Care People Private Limited

The Old Vicarage

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 December 2016 and was unannounced. The Old Vicarage provides accommodation, nursing and personal care for up to 28 people. On the day of our inspection 15 people were using the service who had a variety of needs associated with dementia and physical health conditions.

The service had 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 protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed.

People received their medicines as prescribed and the management of medicines was safe.

Staffing levels were sufficient to support people's needs and people received care and support when required.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care. Although some care records did not always contain enough information to assist staff manage their care. Staff did have the knowledge they required to give care and the registered manager provided further information following the inspection to show the care records had been updated.

There was lack of regular social activities in the service and number of people told us they were often sitting with long periods with nothing to do.

People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner. People also felt they could report any concerns to the management team and felt they would be taken seriously.

Systems to monitor the quality of service provision were in place.

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.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to meet people's needs and staff able to respond to people's needs in a timely manner.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Is the service caring?

Good

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Requires Improvement

The service was not always responsive

People were supported to be involved in the planning of their care plans however at the time of the inspection a care plan lacked information on one person's needs. We were sent information to show this was rectified by the registered manager following the inspection.

There was a lack of social activities available to stimulate people

People were supported to make complaints and concerns to the management team.

Is the service well-led?

Good

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

The Old Vicarage

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 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.

We visited the service on 8 December 2016, this was an unannounced inspection. The inspection 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.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with six people who used the service, two relatives, four members of care staff, the deputy manager, the registered manager and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans of four people and any associated daily records such as food and fluid intake charts. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and the medicine administration records for people.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service, one person said, "Yes they treat us well." Another person told us they felt, "very safe." We asked the person what made them feel safe and they told us it was the way the staff treated them and that staff looked out for them. One person who liked to spend time alone in their room told us staff made them feel safe because they regularly came to check on them and make sure they were alright. Relatives also told us they also felt the service was safe, one relative said, "Safe? Yes, I have no reason to think otherwise."

Staff we spoke with were aware of their responsibilities in keeping people safe. They had a good understanding of the different types of abuse people who lived in the service could be exposed to. They told us they had been given training in safeguarding and this had helped their awareness of these issues. One member of staff said, "Anything to do with the safety of these residents we would sort it." Another member of staff said, "It's a good team here, trustworthy staff." All the staff we spoke with told us they could approach their senior care worker or registered manager if they had any concerns about people's safety. The staff were aware of how to contact the safeguarding teams should they need to. The registered manager confirmed that staff received safeguarding training and she had also put together an aid-memoire for staff with appropriate contact numbers should they have any concerns with regard to people's safety.

The registered manager was aware of her responsibilities in keeping people safe. We discussed a recent safeguarding investigation she had undertaken. We saw she had notified the safeguarding teams and ourselves at the Care Quality Commission (CQC) of events and taken appropriate actions to protect people who lived in the service.

Risks to individuals were assessed when they were admitted to the service and reviewed regularly. Where appropriate there were referrals to health professionals such as the falls prevention team. One person we spoke with told us they had suffered a few falls but said, "Staff have put things in place to improve this." We viewed their risk assessment and saw the measures detailed there matched the information the person had given us about removing trip hazards and referring them to the falls prevention team for an assessment of their needs.

People's care plans showed the measures in place to protect them from risk of harm and how the advice of health professionals had been followed. One person's care records showed how through following the advice of the falls prevention team staff had been able to improve one person's mobility. The person had a low blood pressure which meant they felt dizzy when they stood up, making them more prone to falls. Advice in the risk assessment was for staff to assist the person to stand and stand for a few seconds before walking with a mobility aid. During our inspection we saw staff following these instructions.

People we spoke with told us they had the equipment they needed to keep them safe and staff supported them whilst encouraging their independence when moving about the home. One person said, "The staff give me time and make sure the chair is behind me when I sit." During the visit we saw a number of different aids used to assist people's mobility. When using moving and handling equipment, such as a hoist, staff were

observed to be confident and caring as they carried out manoeuvres. We saw the people they assisted were calm and chatting to staff as they were moved from one place to another.

Some people preferred to say in the their rooms throughout the day and we saw they had buzzers within reach, and where one person was at risk of falls they had an alarm mat to let staff know if they tried to get up unaided. This person was also visited every half an hour by staff to ensure their safety.

People could be assured the provider maintained a safe environment, the PIR form (provider information return) noted since our last inspection the service had employed a handy person who managed repairs and maintenance. During our inspection we saw records of repairs and maintenance work which had been carried out in a timely way.

