

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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Old Vicarage is a residential 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 15 people were living at the service. Accommodation for people was provided through eight bedrooms within the Old Vicarage building and via nine self-contained flats in St Mary's House, a building adjacent to the Old Vicarage.

People's experience of using this service:

Quality monitoring systems had failed to identify and drive improvement in areas we identified as requiring improvement. Systems and processes were not established or effective in seeking feedback from relevant persons to monitor and improve the service. This meant the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's safety were not always robustly responded to or managed.

Medicines were managed safely.

The home environment was clean and met people's needs.

Improvements were needed regarding the training and support of staff in relation to people's specific needs, such as managing behaviour that may challenge.

The care provided was not always in line with recommended guidance or legislation. For example, the service was not always working in accordance with the Mental Capacity Act 2005.

People were happy with the food provided and staff supported them to access health care services.

Staff were kind and caring. They supported people to be as independent as possible.

People did not always have access to their care plans and they were not always provided in accessible formats.

Improvements were required in supporting people to access and participate in their interests and hobbies.

People felt able to complain. Their complaints were listened to and action was taken.

Staff worked well together as a team but communication with people, relatives, and professionals required improvement.

Rating at last inspection: Good; published on 15 November 2016.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Enforcement See end of full report for action we told the provider to take.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive 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

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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 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: The inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with six people to ask about their experiences of the care provided. We spoke with six members of care staff. This included; three support workers, a team leader, the deputy manager and the registered manager.

We reviewed a range of records. This included three people's care records and two people's medicine records. We also looked at two staff files, records relating to training and supervision of staff, and records

relating to the management of the home.

Following our site visit we reviewed additional information we had requested the registered manager send to us and discussed this further with them. We also spoke with two relatives and two social care professionals.

Is the service safe?

Our findings

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

Requires Improvement: ☐ Some aspects of the service were not always safe. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- Most safeguarding incidents in the service had been identified and responded to appropriately. However, we found one concern which required a more robust response and investigation of the issues raised. In addition, we found an instance regarding a medicine error which had been dealt with appropriately but had not been reported to the local authority safeguarding team as they require.
- The registered manager told us they had not realised these types of errors needed to be reported and would ensure they were reported as required in the future.
- People told us they felt safe. One person said, "Its alright living here. The security of the building and the staff make me feel safe." Another person told us, "I feel safe living here, the staff are very reassuring."
- Staff understood how to report concerns about people's safety. Two staff told us they would initially report to the senior staff member on shift and if they felt their concerns were not addressed they would take the matter further and report elsewhere. One staff member told us the numbers to report concerns were, "All in the office pinned up."

Assessing risk, safety monitoring and management

- Relatives and social care professionals felt risks to people were well managed. One social care professional told us, "I feel like we are all on the same page in terms of making sure [name] is as independent as possible whilst walking that line about managing the risks."
- Staff had a good understanding of how to manage most risks to people but were not always consistent in their approach regarding incidents of behaviour that might challenge.
- The registered manager had started to work with the provider's practice development partner to put in place actions that would lead to an increased consistency in this area.
- Risk assessments for people were individual and addressed specific risks. However, we found not all the risk assessments we looked at fully collated and analysed the risks and when the response might need to change.
- There was a lack of recording for a specific risk to one person, who needed to be checked on several times during the night. There was no record that this was taking place, the registered manager told us they would ask staff to record this following our inspection visit.
- Most environmental risks had been responded to and managed. However, we found some fire safety checks had not been carried out. We also found water safety checks had identified high water temperatures in some people's rooms, but timely action had not been taken in response to this.
- Following our inspection visit the registered manager confirmed to us that the fire checks were now being carried out and high water temperatures in the home had been adjusted.

Staffing and recruitment

- There was mixed feedback regarding staffing levels in the home. Most people told us they felt there were enough staff. However, relatives and some staff felt there were sometimes issues with staffing levels. One staff member told us staff tried to cover sickness or gaps in the rota between them. They said, "There's spells of it, I would say it is quite often, what they fail to see is that stress levels rise and then because of that [staff] go off sick."
- Initial staff rosters supplied to us showed the service was not always staffed in line with its own assessed staffing requirements. On two out of the four weeks the rosters showed the service was short by more than 30 hours. The registered manager subsequently sent us amended rosters which showed this was not the case. However, whilst the service was not short by a large amount of hours the service was not still staffing the service in line with its assessed staffing requirements. We remained concerned regarding the management and oversight of staffing levels in the home.
- A relative and a staff member also raised concerns about the lack of a chef in the service and the impact this had. One relative told us, "I think they are a bit stretched you know, they do a really really good job but I think that pressure on them needs to be taken away, they need a cook there."
- The registered manager told us that they had recently restructured the staff team, with a deputy being newly appointed and they had recently recruited to the two vacant posts in the service. The deputy manager said that they felt this would enable them to staff the service to the required levels.
- Staff had been recruited safely, this included carrying out associated character checks.

