

# Swanton Care & Community Limited

## The Old Vicarage

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Old Vicarage is a care home that provides personal care for up to 16 adults who have mental health needs or a learning disability. At the time of our inspection 12 people were living at the service. Accommodation was provided for 8 people within the Old Vicarage building, with self-contained flats located in the adjacent building, St Mary's House.

### People's experience of using this service and what we found

We have made a recommendation to talk with people about their end of life wishes.

Quality assurance audits were completed, any issues identified were reviewed and action plans completed to ensure improvements were made. However, we found that although areas for improvement were identified these had not always been addressed.

The provider had not ensured that staff had completed their mandatory training, this included infection control training during COVID-19.

People told us they were happy with the care and support they received. Improvements had been made to people's care plans to guide staff, although further work on care plans is in progress.

The staff team, people and a relative were positive about their experiences at the service. The locality manager was supporting the home in the absence of a registered manager. Staff understood safeguarding and how to keep people safe and the importance of reporting any concerns. Staff understood their roles and felt supported by the management team. Recruitment practices were robust and included appropriate checks by the provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. This service was able to demonstrate how they were meeting how they were meeting some of the underpinning principles of right support, right care, right culture. People's care and support was person centred with each person having a key worker to discuss their goals and support their interests and promote their independence with appropriate support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 12 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve governance systems. At this inspection enough improvement had not been made and the provider was still in breach of regulation 17.

The service remains requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions in Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions to keep people safe and to hold providers to account where it is necessary to do so.

We have identified breaches in relation to regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes did not always ensure people risks were managed and quality monitoring had not ensured identified actions were completed.

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Vicarage on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Old Vicarage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check on specific concerns we had from our previous inspection.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection control outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

The Old Vicarage is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The provider has a manager who has applied to CQC to become the registered manager for this service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we requested from the provider to show the improvements they had made where a breach had been identified at the last inspection. We sought feedback from the local authority. We contacted other

professionals for their feedback. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person who used the service, a relative, three staff and the locality manager. We reviewed two people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the locality manager to validate evidence we found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires Improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were not assured that the provider was meeting shielding and social distancing rules. Staff had not promoted social distancing at the service to keep people safe. Staff did not consider limiting their numbers within small areas such as the office, to support safe social distancing. We spoke with the locality manager and they have now addressed this with signage detailing maximum levels of staff in the office areas at one time.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Infection control and prevention training was overdue for most staff. However, staff we spoke with understood the importance of wearing appropriate PPE to keep people safe. The locality manager confirmed that training is now a priority for staff to complete.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.

### Assessing risk, safety monitoring and management

- One person said, "Staff talk with me and check on me to see how I am."
- Risk assessments had been completed and contained relevant guidance for staff. We found that not all records contained up to date information and incorrectly identified needs and support that were not required for some individuals. The locality manager and service manager told us; they are in the process of reviewing all documentation.
- There had been lots of work in relation to people care plans. People had positive support plans to support their emotional needs and these contained good guidance for staff, in areas such as behaviours that may challenge.

### Using medicines safely

- Staff received training to administer people's medicines safely. Medicines administration records [MAR's] were completed by staff when medicines were administered.

- People were supported to self-medicate. A professional confirmed that staff had a person-centred approach that had supported one person positively with their fears about taking medicines.
- Systems were in place to monitor medicines. One staff member said, "I feel supported to develop, I had my medicine training."

#### Staffing and recruitment

- Staff confirmed there had been recruitment procedures carried out before they started work at the service. Criminal record checks and satisfactory references had been obtained for all staff.
- Staff completed an induction, that also ensured staff were competent before working independently
- Staff told us, there were enough staff to meet people's needs. A relative told us, "[Family member] is happy with the support."

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Accidents and incidents had been documented by staff and the manager reviewed and responded to these appropriately. A relative said, "We feel [family member] is safe there and happy with their care and support."
- Action plans were in place and any lessons learnt were shared with staff.
- Staff understood the importance of reporting any concerns both internally to the service management and externally to other bodies, these included the local safeguarding team, police and the CQC.
- Staff demonstrated they understood what constituted a safeguarding. One staff member told us, "I would document and report any concerns I had."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff confirmed they received an induction and regular training. However, mandatory training schedules were not maintained to ensure staff maintained up to date with best practices. We were told this would be addressed immediately.
- Staff felt supported by the manager. They told us that the staff worked well as a team. Staff confirmed that there had been a lot of work to ensure a positive caring culture for the people who lived at The Old Vicarage.
- Staff confirmed they received supervisions. Staff felt they could discuss concerns at any time and the managers door was always open to them.
- People and a relative felt that staff were trained to do their job role. A relative told us, "Our [family member] is very well supported by staff."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they used the service to ensure their needs could be met. The provider and locality manager were aware of best practice guidance and people's assessed needs also included their preferences, interests, likes and dislikes.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink according to their preferences and support needs. People, with support from staff, were working towards becoming more independent. For example, support with preparing meals to help improve their life skills.
- We found a concern for one person had been identified but was not detailed within the persons care plan. On speaking to staff, we found staff were aware of the person's needs. Following our inspection, a full assessment was undertaken, and the plan updated.

