

Torcare Limited

Old Vicarage Care Home

Inspection report

Torcare Limited

Antony

Torpoint

Cornwall

PL11 3AQ

Tel: 01752812384

Website: www.torcare.com

Date of inspection visit:

14 December 2017

15 December 2017






Date of publication:

22 February 2018

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

The Old Vicarage is a residential care home for up to 16 older people. At the time of the inspection 11 people were living in the home.

At the last inspection, the service was rated Requires Improvement in Effective and Responsive.

At this inspection we found the service was Requires Improvement in Effective and Well Led.

Why the service is rated Requires Improvement:

People did not always have guidance in place for staff to meet their health needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; however records did not always reflect this clearly. The manager told us they would review people's records to ensure they reflected people's needs and promoted people's human rights.

The provider had systems in place to monitor the quality and safety of the service, however these had not identified gaps in people's records highlighted during the inspection; even though these were also identified at the previous inspection. The manager and provider sought people's views to make sure they were involved in any changes within the home.

People received safe care and support from staff who had been recruited safely and received training on how to keep people safe. Medicines were administered safely and staff understood how to minimise risks to people. The environment was monitored to identify and reduce any potential risks to people.

People were supported by staff who received training and supervision and knew them well. Staff used their knowledge of people to help ensure their diverse needs were met. Staff protected people's privacy and dignity and showed respect and compassion for people.

People enjoyed the food available and their environment was adapted to meet their needs. People knew how to complain and the manager endeavoured to resolve any concerns people had as soon as possible.

People's care plans showed how they liked to be supported and people were enabled to keep themselves physically and cognitively stimulated, according to their preferences.

We found a breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Requires Improvement ●

The service remains Requires Improvement.

People did not always have guidance for staff about how to help people maintain their health, in relation to people's specific health needs.

People's records did not detail why it had been decided they could not make complex decisions about their lives.

Staff were skilled to meet people's needs.

People were empowered to make choices about their daily life and routines.

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service is now responsive because:

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

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

Is the service well-led?

Requires Improvement ●

The service is now requires improvement because:

Learning had not always been implemented from previous inspections.

Gaps in people's individual records had not always been identified.

People, their relatives and staff were consulted on how to improve the service.

Staff were motivated to provide high quality care.

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 checked 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 was a comprehensive inspection, it took place on the 14 and 15 December 2017 and was unannounced on day one.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR 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.

During the inspection we met with 11 people who lived at the service and three relatives. The manager was available throughout the inspection and we also spoke with six members of staff. We looked at a number of records relating to people's care and the running of the home. This included three care and support plans, three staff personnel files as well as records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continued to provide people with safe care and support.

People told us they felt safe living at The Old Vicarage. Information about how to stay safe and report any safeguarding concerns was available to people and staff confirmed people raised any concerns they had. People were supported by staff who were recruited safely and who undertook training in how to recognise and report abuse. One staff member told us "Safety is in everything we do."

The manager had systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. For example, during the week before the inspection, one person had been ill and required more staff time. The manager had alleviated staff of some of their duties so they were able to spend time with the person.

People were supported by staff who enabled them to move around the home freely and take everyday risks. Risk assessments were in place which detailed risks to people and action was taken to reduce them. For example, people whose mobility had reduced were enabled to move to a room on the ground floor of the building to reduce any risks to them.

People told us they received their medicines when and how they needed them. A new system had recently been implemented and now people were able to store their medicines safely in their own room. As a result, new records had also been put in place to record administered medicines. Some people had medicines that were prescribed to be taken 'as required'. However, we saw two people's records did not yet have information to guide staff on when to administer these medicines. The manager told us this information would be added immediately. One person had decided to look after their own medicines with help from a family member. There was a clear risk assessment in place to ensure this was done safely.

Staff understood what was important to people in relation to their medicines. They also had regular training and competency assessments to help ensure they administered people's medicines safely and as prescribed. One staff member said, "I feel competent doing people's medication. If I didn't, I wouldn't do it."

Staff reported accidents or incidents as they occurred. Records showed appropriate action had then been taken and changes made to reduce the risk of a similar incident occurring in the future. For example, one person had fallen twice so their GP had been contacted for advice.