Using medicines safely

- People told us they received their medicines as required. One person said, "Staff ensure my medication is given at regular times each day."
- Information was in place regarding people's medicines and people's medicines records had been completed accurately. Risk assessments for people self-medicating had been carried out.
- Regular audits of medicines were carried out, these included weekly audits as well as more detailed monthly audits.
- A system was in place whereby night staff checked the medication stock. We found this was not always being done correctly, however we checked a sample of medicines and were reassured that this was a recording issue and did not impact on people receiving medicines.

Preventing and controlling infection

- People were happy with the cleanliness of the environment. One person said, "Home is clean enough for me."
- Staff had received training in infection control.
- The environment was clean and hygienic. Regular audits and cleaning schedules were in place to maintain this

Learning lessons when things go wrong

- An electronic reporting system for accidents and incidents was in place. This also allowed the registered manager to analyse incidents to help them identify any pattern or trends.
- Incident records showed the registered manager reviewed these and identified any actions that might help mitigate a reoccurrence. The deputy manager told us, "We assess what the incident was and then we think about what we can do to prevent it from happening again."

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.

Requires Improvement: □ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- People were happy with the support provided by staff. One person told us, "I can't think of anything staff could do better." However, staff told us they felt they needed more support and training in relation to people's specific conditions, this included learning disabilities and behaviour that may challenge. One staff member told us they felt, "Quite frustrated" regarding the lack of training in these areas. Another staff member said, "I have put in a request for [training in] learning disabilities and ADHD two months ago."
- Staff also told us there had been an increase in e-learning rather than face to face training. They felt this was not as effective. One staff member said, "On a computer that doesn't mean anything to me." Another staff member told us, "For me face to face training is what we need, you can't beat that, the discussions and debate, you can't do this on the computer."
- Staff training records showed staff had received training in some areas regarding people's specific needs such as mental health and challenging behaviour. However, some staff told us they had not received any training in specific areas that would help them to support people more effectively. For example, diabetes and epilepsy. None of the staff had received training in learning disabilities.
- Records showed in some areas, particularly those that were face to face, staff training was not up to date, in some cases for several years. There were no records to evidence training in diabetes, epilepsy and learning disabilities. This meant it was difficult for the registered manager to fully assess and review the learning and development needs of the service.
- The registered manager told us they were liaising with the provider's training development lead to put in place additional training regarding learning disabilities and challenging behaviour however, we remained concerned that people with these specific needs had been living in the service for some time and this training was not yet in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care.

- Staff did not always have the knowledge and support to deliver care in line with standards, guidance and the law. For example, we found there was an inconsistent approach in managing behaviours that may challenge. In addition, we found care plans did not always incorporate recommended guidance, for example in relation to diabetes care.
- Assessments for people had been carried out with input from other relevant health and social care professionals.
- Staff told us they worked well together as a team. One staff member said, "We [staff] all have our things we're good at, team leader plays to our strength."

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 particular 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- MCA had not always been fully implemented or considered. There was no record of people's ability to consent to specific decisions. From talking with staff and looking at records it was not always clear if people's capacity to consent to their care had been fully assessed. We found examples of care plans that detailed restrictions regarding certain elements of people's care but no clear documentation of whether the person had, or could, consent to this.
- We also found that this meant the restrictions in place had not been considered in relation to whether a DoLS application might be necessary.
- The registered manager told us they would seek further advice from people's social workers in relation to their capacity to make such decisions and review these elements of their care.

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

- People told us they were happy with the food on offer. One person told us, "Food is not too bad, enough choice on the menu, portions adequate with healthy vegetables." Another person told us, "The food is fine with enough choice on the menu, we can make sandwiches etc. in-between meal times."
- We observed the lunch time meal and saw this was relaxed and sociable, with people involved in making choices about the food on offer and its preparation.
- There was no cook in post, but one staff member took the lead in designing and implementing the menu for the service. They told us how they collated people's food preferences using these to design set menus. In addition, they would check with people when they did the weekly food order if people wanted any specific items ordered for them.
- The staff member had not received any additional training in meeting people's nutritional needs but told us they had undertaken their own research to help them understand the nutritional needs of people using the service.