Adapting service, design, decoration to meet people's needs

- The service had two different buildings, one had individual flats for people to live more independently and the other had separate bedrooms with en-suites and a communal lounge and kitchen.
- At the time of the inspection decoration works had commenced at The Old Vicarage, part of the work was to decorate everyone's rooms. However, there had been no discussions with people about what they would like. The locality manager told us that the works were not at this stage and that discussions would take place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of the inspections there were no restrictions in place and people who lived at The Old Vicarage had capacity to make their own decisions.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At this inspection we found care plans had been completed in a person-centred way and had improved.
- People received care that was planned with them to meet their individual needs. Since the last inspection there had been a lot of work completed with people and their care plans to make them more person-centred and to ensure people were supported to achieve their goals. There were short, medium and long-term goals set for people. These were reviewed by staff and addressed in a positive way.
- Person-centred goals included cooking, participating in household chores and exercising such as going for regular walks. One person wanted to move into the independent living flats. Staff had been working with the person to overcome their personal challenges and the person has made good progress. However, further work was needed and through discussion with the person they have been supported with achievable goals to prepare them for when they are ready for the transition.
- Each person had a key worker assigned to them that reviewed and discussed their individual goals regularly to ensure people's needs were supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some

- The provider understood the importance of accessible information for people, they ensured that information was made available in easy read formats. Discussions concerning people's emotional and complex needs were held, key worker sessions were completed regularly to discuss the support required to achieve their goals.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise their concerns if they needed to and were confident, concerns or complaints would be dealt with.
- Any concerns or complaints were dealt with by the manager appropriately.

End of life care and support

- Staff received end of life training. However, people's care plans did not contain people's end of life wishes. The locality manager and the service manager informed us that this would be discussed with individuals and families at the appropriate time. At the time of our inspection people were not receiving end of life care.

We recommend the provider consider current guidance on talking about death and dying to people who live at The Old Vicarage and update their practice accordingly.

# Is the service well-led?

## Our findings

Well-Led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection, the service had not established and ensured systems and processes operated effectively to achieve compliance. This included in relation to assessing monitoring, mitigating and improving the quality of the service and any associated risks. Systems were not in place to seek and act on feedback from others or to evaluate and improve their practice. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that while there had been improvements made. There was not enough improvement and the provider was still in breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although there had been some good improvements and hard work from the staff team, there had not been enough improvement since the last inspection, report published June 2019.
- Quality monitoring systems were in place and regularly completed. However, improvement actions as recorded on action plans were not always acted on and identified risks were not always detailed in people's care plans.
- Issues identified in September 2020 and documented in the operational development plan had identified that 'key health information about people had not been included within their care and support plans.' Although the care plans had improved greatly, and a lot of work had been completed to ensure person centred care plans. We did find risk assessments and guidance required updating for some care plans we looked at.
- The operational development plan also identified that, 'training has not been delivered consistently to staff and training gaps have led to avoidable incidents/or events.' The action plan set a target date for training to be completed by 31 December 2020. We found that training was behind in almost all areas and required completion.
- In February 2021 it was identified that staff training on infection and prevention needed to be completed. We found this was still not completed by all staff. This increased the risk to people during COVID-19.

The failure to establish effective systems and processes in relation to monitoring and improving the quality of the service was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The locality manager and staff understood their roles. The locality manager had a clear understanding about Duty of Candour and told us they encouraged open culture and confirmed their door was always open.
- Staff felt the management team were supportive and approachable. One staff member said "I feel very supported, you can talk to other staff. We have an open-door policy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and a relative gave positive feedback about the service and how it was operated. A relative said, "We are happy with the care and support."
- People were supported with meetings and keyworker one to one sessions to discuss their goals and objectives. These were reviewed and discussed regularly.
- People received care that supported them as individuals and respected their wishes.
- The service had a variety of ways of involving people and gathering their views. These included satisfaction surveys, feedback forms and meetings with management

Working in partnership with others

- The provider was committed to providing a high standard of care to the people they supported.
- People and a relative were happy with the service. A relative said, "Lots of things have improved there and [family member] has made progressive steps."
- The manager and staff worked with other professionals to achieve good outcomes for people.
- One professional told us, "I have been impressed by [staff's] ability to work with [person] and so far, they have sustained a longer period of stability in the community than has been possible for many years. They have sent me information from their updates, and I have felt very able to share relevant information. They appear to know the service user well and I hear positive things from the service user about the staff and their care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The locality manager demonstrated a good understanding of the safeguarding process and understood this also required reporting to the CQC.
- Staff understood their roles, the provider ensured systems and protocols were understood. Staff confirmed they would report any concerns they had.
- The registered locality manager and staff ensured that all concerns, complaints were reviewed and escalated if required.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes did not always ensure people risks were managed and quality monitoring had not ensured identified actions were completed.