People we spoke with told us there was generally enough staff to meet their needs. All the people we spoke with told us staff responded when they used their buzzers promptly. Although one person said, "It depends on what's going on. If staff are caught up in an emergency you can have to wait, although often they (staff) will come and tell you. I have never been left in need though." Another person said, "The staff come quickly at night. Some (people) buzz quite a lot." Relatives we spoke with also told us staff were quick to respond to people when they called. One relative said, "They were only a minute coming to us." During our visit we noted buzzers going off these were answered within five minutes. We saw staff reminding people where the buzzer was to ensure they could reach it.

Staff we spoke with told us they felt there were enough staff on duty, but there were times when sickness meant that either one of them, or the registered manager needed to cover extra shifts. One staff member said, "We do our best to meet people's needs, care never gets compromised and the manager comes on the floor." The registered manager confirmed that over the last few months they had been required to support staff delivering care, especially as there had been shortages of staff at night. The registered manager told us they could use agency staff to cover short falls but they felt they needed to balance this against the continuity of care of the people using the service.

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People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined four staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. People we spoke with told us they received their medicines on time. One person said, "I get my medicines when I needs them, there are a lot! The staff who gives them out wears an apron to show what they are doing " We saw the senior care worker wore a red tabard with writing to show what they were doing and asking for them not to be disturbed during the medicine round. Relatives we spoke with told us they were happy with the way medicines were managed. One relative said, "Yes [name] gets what they need."

Staff told us they received appropriate training and support to ensure they were safe when administering medicines. We observed a medicines round and saw the staff member followed safe practices and ensured each person took their medicines. We saw medicines were stored correctly and records relating to administration and ordering were up to date. There were protocols in place about 'as required' medicines, but there was a lack of rationale on these protocols about why these medicines should be given. However staff we spoke with showed a good understanding of the particular reasons people needed medicines on an as required basis. Staff were also able to identify that some people required medicines at particular times

and importance of receiving them at those times. During our visit we discussed the development of the 'as required' medicines protocol. Following our visit the registered manager sent us an updated version template that would enable staff to add more detailed information around these medicines for each individual.

Good

Is the service effective?

Our findings

People felt they received care from sufficiently skilled and competent staff. One person told us, "The staff seem to know what they are doing." A further person said, "If there is a new member of staff they will come around and introduce them. Then they work with a member of staff who has been here a while till they get to know how things work."

Staff we spoke with told us they were given training relevant to their work with a number of staff undertaking further qualifications related to their role. Staff told us the training was a mixture of face to face and e-learning sessions. They had regular update training in areas such as moving and handling, fire safety and infection control. The PIR noted staff were supported by senior staff to identify any development needs and this was confirmed by staff when we spoke with them. One member of staff who had undertaken their induction earlier in the year told us they had been well supported by the registered manager and the rest of the staff at the service. Another member of staff told us they felt their skills had improved in the year they had worked at the service. They told us they felt this was due to the support they had received from the registered manager and their colleagues.

Staff told us they were supported with regular supervision and appraisals; they told us the meetings were supportive and useful. One member of staff told us, "We are able to go through things and I feel able to talk about things that bother me or if I want to improve myself." We viewed supervision and appraisal records which showed staff were receiving regular supervision.

People at the home were supported to make their own decisions wherever possible. We asked people if staff gained consent when they were providing care, one person told us, "Yes staff always ask before [they do anything]." We heard one person being offered a choice of where they would like to sit. People's decisions about their care were respected by staff, another person told us staff had asked them if they were happy to have a bed rail attached to their bed at night as they had fallen out of bed. The person told us they felt better with the rail in place and said, "They [staff] didn't just do it, they asked me first."

Staff we spoke to were clear that they needed to obtain consent from people before giving care. One member of staff said, "I always check if it's okay to help someone before I do anything." They went on to describe how one person was not always able to verbalise what they wanted. The staff member told us that all the staff knew what things they needed to do to make sure the person was happy with their care. They told us they would use visual aids to make it easier for people to choose and they watched the person's body language for any indication of their preferences.

We found staff were appreciative of people's rights to spend their time as they pleased and respected people's day to day decisions. One member of staff told us, "We always make sure we are available to people and ask them if they are okay and if there is anything they need." Throughout our inspection we observed staff asking people for their consent before providing support.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA

provides a 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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

There were assessments of people's capacity to make decisions and to give informed consent in their care plans. These assessments were detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care.

The focus of the assessments was on what decisions people could make and how staff should assist them. Staff we spoke with showed a good knowledge of the MCA. One member of staff told us, "You can't assume people haven't got capacity [name] can't make a lot of decisions but we can show them things so they choose for example their clothes or food."

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 the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA and DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of applications to the local authority awaiting assessments relating to DoLS in people's care plans. We saw completed authorisations and noted the conditions of the authorisations were being met.

People were supported to take a nutritionally balanced diet. One person we spoke with said, "The food is good, there is plenty of it and you can ask for something different if you don't want what is on the menu." One relative we spoke with told us their relation had lost weight prior to coming to the service, but had recently started to gain weight. They told us staff had supported the person with their diet, looking at what they enjoyed eating and ensuring they were offered this.

