to safeguarding vulnerable people from the risk of abuse.

Is the service safe?

Our findings

At the last inspection of the service on 4 and 10 June 2015 we identified some concerns in respect of the policies and procedures for safeguarding adults from abuse and the lack of guidance for staff on how to report safeguarding incidents or concerns.

This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014; Safeguarding service users from abuse and improper treatment.

At the inspection on 9 February 2016 we saw that the service had a copy of the Integrated Multi-agency Procedure for Safeguarding Adults. In addition to this, the registered provider had developed their own set of policies; these included policies on safeguarding adults from abuse, referring staff to the Disclosure and Barring Service [DBS], professional boundaries, aggression towards staff, whistle blowing, physical restraint and safeguarding visiting children.

The registered provider and the registered manager had completed training with the local authority on safeguarding adults from abuse. The training looked at the safeguarding threshold tool used by the local authority. This tool measures the level of risk involved in a particular incident and whether or not the incident should be investigated in-house or referred to the local authority for consideration. These decisions need to be recorded on a safeguarding monitoring log; we saw that the service also had a copy of this log.

In addition to the training undertaken by the registered provider and manager, all staff had undertaken training on safeguarding adults from abuse via a private training company. The registered provider told us that ancillary staff also carried out this training. We saw evidence of this training on the day of the inspection. We also saw that there was information on the notice board about safeguarding adults from abuse and the procedures for reporting any concerns.

We checked the safeguarding and incident log and noted that no incidents had occurred that required an alert to be made to the local authority. There had been a number of falls or other accidents involving people who lived at the home. These had been reported to the Care Quality Commission as required. We discussed with the registered provider the types of incidents that would require a notification in respect of abuse to be submitted to the Care Quality Commission. We were assured that this was understood by the registered provider and the registered manager.

At the inspection on 4 and 10 June 2015 we saw that accidents and incidents were documented but there were no systems in place to analyse this data to look for any patterns or trends that were emerging. At this inspection the registered provider told us that they had a meeting with the registered manager each week when they discussed all accidents or incidents that had occurred during the previous week. These meetings were minuted and included information about any action that had been taken to reduce the risk of the accident or incident reoccurring. We discussed how it would be useful to introduce a checklist so that monitoring of any accidents or incidents would be more effective.

We saw that accidents were recorded and that the registered provider had started to record the action taken following the accident, such as referral to a GP or the emergency services. Body maps were available so that any bruises, sore areas, skin tears or fractures could be recorded. Body maps help care staff to monitor the person's recovery from any accidents or injuries.

We were satisfied that the registered provider and registered manager had taken the action required to meet legal requirements that they had told us about in their action plan.