Supporting people to live healthier lives, access healthcare services and support.

- People told us staff supported them to access health care services. One person told us, "Staff will arrange for me to see the dentist and optician." Another person said, "I would work together with staff to make appointments to see [health professionals]."
- Records showed staff liaised with a range of health care professionals on behalf of people where appropriate. This included getting information from health care professionals, so they could better support people to make decisions regarding their health.

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

- People and relatives were happy with the environment. One relative said, "[Name] has [their flat] like they want it."
- Rooms were personalised, and communal areas used by people in the service. The registered manager told us they planned to do further work to the conservatory in the home, so it could be used as a space for

people to take part in activities, such as table tennis, that were popular.

- The garden area was accessible to people and we saw people making frequent use of this and the seating within it during our inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- There was mixed feedback regarding whether people felt they had opportunities to formally review and discuss their care. None of the people we spoke with felt this was an issue because they felt listened to and supported by staff. One person said, "Staff are kind and caring, they will listen to me if I want to talk." A relative told us, "[Staff] talk to [name] an awful lot, they try to understand them."
- A key worker system was in place, which meant people had allocated staff to discuss their care with. Staff told us they would regularly review and discuss people's care with them, although there was no written record of this.
- People told us staff knew them well. One person said, "I think the staff know me pretty well, they will know if I am having a bad day." Another person told us, "Staff know me very well, we communicate all the time."
- Staff also told us they felt they knew people well, including their views regarding their care. They demonstrated this in our conversations with them.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind, caring, and respectful. One person said, "Staff are very kind and caring." Another person told us, "Staff certainly treat me with respect, no rudeness or raised voices from staff." A relative said, "[Staff] have a nice approach they don't tell [name] what to do they just chivvy them a long a bit."
- We observed staff interacting with people in a kind and respectful way. For example, we observed staff looking for one person who had left the service without telling staff where they were going. We overheard a staff member talking to the person on the phone. They praised the person for trying to be independent and achieving a goal whilst gently reminding them that staff would worry if they didn't know where the person had gone.
- Staff also spoke about people in a kind and caring way. One staff member told us, "I really enjoy [the job], watching people grow, and helping them to achieve." Another staff member said, "[The job is] very challenging but very rewarding at the same time."
- People's care plans had identified a range of diverse protected characteristics, for example specific disabilities or sexual orientation. We found staff to be understanding and respectful of these characteristics and provided support in relation to them.
- People were supported to be independent. A relative told us, "[Name] has made great progress."
- Staff had identified where people could become more independent, for example in relation to taking their medicines, and worked with people to achieve this gradually.

Is the service responsive?

Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People did not always have access to their care plans and records. Care plans were written using the provider electronic care management system. However, paper copies of these were not given to people due to technical problems. A day prior to our inspection visit the service had received handheld electronic devices for staff so that they could enable people to see and review their care plans. However, this was not in place at the time of our inspection which meant we could not assess how effective this would be
- People's communication needs had been identified and documented in their care plans, however we found these were not always being met. Information relating to people's care was not always presented in a way that met people's individual communication needs. For example, in easy read formats.
- Staff told us that whilst they discussed people's care with them it was hard to do this whilst reviewing and writing people's care plans as this had to be done in the staff office on the computer without the person present. One staff member told us this meant it was harder to ensure the care plan accurately reflected the discussion that had been had.
- It was not always clear how frequently people had the opportunity to discuss their care. There was no written record of formal meetings or people's involvement in their care.
- People we spoke with provided varied feedback regarding whether they had this opportunity. One person said, "I know my care plan, my key worker went through the content with me and I'm happy with the content." However, three other people told us they could not recall regular conversations about their care or recall seeing their care plan.
- There was mixed feedback regarding how well staff supported people to engage in hobbies and interests. One person told us they had not had any conversations with staff regarding their interests and what activities they might like to access.
- Relatives and a social care professional told us they felt staff could be more proactive in supporting people to participate in activities. One relative said, "They don't often have activities in the house, most of them [staff] have given up trying to think of anything else [name] could do." Another relative told us, "I can't think of any activities that are going on at the moment to be honest with you, there aren't enough of those little days out or trips."
- The registered manager told us staff supported people to undertake volunteer work and participate in activities of their choice. However, it was difficult to review the amount and type of activities on offer for people. There was no regular planned time table of activities and events. People did not have care plans that detailed their interests, hobbies, and how staff could support them to access these.
- The registered manager told us they were reviewing how activities were promoted in the service. They said people had a set day when staff would support them to engage in an activity of their choice but planned activity, including communal activities, were not regularly arranged in advance.

