Central England Healthcare (Stoke) Limited

The Old Vicarage Nursing Home

Inspection report

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Date of inspection visit:
28 June 2021

Date of publication:
09 August 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
The Old Vicarage Nursing Home is a care home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The service can support up to 45 people.

The Old Vicarage Nursing Home accommodates people in one adapted building, over two floors. The building is split into four separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia and one of the wings supports people on a short-term basis whilst they have a period of assessment.

People's experience of using this service and what we found
People felt safe and were happy with the care they received. However, we found that some systems required improvement to ensure that issues were identified, and improvements were made when required.

There were enough, safely recruited staff to keep people safe and meet their needs. People's medicines were managed safely, and lessons were learned when things went wrong.

The registered manager was open and honest and approachable to people and staff. They understood their responsibilities of registration.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 2 November 2020).

Why we inspected
We received concerns in relation to staffing levels, safety of the building and management of people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions 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 found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report. However, we have found evidence that the provider needs to make some improvement in other areas. Please see the well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Vicarage Nursing Home on our website at www.cqc.org.uk.

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.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Old Vicarage Nursing Home

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.

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 outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors and a specialist advisor, who had specialist experience in nursing care for older people.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 10 people who used the service about their experience of the care provided. We spoke with 11 members of staff including the nominated individual, registered manager, senior care team leader, four care assistants, a member of domestic staff and the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and there were systems in place to safeguard people. One person said, "There is no bad treatment here. Staff are kind."
- Staff and the registered manager understood their responsibilities in keeping people safe from abuse and avoidable harm. A staff member said, "I would report any concerns to the nurse in charge or home manager. I feel confident they would act but I know I could go above them if I needed to."
- We saw that any concerns had been reported in line with local safeguarding adults' procedures, to ensure investigations were carried out when required.

Assessing risk, safety monitoring and management

- People's risks were managed effectively. For example, when people were at risk of falls, the risk was assessed, and measures were put into place to reduce the risks. Staff were aware of and followed risk assessments.
- The provider had systems in place to ensure the safety of the building was maintained. When incidents occurred such as a leak in the roof, we saw suitable action was taken to keep people safe and obtain the necessary repairs to ensure the building was safe and fit for purpose.

Staffing and recruitment

- There was one example during the afternoon when we heard a person shouting for help and there were no staff around to hear them because they were in a room, having a handover meeting. We fed this back to the registered manager who immediately adjusted handover procedures to ensure staff would always be able to hear anyone needing help.
- People told us staff were available to meet their needs. Comments included, "There are staff around always. I press the bell and they come to me" and "I think the staff numbers are OK. They are here to help me."
- The registered manager completed regular call bell audits to ensure staff were able to respond promptly to calls for assistance. They also regularly reviewed and updated a 'dependency tool' to monitor staffing levels and ensure that people's changing needs were met by the required number of staff.
- Safe recruitment practices were followed to ensure staff were suitable to work with the people who used the service.

Using medicines safely

- People received their medicines when they needed them. One person said, "The staff give me my tablets, they never forget."

● There were systems in place to ensure the safe administration, storage and disposal of medicines. The systems worked effectively to ensure that medicines were used safely.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● 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 that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Accidents and incidents were recorded and analysed regularly to look for any patterns or trends, so that action could be taken to prevent reoccurrence.
● Any learning from incidents was cascaded to staff via team meetings, to aid staff learning and reduce the risk of further incidents occurring.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

● At the last inspection, we reported that some interventions to manage risk needed to be better clarified in people's care plans. For example; one person's care file had conflicting information on the setting of their pressure relieving airflow mattress and their mattress was on the incorrect setting. Although the registered manager acted at the time, we found similar issues at this inspection.

● One person's air flow mattress was on the incorrect setting. Neither their care plan nor documentation in their bedroom stated what setting the mattress should be on so staff were unable to check when we asked them. Only 'care team leaders' had access to the information which meant the systems in place left people at risk of receiving the incorrect care.

● Care plan audits were in place. However, they were not always effective in driving change as they had not identified that some care plans contained contradictory information. This was an issue at the last inspection and continued to be an issue.

● Some care plans were 'standardised', which meant they had been pre-written and then were slightly adjusted to meet the needs of the person. However, we found they were not always adjusted accurately which meant they could be confusing and contradictory. Additionally, they did not always contain all relevant information. We fed this back to the registered manager and nominated individual who were responsive and told us they would address the concerns and make necessary changes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a calm and friendly atmosphere at the home and people told us they were happy with the care they received. Many people chose to stay in their bedrooms, but they told us this was their choice. Comments included, "I am happy in my room. I don't want to go out" and "I just like being in my room and watching TV."

● Staff told us the registered manager was approachable and supportive and promoted a positive culture. One staff member said, "[Registered manager's name] is a good manager you know. All the time her door is open if we need help. She communicates with us really well and is very friendly."

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 registered manager and provider understood their responsibilities in relation to duty of candour. There was a suitable policy and procedure in place that was followed when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Feedback was sought from people and relatives via a questionnaire. We saw the results were analysed and action was taken to act on feedback when required.

● Residents and relatives' meetings had been paused during the COVID-19 pandemic, but the provider continued to communicate with relatives via a newsletter and by sending photographs. People had the opportunity to provide feedback individually or in groups.

Continuous learning and improving care

● The provider had a positive approach to learning and development. A staff member said, "The opportunities are good. I've had training and now been [given additional opportunities] so the job is much more interesting. I am getting involved with care plans and other things and I feel that I get to know people much more and can therefore provide even better care."

● The provider had continued to offer and deliver training to staff throughout the COVID-19 pandemic and in line with government guidelines. Staff felt well trained and well supported.

Working in partnership with others

● The service worked in partnership with other professionals. Records showed people accessed a wide range of professionals, as and when required.

● The service worked in partnership with the local clinical commissioning group to offer a short-term assessment period for people who has experienced a hospital admission. We saw examples of how people has been positively supported to achieve good outcomes.