

Torcare Limited

Old Vicarage Care Home

Inspection report

Torcare Limited

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

The inspection took place on 3 and 4 January 2019 and was unannounced.

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Old Vicarage Care Home accommodates up to 20 people in one adapted building. On the day of the inspection 11 people were living in the home. □

A manager was employed to manage the service locally. They were in the process of registering with the commission. 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 completed our previous inspection 8 and 10 April 2015 we found concerns relating to how people's mental capacity was assessed and people's care plans not always being reflective of their needs. At our last comprehensive inspection in December 2017 the service was rated requires improvement overall. We issued the provider with a requirement notice, which identified the areas to be improved. This was because the provider had not used learning from a previous inspections to improve people's records and capacity assessments and their systems to monitor records had not identified issues. Following the inspection, we were sent an action plan which set out the actions the provider was going to take. At this inspection we found the provider had made the improvements and were no longer in breach of the regulation.

At this inspection improvements had been made. People had mental capacity assessments in place when required. People's records now provided detail about their health needs. However some further action was required to clarify the specific support people needed and to detail any related needs. We have made a recommendation about this. Governance systems had also been improved and regular checks and audits had highlighted areas where improvements were required.

People told us they felt safe using the service. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had been recruited safely and had received training in how to recognise and report abuse.

People received support from staff who cared and had the skills and knowledge to meet their needs and knew people well. People and their relatives spoke positively of the staff and the support provided. People received their medicines safely and on time. They told us they could see a GP when they wanted or needed to.

Care plans detailed people's wants, needs, preferences, likes and dislikes and this information was known to staff. Staff used their knowledge of people to help ensure their diverse needs were met. Alternative methods of communication, were available and staff were aware of what equipment or support people needed to communicate successfully. People and relatives had a variety of ways they could raise concerns or ideas about the service and these were encouraged.

There was a positive culture within the service. Staff told us they enjoyed working there and felt supported by the manager and the provider. The manager was in the process of making some changes to improve the service and staff members told us they felt positive about these.

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.

There were sufficient staff on duty to meet people's needs safely.
Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

People told us the food was good and that they had enough to eat and drink.

Staff were well supported and felt confident raising concerns or asking for advice.

People had mental capacity assessments in place, where required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. Staff spoke about the people they were looking after with fondness.

People were supported to understand and make decisions about their care and staff listened to them.

People said staff protected their privacy and dignity.

People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Care plans were written to reflect people's individual needs and were regularly reviewed and updated.

People could take part in various activities in the home and suggest ways they would like to spend their time.

People were supported with compassion at the end of their life.

People knew how to make a complaint and raise any concerns. These were used to improve the service in the future.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture in the service.

People and staff saw the manager regularly and found them approachable.

People's feedback about the service was sought and their views were valued and acted upon.

Quality assurance systems drove improvement and raised standards of care.

Work was being undertaken by the provider to support staff wellbeing.

Old Vicarage Care 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 comprehensive inspection took place on 3 and 4 January 2019 and was unannounced. The inspection was carried out by two inspectors.

Prior to the inspection we reviewed the records held about the service. This included the Provider Information Return (PIR) which 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. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with six people and two relatives. We reviewed five people's records. We also spoke with four members of staff and reviewed two personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the manager and provider reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living at The Old Vicarage. Comments included, "Very safe. This is my home" and "Feel safe? Gosh yes!"

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff were up to date with their safeguarding training and felt reported signs of suspected abuse would be taken seriously. People had access to information about safeguarding and how to stay safe. People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. People moved freely around the home and were enabled to take everyday risks. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. Any actions required to reduce future incidents were taken promptly.

Risk assessments were in place which supported people to be as independent as possible. The provider information return (PIR) stated, "Each resident's individual care support plan, identifies any risk and is constantly being updated." The manager was in the process of reviewing how and where this information was recorded to make it easier for staff to find and use.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were supported by staff who were not rushed during our inspection and acted quickly to support people when requests were made. People had their call bells to hand and staff came promptly when they were called. Staff told us there were enough staff for them to meet people's needs safely. The PIR stated that the rota was flexible and took into consideration the skill mix of staff.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People could manage their own medicines if they requested and it was safe for them to do so.

Regular checks and audits were undertaken to monitor and maintain the safety of the service. A recent fire risk assessment had also been completed. Actions from this and the health and safety checks were added to an action plan and completed in order of priority. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information.

