

SRJ Care Home Limited

The Old Vicarage Care Home (Long Eaton) Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 25 October 2017. This was the first inspection since the provider registered with us in May 2017. The service was registered to provide accommodation for up to 29 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 28 people were using the service.

There was a registered manager in post. 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 were supported to make choices and when required decisions had been made in people's best interest. Any restrictions had been referred to the authorising authority. There were sufficient staff to support people's needs and staff had undergone a range of checks to ensure they were suitable to work in the home. Staff felt supported by the manager and they were provided with suitable training for their role.

People had established positive relationships with the staff and they respected people's choices and offered a range of choices in relation to their daily living. Staff maintained people's privacy and dignity at all times. Staff had received training and the provider had invested time to expand the staff knowledge in end of life care which was provided in a dignified and respectful way.

People enjoyed the meals on offer and people's dietary needs had been considered. Any concerns had been referred to health care professionals for guidance. People received regular drinks and had the opportunity for snacks or an alternative from the set menu.

The manager and provider completed a range of audits to support the improvements within the home. Improvements to the environment had been made; some of this was following feedback from the relatives and people using the service.

Medicines were managed safely and administered in line with people's prescriptions. Referrals had been made to health care professionals and people had access to a range of health care professionals to maintain their health needs.

The care plans covered all aspects of people's care and their preferences. There was a clear process in place to cascade information about the service and the needs of people. People were able to choose how they spent their time and were encouraged to join activities. Any complaints had been addressed and responded to.

The manager understood their responsibility of registration with us and notified us of important events that

occurred at the service; this meant we could check appropriate action had been taken.

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
Staff understood their responsibilities to keep people safe from harm. Risk associated with people's care and support were managed safely. There were sufficient staff and they had been recruited ensuring the appropriate checks had been completed. People received their medicines as prescribed and medicines were managed safely. Prevention of infection was managed well.

Is the service effective?

Good ●

The service was effective
People were supported to make choices and assessments reflected the person's level of understanding in different situations. When decisions had been made these were through a best interest meeting. People enjoyed the food and were encouraged to make choices. Referrals were made to health professionals as requested or when a health need was identified. Staff received ongoing training and there was an induction package to provide new staff with the skills to support people.

Is the service caring?

Good ●

The service was caring
People were encouraged to make choices about their day. Staff knew people well and had positive caring relationships with them. Staff ensured people's dignity was respected. Care was provided in a responsive and respectful way when people were nearing the end of their life.

Is the service responsive?

Good ●

The service was responsive
Social stimulation was available to people, although the registered manager had identified some additional activities could be offered to increase daily stimulation. People and their families were involved in reviewing their care and felt able to contribute their views. Systems were in place to manage complaints.

Is the service well-led?

Good 

The service was well led

People and relatives said there was a relaxed atmosphere and they felt welcomed. The provider used a range of methods to reflect on the service and to make improvements. Staff told us they were supported by the manager and received the guidance they needed for their roles. The manager understood the responsibilities of their registration with us.

The Old Vicarage Care Home (Long Eaton) Limited

Detailed findings

Background to this inspection

We carried out this inspection visit under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced and the team consisted of 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 care service. Since May 2017, The Old Vicarage Care Home (Long Eaton) Limited that owns The Old Vicarage Home had been purchased by SRJ Care Home Limited. This means that the changes to registration are that of the company directors, and the nominated individual. This was the first inspection since the provider registered with us in May 2017. To review previous inspections at this service refer to our archive section on our website.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This 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. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit.

We spoke with five people who used the service and five relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with five members of care staff, the cook, and the registered manager. After the inspection we discussed the service with the one healthcare professional. We looked at a range of information, which included the training records to see how staff were trained, and care records for four people who used the service. We also looked at the systems the provider had in place to ensure the quality of the service was

continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People felt safe when they received care. One person said, "Oh yes, I feel safe as people come if I press my buzzer." A relative told us, "I do feel she's safe. It's really good care and we get that peace of mind." Staff had received training in safeguarding and understood the different possible signs of abuse around safeguarding and how to raise a concern. One staff member said, "We keep people safe, the care is meaningful. It's not just a job, people's needs are met." We saw that information was available and all the staff knew how to raise any concerns.