People were protected from the spread of infection by staff who had received infection control and food hygiene training. A recent audit of the environment had identified some areas which required improvement and these had been acted on immediately.

Is the service effective?

Our findings

The service continued to require improvement.

At our inspection of 8 and 10 April 2015, we found action had not been taken regarding someone who had not eaten much but could not be weighed. We also found a person who had diabetes did not have a care plan in place to guide staff how to meet their related health needs; and care plans did not always detail information about people's mental capacity, where this was required.

At this inspection, we found some improvements had been made however, records still did not all detail how to meet people's specific health needs, and people's mental capacity was still not always recorded clearly.

Two people's records stated they were at risk of urinary tract infections (UTIs) but their care plans gave no guidance to staff about how to help reduce the risk of UTI's for these people; or how to recognise they had a UTI. Staff knew people well and there was no evidence a UTI had not been identified; however, the manager told us action would be taken immediately and they would ensure risk assessments were in place as soon as possible.

People living at the Old Vicarage could make their own decisions about day to day choices. Two people's care plans recorded that their family members acted on their behalf with more complex decisions. There was no recorded evidence to show any such decisions had been made by family members; but there were no mental capacity assessments in place to show why the people were deemed to lack the capacity to make such decisions themselves. This meant their human rights may not have been protected. The manager understood their responsibilities for ensuring decisions were made in people's best interests and told us they would ensure these were reviewed immediately.

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). DoLS applications had been made appropriately to the local authority where people were being deprived of their liberty.

People were supported by staff to monitor their health. One person told us that due to a recent dental problem the home had called a dentist to visit them. Staff worked with each other and external professionals to deliver effective care and support. One person confirmed, "All the staff seem to work together."

People made choices about when, where and what they ate and spoke positively about the food. Comments included, "We are well looked after with the food" and "You couldn't get any better food." Staff knew people's needs and preferences regarding food and were keen to ensure they were met. One staff member told us, "I always say to people, "Tell me what you want and if I've got it, you can have it." One person

confirmed, "I'm a fussy eater, so today I had mashed potato, corned beef and baked beans. It was delicious." Staff also asked people for their views of the meals to help identify any improvements.

People benefitted from living in a home that was regularly adapted and changed to meet their diverse needs. One person needed a heat pad to treat a health need. They told us, "The home have provided me with a microwave for my heat pad." People's rooms were personalised to suit their tastes. One person had had their bed made with a warm blanket on top and underneath them, as they liked to be warm.

People and their relatives told us staff were skilled to meet their needs. People's comments included, "The girls(staff) are marvellous." A relative added "The care from all the staff is excellent." Staff updated their training regularly and were able to request any further training they felt they needed. Staff received regular support and advice from managers via one to one supervisions and staff meetings; and the rota was planned taking the skills and experience of each staff member into account.

Is the service caring?

Our findings

The home continued to provide a caring service for people.

People told us they were happy with the care they received. Staff took care of and respected people's belongings. For example, they told us staff collected, washed, ironed and returned their laundry promptly.

People were supported to maintain their independence. One staff member explained, "We do encourage independence. We ask people to do bits, sometimes they do and sometimes we do it with their permission."

The PIR stated, "Staff are trained to respect and provide privacy and dignity." People confirmed their privacy was respected and staff were seen to knock on people's doors before entering their rooms. People explained that staff also protected their dignity, for example by closing doors and curtains when providing personal care.

People were treated with kindness and compassion. A staff member explained, "We put perfume on for people who like it to make them feel special. It's the little things. We give people a cuddle or sit and talk with them." Staff knew people well and this helped ensure that when people needed emotional support, staff knew how to provide it. For example, one person sometimes became upset when they thought they hadn't seen a particular family member recently. A staff member told us, "We sit with her, talk to her, give her some TLC (Tender Loving Care) and phone her daughter. This usually makes her feel better." One person confirmed, "The staff are very sympathetic."

People's in depth knowledge of people also helped ensure people were treated equally and their diverse needs were met. One staff member explained, "You treat people fairly but to do this you have to really know each person and what they like."