We saw mealtimes were well organised and social with people who sat together being served together. Staff provided appropriate support for people and we saw staff assisting one person who ate in their room. The member of staff supported the person to sit up and then positioned themselves in a chair opposite offering assistance at the person's pace whilst chatting to them.

Where people required specialist diets we saw these were offered and staff showed a good knowledge of individual's diets when we discussed these with them. We saw people had also been referred to support teams such as the speech and language therapists (SALT) or the dietician and any recommendations they made were followed. The staff in the service had introduced a number of initiatives around nutrition and were working with the tissue viability team to introduce foods on the menu to assist with maintaining healthy skin. The chef also produced low sugar versions of popular deserts so people who lived with diabetes were able to enjoy them.

When required people were referred to health professionals to support them to maintain good health. One person we spoke with told us, "I have been poorly, I wasn't really aware that I was ill. It was the staff that picked up on it and they got the doctor." They went on to say, "I ended up in hospital. I am sure if it wasn't the staff picking up on things it could have been a lot worse." People told us they had access to health professionals such as the chiropodist who came regularly. A person told us, "If you need your eyes testing the optician comes here." A relative we spoke with told us staff responded quickly if their relation was ill and staff communicated with them when they were concerned about their loved one's health.

Staff we spoke with told us people's health needs were managed well, one member of staff said, "The senior get the GP straightway, and they communicate with the relatives." We saw there was information about people's health needs in their care plans. When health professionals had visited staff had recorded instructions clearly. We spoke with some health professionals who were visiting a person whilst we were at the service. They told us staff were responsive and carried out the instructions on treatments that they had prescribed.

During our visit we also saw evidence of good partnership working with the tissue viability team. The service had worked with the tissue viability team to introduce initiatives to reduce the risks of people developing tissue damage. Such as raising awareness in people on how to protect themselves and ensuring staff were aware of the early signs of tissue damage. The chef had also introduced foods on the menu that are known to promote healthy tissue. The service had won an award from the local authority as a result of the people in the service being free of pressure ulcers due to the management of this by staff.

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring, kind and respected them as individuals. Most people we spoke with had been living at the service for quite sometimes and appeared very relaxed with staff. One person said, "I have been here a long time and the staff know me very well. They are all so kind and treat me with respect." Another person said, "They (staff) all seem to like working here, they have a laugh and a joke with us." A further person said, "All the staff are lovely, very kind and will do anything for you." This person explained due to a health issue they required a daily bath, they said, "When I have a bath the staff help me, all the staff are good." A relative we spoke with told us, "The staff are caring, I have no concerns."

Staff we spoke with told us they enjoyed working at the service. One member of staff said, "Yes definitely a caring culture and everyone is caring." They went on to say they had a good relationship with people's relatives. A senior member of staff told us, "We try to cultivate good relationships with people's relatives, make them welcome when they come."

Our observations supported what people had told us. There was a relaxed atmosphere and we saw a member of staff doing a little dance with residents who were laughing and enjoying the interlude. Staff demonstrated in the interactions they had with people, that they knew people's preferences, and things that had happened in their lives recently.

People who lived at the home were encouraged to form friendships with each other, and there were various areas where people could sit quietly and have private discussions. The registered manager told us relatives were encouraged to come in to the home and have meals with their loved ones, such as Sunday lunch.

People's needs and preferences were well documented in the care plans we viewed, the people who lived in the home and the relatives we spoke with told us they had been involved in planning their care. People felt they were encouraged to express their views and felt their opinions were valued and respected.

We saw people's choices were respected, one person told us they liked to be independent and locked their door at night. They said, "Night staff pop their heads in to check on me I know, but they are usually so quiet they don't wake me." People told us their relatives could come when they wished and one person told us they liked the fact that their relatives were welcome at any time.

People's diverse needs and wishes were assessed when they moved into the service, including their cultural and religious preferences. Staff ensured people who lived at the home had regular access to religious services which related to their chosen faith.

People who lived at the home could be assured staff would respect their privacy and maintain their dignity. One person told us, "The staff always speak to me respectfully." Staff we spoke with were able to discuss the ways they helped a person maintain their dignity and offer them privacy. One member of staff said, "When we help someone wash we would keep them covered, I go out of the room if people want privacy when they are washing." They went on to say, "It's things like making sure the wash curtain is pulled across and

knocking on doors." We saw staff knocking on doors before entering and treating people with respect.

Staff told us they also tried to encourage people's independence. One member of staff said, "When helping someone wash I would let them do as much as they can, it makes a lot of people feel better."

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us there was a lack of social activities at the service and there were times when they were bored. One person said, "There's not much to do and staff don't have a deal of time to sit and chew the fat with you."