People were protected from the spread of infection by staff who had received infection control and food

hygiene training. Audits were completed and areas which required improvement acted on.

Is the service effective?

Our findings

At our last inspection in December 2017 we found people did not always have guidance for staff about how to help people maintain their health, in relation to people's specific health needs. Also, people's records did not detail why it had been decided they could not make complex decisions about their lives.

At our last inspection in December 2017 we found there was not always guidance for staff about how to help people maintain their health, in relation to their specific health needs. Also, people's records did not detail why it had been decided they could not make complex decisions about their lives.

At this inspection, we found improvements had been made. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Where necessary, people now had mental capacity assessments in place.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS applications had been made, where required.

Where people had a power of attorney in place, which meant a named friend or relative had the legal right to make decisions on their behalf, proof of this right was not always in place. The provider had previously requested this information from relatives and took immediate action at the inspection to follow up.

Information on what help people required to maintain their health, in relation to specific health needs had improved. However, further action was required to clarify what support they needed and to detail any related needs. For example, one person had diabetes and was described as diet controlled. The person managed this independently of staff support but their care plan did not detail this. They also received regular foot and eye appointments but there was no detail about the diabetes related risks to feet and eyes.

We recommend the provider strengthens their governance framework to help ensure people's care plans are accurate and reflect best practice.

Staff knew the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in their records. People and their relatives spoke positively about staff and told us they met their needs.

New members of staff completed a thorough induction programme. This included both training and time shadowing existing experienced staff. This helped ensure people's needs were known to new staff and that

new staff met them following best practice.

On-going training was delivered to support staffs' continued learning and was updated when required. This included core training required by the provider as well as specific training to meet people's individual needs. One member of staff told us they wanted to have extra dementia training, so this was being arranged.

Staff received supervisions and appraisals. They confirmed they found them useful. Regular staff meetings and handovers also gave staff an opportunity to stay up to date with any changes. The PIR stated, regular staff meetings and handovers were used to discuss resident's general well-being as well as any worries or concerns. Records showed the staff and manager also worked closely with other professionals. This helped ensure people's needs were met promptly.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People confirmed they were able to see a GP as needed.

People told us they liked the food and could make choices about what they had to eat. Comments included, "Food is always good, and on time", "A good variety of food" and "Can't complain about the food". One person explained that they did not like fish, so they were able to choose something else for their lunch. Another person was described in their care plan as liking to eat later in the evening. The manager confirmed staff ensured the person was able to eat at this time. The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. Audits were completed of meals and mealtimes. People were also consulted through formal and informal meetings as well as through questionnaires about their views of the food. Any required improvements were then acted upon.

People benefitted from living in a home that was regularly adapted and changed to meet their diverse needs. The home was undergoing a programme of renovation. This was regularly discussed with people and information was displayed around the home about it.

Is the service caring?

Our findings

People appeared happy and contented and told us they were happy with the care they received. Compliments received by the service included, "I cannot tell you how thrilled we are at seeing mum look so happy" and "I write to express my very sincere thanks to you and all your staff for the care you all gave me during my stay. Nothing was too much trouble."

People were treated with kindness and compassion and staff clearly cared about them. Comments included, "All the residents are lovely" and "(...) likes to read, I bring in the books and authors she likes." People gave us further examples of how staff showed they cared. These included, "They do little bits of shopping for me", "Staff are really good, really friendly", "We have a good laugh" and "They are always kind and pleasant".

Staff understood people's individual needs well and ensured they provided tailored support. For example, one person told us how staff were sensitive to the fact they could become anxious. They told us staff were observant and would spend time speaking with them to help provide reassurance.

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. One person was religious and their care plan contained details of what was important to them to follow their beliefs, including jewellery they wore signifying their faith.

People were given information and explanations about their treatment and support when they needed them so they could be involved in making decisions about their care. Staff adapted their communication methods dependent upon people's needs to help ensure people understood the options available to them. People told us, staff listened to them and took appropriate action to respect their wishes.

People told us their privacy and dignity was respected. Information was included in people's care plans about what their preferences were. For example, whether they liked their door closed or open and whether they liked to lock their door.

People were encouraged to be as independent as possible. Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. One person had been determined to walk again and with staff support had achieved this.

Is the service responsive?