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. Where people needed support to move using equipment we observed staff did this safely and offered reassurance whilst supporting them. One person said, "They hoist me and do it gently so I've not been hurt." We saw for people who had restricted movements or sat for long periods there was a planned programme of repositioning and these were recorded. One person said, "They move me every two hours and I hear them come in at night too." Any concerns relating to sore skin had been identified and action taken to provide cream or treatment to reduce the discomfort.

People were supported when they had behaviours that could have an impact on their safety and that of others. We saw the care plans provided information that included step by step guidance for staff to ensure there was a consistent approach to managing the person's behaviour. We observed these were followed. When people who expressed these behaviours required medicine to reduce their anxiety the steps taken before and after this had been recorded. This meant we could be sure people with behaviours that challenged had been fully supported and in a consistent way. A staff member said, "If we have any risks we take it to the manager and we are not afraid to voice our opinion."

In the event of an emergency such as a fire or any other incident that required the home to be evacuated; we saw that the information recorded was specific to each person's individual needs and was easily accessible. In addition a full fire safety audit had been completed which identified that the emergency lighting needed replacing; we saw this had been done.

There were sufficient staff to support people's needs. One person said, "I find they come quickly enough. I haven't had any toilet accident waiting." Relatives told us, "We've not had cause for concern about staffing." And "I always see someone around if I have a question." We observed on occasions the lounge was not staffed for short periods, however no one was waiting for assistance and people had received regular checks for their needs. Staff we spoke with all felt there was enough staff and they were able to complete all their tasks. There was a long standing team of staff, one said, "We are a settled team we all get on well." Other staff had joined this team and all those we spoke with felt welcomed. We spoke with the registered manager about the staffing levels. They told us they had a dependency chart which reflected people's level of need. They had increased the kitchen support and this person had also received training so they could assist people with their meals. When the home had entertainment they had additional staff to support these events.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

People received support with their medicine. Relatives felt this was managed well. One said, "I trust them. {Name} has been on medication for 45 years now." We observed staff administering medicines. Staff stayed with people while they took their medicines and asked people whether they required any medicine to help with pain relief. Records had been completed in line with good practice guidance. Checks on a sample of medicines held in stock were found to match the records held for them and the medicines were stored safely. We saw that some people required their medicine to be crushed and the appropriate guidance had been obtained. Other people had received a medicine review. For one person this had resulted in a change of medicine, which had improved their pain management. This meant people received their medicine as required.

People had regular access to a bath or shower and all appeared clean and tidy. One person said, "I usually have a wash in bed. They keep my room very nice and the laundry is good service." A relative said, "They always looking well, and fresh and tidy." We saw there were regular staff available to keep the home clear. Spillages were cleaned up quickly and risk signs placed in view until the area was made safe. The home had systems in place to ensure the environment was kept clean. The registered manager told us they had purchased a room sanitizer. They told us, "We use it when a room has been vacated or if there has been an accident, in addition to routine cleaning." They added, "It cleans the whole room, mattress and everything." People who worked in the kitchen had the training in relation to their roles, the home had a five star hygiene rating. This meant the provider managed the prevention of infection.

Is the service effective?

Our findings

People we spoke with found the staff competent and caring. One person said, "They're genuinely very kind. It's not forced and they try and help you." A relative said, ""The girls are fantastic and I've never heard anyone raise their voice, however difficult people are being. They're so patient."

Staff had received training for their role and had the opportunity to receive additional training. One staff member told us about some recent training they said, "It was really interesting and the guidance provided to support people with continence will help me to support them to stay comfortable." Other staff had received training in relation to a peg feed, following one person now requiring this level of support. A peg feed, is when a person receives their nutrition through a tube in the stomach.

Staff told us when they commenced their role with the home they had support and training. One staff member told us, "I had induction days and training. The staff showed me everything. I took in what they know and this helped me consider what people like." New staff were supported to complete the care certificate which sets out common induction standards for social care staff. This meant staff received training to support their role.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

We looked to see if the provider was working within the principles of MCA. Staff confirmed they had received training and were able to provide knowledge about the act and how they supported people to make decisions. Some people who used the service lacked the capacity to make certain decisions and we saw that mental capacity assessments had been completed. Where people had not got capacity there were assessments to confirm the decision had been made in the person's best interest.