The service did not have an activities programme in place and the care plans lacked information on people's social activities and other than a poster advertising an entertainment session later in the month there was no other information showing what activities were available to people. During the morning of our visit some staff instigated a sing along which people in the main lounge area enjoyed. However staff told us there was no regime for activities. One member of staff said, "We personalise things, we look at the things people want to do." Staff also told us and the PIR noted that there were activities taking place each day, but people had a choice of whether they wished to join in.

Whilst we saw some evidence of this for example one person liked to go out each day to collect a paper from the local shop and another person until recently enjoyed working in their greenhouse. Our observations supported what people had told us, we saw there were long periods when people were sat with little to do other than watch the TV.

People felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, "I can get up when I want and go to bed when I want." They went on to say staff knew their preferences and they received individualised care. A relative we spoke with also told us the care their relative received was tailored to their needs and preferences.

People and their relatives were encouraged to contribute to the care plans, one member of staff told us, "When we do a care plan we liaise with people and their families to make sure we have their choices and needs in there."

Staff we spoke with were aware of the needs of the people they cared for and care plans were in place. However some information in one or two care plans we viewed was incomplete. For example One care plan we viewed lacked information on a person's nutritional needs. Staff were able to fully discuss the person's nutritional needs and there was information in the kitchen relating to the person's dietary needs. We discussed the lack of information in the care plans with the registered manager who told us they had been working through the care plans to update and review the information they contained. They told us they still had some work left to undertake and following our inspection sent us information to show the care plans had been updated with the relevant information required.

Staff told us majority of the care plans contained up to date information about people's care needs. We saw information in other care plans that contained details of the care and support people needed and their preferences in regard to their care. Where people had communication difficulties there was a care plan to ensure staff were aware of the best way to communicate with the person. One person's care plan who was

living with dementia noted the different things that helped the person feel calm, such as assisting staff when setting the tables for meals.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. One member of staff told us, "We always have a handover and we can discuss people's needs then. The information we need is in people's care plans, but we know people's needs really well here and we know what interests people."

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us, "I would collar whoever is nearest and tell them I wasn't happy about something." Another person said, "I would go to the manager, they are a good organiser and any problems would be sorted".

Staff we spoke with told us they knew how to deal with any complaints or concerns raised with them. One member of staff told us, "If I could I would resolve it, but I would let the senior know and record it." There was a complaints procedure for staff to follow. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team. They also felt complaints would be responded to appropriately and taken seriously and the organisations complaints procedure was on display in the entrance of the service.

Good

Is the service well-led?

Our findings

On the day of our visit the registered manager was visible around the service and we observed them interacting with people on a regular basis and it was evident that they had a good rapport with people. One person told us, "I think (name) is the manager she sometimes is about helping out. She seems very nice." A relative we spoke with said, "Yes, (manager) is very responsive."

Staff told us the registered manager was approachable and was a significant presence in the home. They said they felt comfortable making any suggestions to make improvements within the home and felt they were proactive in developing an open inclusive culture within the service. One member of staff said, "I could speak to (name) she is very approachable."

Staff told us they enjoyed working at the service and felt the registered manager was proactive in developing the quality of the service. Throughout our inspection we observed staff working well together and they promoted an inclusive environment where friendly chit chat was being undertaken between staff and people who used the service. We saw staff were supporting each other and it was evident that an effective team spirit had been developed.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. We also found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed we had been notified of significant events in the service which had been managed effectively. We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people who lived at the service.

People benefited from being cared for by staff who were supported and supervised by the registered manager. Staff told us, and records showed, that staff had attended supervision sessions and annual appraisals. Staff told us these meetings provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision. The meetings also provided the opportunity for the registered manager to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them. Staff felt the meetings aided the efficient running of the service and helped the registered manager to develop an open inclusive culture within the service. One member of staff told us, "It's nice to reflect on good and bad points and what going well."

The registered manager was working to improve the quality of the service. The PIR showed the registered manager had undertaken a questionnaire and during our inspection we saw minutes of one residents meeting to follow the questionnaire up. People who attended were able to discuss menu choices, staffing and whether the management team was effective. There had been a recent gap in holding resident/relative meetings and general staff meetings because registered manager had been required to support staff in the clinical area during a period of staff shortages. However they told us these meetings were recommencing now the staffing shortage had been resolved.

The registered manager undertook audits to measure the quality of the service. We saw systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. Medication management was also audited, however there were no regular audits of the environment, to ensure any shortfalls could be identified and actions implemented to maintain the quality of the service. We discussed the lack of provider audits with one of the owners during our visit, they told us they visited regularly and undertook walk rounds but accepted there was a lack formal audits and action plans to highlight areas of improvement. Following our inspection the registered manager told us the provider and themselves had formulated an audit template and during their visits was undertaking regular recorded audits.