Our findings

People were involved in planning their own care and making decisions about how their needs were met. The PIR stated, "We listen to the residents and their needs, gaining knowledge and building a picture of them as individuals and overtime with help from their family, friends and their own personal history, develop an individual support care plan which is truly their own." We found people's care plans explained how they would like to receive their care, treatment and support as well as detailing their preferences, routines, likes and dislikes. This information was known by staff and any changes or updates were shared with the staff team. People's needs were reviewed regularly and as required. People were involved in their reviews when they wanted to be and health and social care professionals were involved as appropriate. The manager told us they planned to improve the care plan records to make them less repetitive and easier for staff to complete and read.

People had a range of activities they could be involved in. People could choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people could maintain hobbies and interests, staff provided support as required. One person told us, "Most days there is something going on, you can pick and choose". The manager was encouraging changes to social engagement for people and staff told us they were keen to embrace these changes.

The service had good links with the local community. Staff were proactive and made sure that people could maintain relationships that matter to them. The manager and staff took time to understand how to meet each person's diverse cultural, gender and spiritual needs. For example, a Christian chaplain regularly visited the home.

Information was given to people in accessible formats when required and staff understood the importance of equipment people needed in order to understand information. They explained how they encouraged one person to use their magnifying glass to read their paper and described the support they provided another person to ensure their hearing aids were working. This reflected what was in the person's care plan. Information about the accessible information standard was displayed in the office. (The accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.)

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. The PIR stated, "Residents can be assured that, as far as we can, we will ensure the end of their lives will be supported by trained staff with respect and dignity, with input from professionals and families will be made welcome." Staff described how the manager and maintenance team had recently waited beyond the end of their shift, for the delivery of a nursing bed, so that a person who was at the end of their life could use it immediately. Staff spoke of their caring ethos, not only towards the person, but towards the person's family as well.

People knew how to complain. The PIR stated the provider hoped to, "Pick up on any little grumbles before they can escalate to possible complaints and dealing with them." People confirmed they had no complaints

saying, "No complaints, everything is good" and "Never had anything to complain about". Any concerns or complaints received had been dealt with in line with the provider's policy and used as an opportunity to improve the service.

Is the service well-led?

Our findings

At our last inspection in December 2017 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not used learning from a previous inspections to improve people's records and their systems to monitor records had not identified issues. Following the inspection, the provider sent us a comprehensive action plan to ensure they were fully compliant.

At this inspection we found the provider had taken the actions set out in their action plan and had met the requirements

A manager was in post who had overall responsibility for the service and knew people and staff well. They were supported by other senior staff who had designated management responsibilities.

Following the last inspection the provider told us they had reviewed their governance systems as well as ensuring further training was delivered, for example about mental capacity. Records showed that effective audits were regularly completed by staff, the manager and the provider. Actions from these were shared with staff to improve practice and reviewed again at the next audit. For example, a provider audit had identified that the staff communication file, containing up to date information about people's needs, was not being used as part of staff handover at the beginning of each shift. Following this being highlighted, the forms used had been updated and were used at each handover. A staff member confirmed this had improved communication within the staff team.

Information was used to aid learning and drive improvement across the organisation. For example, following a recent inspection of one of the provider's other services, a meeting had been held to discuss the outcome and share any learning.

People and those important to them had regular opportunities to feedback their views about the home and quality of the service they received. The PIR stated, "Residents are welcome to have their say anytime but after lunch each day over a cup of refreshment, an informal gathering of residents, staff and manager takes place." Residents meetings also took place regularly and discussed topics such as meals, outings and safeguarding. A recent meeting had consulted people about the décor of the home and then some residents had gone out to buy items of their choice for the home. A care standards committee was in place for people, family, friends and staff to contribute to the provider's continuous improvement plan.

The manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. People and their relatives confirmed they were happy with the management and leadership of the service. The manager was visible and available to them. The PIR stated that the manager aimed to promote strong and open relationships of trust. Staff confirmed the manager was part of the care team, when needed. They also added they felt well supported and could speak to the manager openly. Comments included, "The service is well managed" and "I really like her (Manager), really easy to speak to, always around if you need her". Staff told us they welcomed the changes being made by the manager.

People, relatives and staff were positive about the atmosphere in the service. A compliment received by the service stated, "The atmosphere was delightful. I left with a happy heart." Staff told us, "I like coming to work" and "I love it here".

The provider was in the process of implementing ideas to support staff wellbeing. They told us, "Staff are our biggest asset." A senior staff member, who did not work 'hands on' in the services was available to staff who wanted to talk about any concerns they had at work or in their personal life. The provider also told us managers would be completing a mental health first aid course and staff supervisions would be improved to better engage staff.