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. Some people had restrictions placed upon them and we saw that referrals had been made to the authorising authority. We saw that staff obtained people's permission before supporting them and when possible gave people choices. One person said "They ask me and check I'm ready first." This meant that people's rights under the MCA 2005 were being addressed.

People enjoyed the meals. One person said, ""It's always very nice. You wait to see what you're getting and we have lovely puddings. I get a choice at breakfast, but not at lunch. You can ask for an extra snack if you're hungry." A relative said, "It's exceptionally good food. I can stay and join [name] for lunch." The cook and staff understood people's dietary needs. The cook told us, "There is a set main meal, but if people don't like

it or prefer something else that is always available." We saw one person had recently been in hospital and staff was supporting them to eat more. The person told us, "I've had 6 yoghurts today as staff are trying to get me eating again." People's weights were monitored and any concerns had resulted in a referral to a health care professional for advice and guidance, we saw this advice was shared with relevant people including family members.

We saw that referrals had been made to health care professionals in a timely manner and any guidance followed. One person said, "I get my feet done regularly here and I've had the optician to check me recently." A relative said, "The GP does the rounds to see her. She's just had new glasses from the optician and has the chiropodist too. The hairdresser comes in so she gets her hair done and nails." We saw that when required the staff responded quickly to get health care professionals involved. On the day of the inspection one person was showing signs of a chest infection. The GP practice was alerted and after a check from the advance practitioner nurse, medicine was prescribed which was collected so it could be started immediately. This meant people were supported with their health care.

Is the service caring?

Our findings

People had established relationships with staff. One person said, "It's very friendly and genuine here. They're all very nice and I can't fault them." A relative said, "They're all very good and very nice to them. They come round now and then to check her." Staff we spoke with told us they enjoyed working at the home. One staff member said, "We need to know people are okay, it's not just a job." Another staff member said, "You learn something new about people every day." We saw staff responding to people's needs and they showed an understanding of the person and their needs, this often involved friendly banter and laughter.

People were able to personalise their room. One person said, "I've got everything I need in my room. It's lovely." The relative added, "They have a lovely room. It's not a bad building for its age." People's cultural needs had been considered. For example, one person was from a different culture and we saw they were given the option of culturally appropriate foods. The registered manager said, "It's been an education for me as the person taught us how to cook the items the correct way." Staff knew people well and they knew the things which would help a person be more responsive or reduce their anxiety. For example, favourite foods or activities.

People were encouraged to be independent as much as possible. One person said, "They let me try what I can manage, like when I have a wash." Relatives also commented on this, one said, "They certainly encourage them to try to do things and will help if needed." Another said, "I believe they do encourage them as they are more mobile now than when they came here. They walk with a frame and just one carer now." We saw people were encouraged to mobilise with different aids and small achievements were encouraged.

Relatives were welcomed and felt relaxed at the home. One relative told us, "They're very welcoming and you can talk to them easily." Relatives told us they were able to visit at a time to suit them. One told us, "I'm free to come and go and can stay all day if I want." Another relative said, "I don't have to fit in with set times. I can bring the dog in too." We saw that people who mattered to the person had been included in discussions and decisions at their request.

People's privacy and dignity was respected. One person said, "Staff knock first and close my curtains when we're dressing me." A relative said, "I find they treat them politely and with respect, which is good." Another said, "The individual attention is very good. They treat them like real people" We observed staff discreetly asking people if they would like to be taken to the toilet before lunch. We also observed staff tidying people's clothing at times during the day. For example, pulling down trouser legs or skirts to promote people's dignity. One relative had mentioned there was no room for privacy. They said, "It's a shame there's nowhere for privacy for visitors. We have to sit in a huddle in the lounge and it's not easy to talk." We discussed this with the registered manager. They told us they had identified this as an area for improvement and were in the process of changing the use of a bedroom into a relative's room. They told us, "It will be available for relatives to use when their loved one is nearing the end of their life or for visitors to use to have some private space." We saw this room was planned to be completed by the end of November.

The home had been developing their approach to supporting people when they required end of life care. The registered manager told us, "We are working towards the end of life award. We had regular meetings and these include all the team, maintenance and domestic staff. Everyone has an input." The home was developing information guidance for relatives and staff were receiving additional training. The registered manager said, "It improves the care for the person."

Is the service responsive?