People were able to express their views and make decisions about their care in a variety of ways. Staff, the manager and the provider took time to talk to people about how they wanted their care provided. People told us, "The staff always call in and have a chat" and "Even the manager comes in and has a chat." The service would arrange an advocate for anyone who required one. Feedback received by the service stated, "I have everything I need. Always someone there to talk to me."

People currently living at the Old Vicarage did not need information to be presented in any different formats, for example larger fonts or different languages. However, the provider told us this would be provided if required by anyone. This was reflective of the requirements of the accessible information standard. 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.

Is the service responsive?

Our findings

At our inspection of 8 and 10 April 2015, we found that not all care plans contained all of the information required to reflect the care being provided and people told us they were not aware of their care plan.

The service now provided responsive care and support.

People told us, "They help me out at any time and anything," "The staff are most attentive" and "Staff are always coming in to see if I'm ok." Care plans included people's specific wishes about how they chose, preferred and needed to be supported. 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. Supporting them in every way they wish it to." A staff member confirmed, "We are given plenty of information about people." People were not always involved in reviewing their care plan but the manager told us they would consult people to find out how they wanted to be involved.

People told us staff empowered them to make choices and have as much control over their lives as possible. People's preferences for how they spent their day were respected and people were enabled to follow any interests or hobbies they had. One person enjoyed folding napkins ready for mealtimes and people told us, "I made the tie backs for the curtains in my room and embroidered the cushions on the chairs" and "I get a newspaper delivered every day so I can keep up with things." The manager and provider had identified the range of activities available to people required improvement. A staff member told us, "We have big plans for the activities in the new year so there are lots of things for people to do throughout the week." The manager told us, "One person has always wanted to learn how to draw, so I'm going to find them an art class."

Visitors were made to feel welcome and people enabled to remain in contact with their loved ones. A staff member explained, "We're a welcoming sort of place. We like people to feel comfortable." A relative also added, "My relative has a phone and a laptop in his room so he can keep in touch with us."

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. For example, whether they wanted to remain at the Old Vicarage to be cared for at this time.

Complaints were investigated and learning was implemented to improve the quality of care. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint and told us they would feel comfortable doing this. The PIR added that the service aimed to listen to people and their families and pick up on "any little grumbles before they can escalate to possible complaints."

Is the service well-led?

Our findings

The service was not always well led. There was a manager in post who was new to the position and was in the process of registering with the commission. They were also the manager of a domiciliary care agency, operated by the same organisation. 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. People, visitors and staff all described the management of the service to be approachable, open and supportive.

The quality of the service was monitored by the manager and the provider. There were quality assurance systems in place and regular audits of the property and care practices which enabled the provider to plan improvements. For example, the provider had systems in place to review the quality and safety of the environment. They also spent time talking with people and staff to help ensure they were aware of any improvements required. However robust systems to identify gaps in people's records were not in place. This meant some of the concerns identified at the previous inspection were identified at this inspection also; for example guidance not always being available regarding people's specific health needs and people's mental capacity not being assessed, where required. The manager was reviewing each person's care plan in detail to help ensure any further gaps were identified; and the provider was in the process of implementing a more thorough governance system.

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 found at this inspection. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's vision for the service included meeting the expectations of residents in a warm, safe environment. This vision was shared by staff who told us they were happy in their work, and were motivated to provide a high standard of care. One member of staff told us, "It's not just a care home, it's somewhere more special"; and people confirmed, "There's just a lovely atmosphere around the home" and "It's so lovely and homely."

The manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. A Care Standards Committee had also been formed which gave people, relatives, friends and staff the opportunity to meet and discuss any improvements they felt could be made to the service; Any ideas were then acted upon.

Staff were also encouraged to suggest ways to improve the service. For example, following a change to medicines processes, a staff member had suggested a checklist for staff to record when they had administered someone's medicines. This would help ensure staff didn't miss anyone's medicines and had been implemented immediately by the manager.

Information was used to aid learning and drive improvement across the service and the organisation. The

provider told us someone in another of their services had sustained a burn from a hot drink as the seal on the container had perished. All of the services were then requested to check the seals on similar containers to ensure no-one else was at risk of a similar incident.

The home worked in partnership with key organisations to support care provision and records showed any recommendations made by external professionals had been followed.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>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 found at this inspection.</p>