Improving care quality in response to complaints or concerns

- People told us they felt able to complain and that action would be taken if they did so. One person said, "If I want to make a complaint I would ask for a form. They normally give me a piece of paper for me to write on and the staff will action in a satisfactory way." Another person said, "I would speak with staff if I wanted to complain, I'm confident they will help me."
- We reviewed the complaints received by the service and saw the registered manager had dealt with these sufficiently.

End of life care and support

- People did not routinely have end of life care and support information documented. The registered manager told us one person had participated in discussions around this subject and their wishes had been recorded in a care plan.
- At the time of our inspection nobody in the service was receiving end of life care.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular quality monitoring checks and audits were in place, these covered, but were not limited to, areas such as medicines, the electronic care records, health and safety.
- The audits in place had not always been effective as they had not identified all the issues we found during our inspection. The registered manager carried out some of their own informal quality checks, such as unannounced spot checks, including at night but had not formally documented or recorded these and their findings.
- The service was not staffed in line with the provider's identified required levels. Despite this, additional tasks, such as the responsibility for food planning, preparation, and provision had been given to staff.
- Whilst the registered manager had taken action to address the specific needs of some people living in the service these were not being met at the time our inspection visit. These needs had not been identified, planned for, and met in advance of people coming to live in the service.
- A service development plan was in place, which did identify some of the issues identified during the inspection. For example, the need to better develop varied communication methods for people. However, the plan did not sufficiently detail how this would be achieved and target dates for when actions would be achieved were not always in place.
- A relative and a social care professional told us they felt that communication sometimes needed to be improved. One relative told us, "You tell one person one thing and it doesn't necessarily get as far as the office." A social care professional told us they felt information was not always shared within the team and they found sometimes when they visited, staff were not always aware of information they had asked to be shared.
- It was not always clear how fully the service was involving people in the running of the service. The registered manager told us resident meetings had been held the month prior to our inspection but had ceased due to people not attending. They told us they were exploring other replacement options, but these were not yet in place at the time of our inspection. We received conflicting information regarding how regularly people had the formal opportunity to discuss their care and the service provided. There were no written records to demonstrate this.
- A relative told us they would value more information on how the service was run and felt a newsletter might be more helpful. They felt they had little opportunity to formally provide feedback on the overall quality of the service but had informal conversations with the registered manager regarding their relative's

care.

- Whilst the service's development plan had identified different options were needed to better support people's involvement in the service these were not yet in place at the time of our inspection.
- The failure to establish and operate effective systems and processes in relation to feedback on the service provide and for the purposes of assessing, monitoring and improving the quality of the service was a breach of Regulation 17 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.
- Overall people, relatives, and social care professionals were largely happy with the service although some felt the service could be more proactive and forward thinking in some areas. One relative told us, "I would say The Old Vicarage gives us an absolutely fabulous service." 'Another relative said, "In general we are happy with how [name] is looked after just one or two niggles."
- The service had carried out a recent quality monitoring survey with people, although their responses had not been collated and analysed. The registered manager told us the provider was in the process of doing this.
- Regular staff and team leader meetings were held in which the registered manager shared information on the running of the service.
- The registered manager was open and honest about the service and issues identified. They took notes throughout our visit to help them review and reflect on the actions they could take to make improvements.
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.
- The registered manager participated in networking with managers of the provider's other services. They had also identified other external resources that could help drive improvements. For example, they had identified a local learning disability charity that could help them develop better written resources and communication tools for people using their service.

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

- A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- Staff told us the registered manager was kind and supportive. One staff member said, "I think he is a really lovely caring individual, I like his ability to see through the eyes of the service user." However, some staff and a social care professional told us that felt the registered manager needed to be firmer and more proactive at times. One staff member told us, "Compared to last manager he is easier to talk to and fairer as a person, [but] doesn't always get things done."
- There was a clear organisational structure. Staff understood their roles and responsibilities and told us they worked well together. One staff member said, "When the team come together we all know our jobs, we are always encouraging [with] new staff."
- The registered manager understood their responsibilities for reporting to the CQC and their regulatory requirements. Although we found two instances where incidents had not been reported as required. We saw there had been some confusion around the identification of these incidents. We clarified this with the registered manager and were confident from talking to them that further similar incidents would be reported.

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 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.</p> <p>Regulation 17 1. 2. (a) (e) (f)</p>