Our findings

People and those important to them had been involved in identifying their needs. One relative said, "I have been involved in lots of assessment visits. We had a problem with getting the nursing funding, but the manager has been good at getting meetings set up." Another relative said, "Staff did all the assessment paperwork with me when they first came." We saw that all relevant people had been consulted when necessary. One person said, "My son has legal power for my decisions, but they explain everything to us both."

People had choices when to get up or retire to their room. One person said, "They come and ask me if I'm ready for bed and I wake up in my own time. I like to choose what to wear so they hold things up to see." Another person said, "I have a bedtime of about 9pm and wake myself up when I'm ready." We saw there was a relaxed approach and people's choices respected. Some people had set routines and we saw these were observed. People's preferences had been included in the care plan. Staff told us they were able to read the care plans.

The staff completed a daily worksheet which covered any changes which occurred with people and any actions required by the next staff member who was working. We saw within the staff room a wipe board had been introduced. This provided a quick reference guide for people's care and identified when changes had occurred. This ensured that people received continuous care as their needs changed.

People could choose how to spend their day. Many people in the home had restricted movements. One person said, "I stay in my room in my chair or in bed to rest. I can go downstairs if I want, but I don't know anyone and a lot can't talk to you. I have my door open during the day so I can see people and the staff chat as they go past or pop in." A relative said, "They sit in the same chair in the lounge and I can sit by them. I take them to church if I get the chance." We saw one person had their own television as they enjoyed quiz shows and sport. We saw this played their choice of channel.

However, some people and relatives felt the day to day activities could be improved. One relative said, "We don't see anything happening when we're here but they've got a list of visiting activity people. I've seen the girls do a quiz once." Another said, "They probably happen in an afternoon as I don't see anything happen in mornings when I visit." We talked to the registered manager about the stimulation offered. They were able to provide information relating to entertainers who attended on a weekly basis, along with outings and events in relation to seasonal occasions. The registered manager said they would consider other opportunities to offer stimulation on a more regular basis and for those people who spent time in their rooms.

There was a complaints procedure in place. One person said, "I've had nothing to need to complain about." A relative told us they had raised a concern relating to their relative's room and confirmed this was addressed promptly. Another relative said, "I see the manager regularly as I know she'll do something if I've a concern. I've seen his care plan." We saw the home displayed thank you cards. For example one person had written 'Loving care given mum for last eight years' Another read, 'thank you for bringing sunshine to

[name's] life.'

Is the service well-led?

Our findings

People and their relatives found there was relaxed atmosphere at the home. One person said, "It's wonderful." Another said, "It's cheerful and the staff smile." One relative said, "This home was my choice as it's the whole environment and has a good feeling. So I'm happy that she's kept safe"

The registered manager was very visible within the home. A relative said, "The nurse is very nice to talk to. The manager is alright too. " Another said, "I find them very approachable."

Within the last year, the home had been sold to new providers. One relative said, "The manager explained to us that the home was going to be sold but we've not seen the new owners yet." The registered manager told us the new owners visit weekly and are getting to understand the processes at the home. They were planning a meeting so that the new providers could meet people and their relatives. We saw that the annual survey had not been offered to people this year, however this was planned to be completed over the next few months. Previous surveys had been used to obtain people's views and these were reviewed and any suggestions considered. The registered manager said, "We speak to people and their relatives all the time and any suggestion or complaint is part of making improvements and moving forward."

The registered manager felt supported by the new providers. They said, "We meet regularly and any actions are documented and then checked at the next meeting." They added, "The providers have been good in replacing items and making the improvements to the environment." Staff told us they felt supported and they had received supervision and guidance. One staff member said, "We covered all aspects of my role. The manager has high principles which they promote with us." We saw a new initiative had been introduced. Employee of the month. The registered manager told us, "The staff are all good, this is just to recognise when someone does something over and above."

A new reporting system had been introduced to reflect on accidents and incidents. We saw this had been used to ensure referrals had been made following a fall and new bed rails ordered after a person injured themselves on the ones in use. We saw the provider had a range of audits which reflected on the running of the home and the care being provided. There were ongoing improvements planned for the building. On the day of the inspection there was new flooring being laid. One relative said, "The new flooring is an improvement."

The registered manager was aware of the provider's responsibilities to send statutory notifications to CQC when required. Notifications are changes, events or incidents that providers must tell us about. They understood their responsibilities and said they would review any changes in the guidance from us in relation to future notifications or requirements under their registration.