

Southwest Care Ltd

Vicarage House Nursing Home

Inspection report

The Old Vicarage
Hambridge
Langport
Somerset
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11 June 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Vicarage House Nursing Home is a residential care home providing personal and nursing care to 20 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

People's experience of using this service and what we found

At the time of the inspection there was not a registered manager in post. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left in March 2019. The new manager had applied to become the registered manager immediately on commencing their role and was approved the week after the inspection.

People received care and support that was safe. The provider had a robust recruitment programme and staff had received training in recognising abuse and safeguarding people.

There were enough staff to support people with their daily living and activities. However, although we found staffing levels were in line with people's assessed needs, comments from some people and staff indicated there were times when they felt more staff would be beneficial. The manager used a dependency tool to determine numbers of staff needed. Staffing was within the suggested numbers identified by the tool. Risk assessments were in place with guidance for staff about how to keep people safe.

People were being supported to have more choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests; the policies and systems in the service supported this practice.

People received effective care and support. Staff showed a clear understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.

People received care from staff who were kind and caring. Staff always respected people's privacy and dignity. However, the manager agreed to improving the provision of fitted toilets in people's rooms that did not have a partition or screen around. Staff encouraged people to be involved in their care planning and reviews. People were supported to express an opinion about the care provided and were involved in the day to day running of the home.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes. Work was being carried out on recording people's life history's, likes and dislikes.

People were supported by a team that was now well led. The new manager demonstrated an open and positive approach to learning and development. Everybody spoken with said they felt the manager was

open, approachable and they could see that the home had improved. Staff said they felt they were more involved in plans for the future and worked well as a team.

New systems had been put in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised. The provider and manager need to show that these improvements can be sustained over time.

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

Rating at last inspection.

The last rating for this service was requires improvement [published 21 June 2018]. At this inspection the service is rated good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Vicarage House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and one 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. Their area of expertise was in the care of older people.

Service and service type:

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

There was not a registered manager in post. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. The inspection site visit activity was carried out over two days on 10 and 11 June 2019.

What we did:

Before the inspection we looked at 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. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we found most people who lived at the home could verbally express their views to us. We spoke with 11 people who used the service and three visiting relatives/friends. We spoke with six staff members as well as the new manager and clinical lead. We observed interactions between staff and people throughout the inspection.

We looked at a range of records. This included, four people's care plans and medicine records. We also looked at four staff files, staff rotas, quality assurance audits, staff training records, the compliments and complaints system, health and safety records and a selection of the provider's policies.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement, this is because we needed to see that improvements made could be sustained. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The manager, clinical lead and staff understood their responsibilities to safeguard people from abuse. One staff member told us, "I am very happy because I know the manager understands about safeguarding. I would be happy to talk to her as I know things would be done properly." Another staff member said, "We all have a responsibility and I would raise any concerns I had straight away."
- Records showed staff had received training in how to recognise and report abuse. Staff were able to tell us who they could approach both within the organisation and outside, such as the police or the local authority if they had concerns.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risks assessments related to nutrition and hydration and preventing pressure ulcers.
- Where a risk was identified action was taken to mitigate the risk. For example, the manager and clinical lead had identified the need for new pressure relieving mattresses to ensure people at risk of pressure damage were safe. They had recently purchase 15 new pressure relieving mattresses which were being used effectively at the time of the inspection.
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

Staffing and recruitment

- People were supported by enough staff to meet their needs. However, there were mixed feelings about staffing levels. Some people told us they thought there were enough staff, whilst others said they thought there could be "More on in the mornings." One person said, "There are plenty, but they seem a bit rushed in the mornings."
- Staff told us they felt there was usually enough staff but there were occasions when they felt they could do with, "An extra pair of hands." One staff member said, "Wherever you work you would always like more staff. The only times it is difficult is when someone goes off sick without warning, but we work well as a team and get on with it."
- The manager used a dependency tool to determine staffing levels. The staffing rota showed there were enough staff to meet the level of dependency identified in the tool.
- Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before

commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

Using medicines safely

- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.
- Medicines were stored safely, and the ordering and disposal of medicines was managed effectively. There was a clear protocol in place for the use of 'as required medicines.' These gave staff very clear instructions on how and when they could be used. One person said, "I don't need to worry about anything. The staff give me my pills and they are pretty prompt if I need anything for the arthritis." However, one person did say they could get their morning medicines as late as 11am if staff were, "A bit rushed."

Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- We observed staff using PPE throughout the inspection. When asked if the home was kept clean people replied, "Very clean." "Excellent." And, "Yes, definitely clean and tidy." However, one room which was vacant and identified for refurbishment had a distinct smell of stale urine. One staff member said, "This room is going to be done up soon, new everything."

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met.
- Some people could tell us about their care plans and how they had been involved, others were unclear about what a care plan was. One person said, "I know about the care plan but that is for the staff to work from, they always ask how I want things done daily."
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This helped staff to provide appropriate and person-centred care according to individual needs.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks. One person said, "I see the foot person regularly and if I need the doctor they [staff] are very good and arrange it all."
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, people had been referred to tissue viability nurses [TVN] when they were identified as at risk of developing pressure damage. One person had been referred to the Speech and Language Therapy team [SALT] for advice when they had eating and swallowing difficulties.

Staff support: induction, training, skills and experience

People were supported by staff who had access to a range of training. The provider had a full training programme which staff confirmed they attended. One person said, "They [staff] seem well trained, 99% are anyway." One relative said, "They [staff] must be doing something right as [the person] has improved and gained weight since she has been here."

- All new staff completed a full induction process which included the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.

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

- People's nutritional needs were assessed, and they were supported to have a well-balanced diet. One person said, "I met the cook, they come around and ask what you like and what you want." Another person said, "Kitchen staff welcomed me and discussed my dietary needs."

- Everybody spoken with praised the standard of the food provided. One person said, "It's all home cooking and plenty of it. They don't put a choice up on the board, but if you want something different you only need to ask." However, another person said, "No choice really. I haven't asked for anything different. I don't like to." During the inspection we observed one person tell a staff member they would like something different and the cook provided an alternative. They told us, "I just didn't fancy it when it came, and they were ok with that loving this though."
- We observed lunch which had an informal feel. Staff engaged with people whilst assisting them. One person said, "Staff help me with my food. They are very good." People were offered drinks of their choice, and drinks and snacks were offered through the day.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.
- People only received care with their consent. One person said, "They [staff] always ask me first, that is accepted practice."
- 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 Safeguarding (DoLS).
- We checked whether the service was working within the principles of the MCA. Records showed the service had liaised with the local authority to monitor the progress of existing applications and to renew those that may have expired.

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

- Some areas of the home looked 'tired' and in need of decoration, one staff member said, "It would be nice if they [the provider] decorated each room when it was empty, so it looked nicer."
- The home was adapted to meet the needs of people living there. However, we discussed the use of toilets in bedrooms which did not have a separate room or screening. The manager agreed they would look at ways of making people's rooms homelier, and providing screening around the toilet areas.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We observed staff taking time to talk with people. One person said, "They [staff] have a joke with me. They have got to know my ways.'
- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion in the home regularly. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

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

- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed. The manager told us they had introduced resident and relative meetings. They said the uptake was slow, but they were, 'working on it.' Relatives had been invited to a tea and cakes event, so the new manager could be introduced and explain how they intended to improve the service provided.
- People contributed to decisions about the activities they attended or wanted to attend. People had started to say what they wanted to do and had asked for trips out to be organised. The manager and activities co-ordinator were looking at using community transport to enable a trip out for people who wanted to go.
- A record of compliments was also kept and any received were shared with staff.
- Compliments received included, "Overall care has improved immeasurably." And, "The staff are friendly, helpful, and considerate for [the person's] complex needs."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included respecting people's private time, listening to people, and upholding people's dignity when providing personal care. However, we did discuss the use of fitted toilets in rooms with out partitions. Staff were very aware of knocking and waiting before entering so people's dignity could be maintained.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans included information for staff about the support they required to meet both their physical and emotional needs. A recent audit had highlighted the lack of personal histories and likes and dislikes in care plans. The activities co-ordinator had been talking to each person individually and was in the process of recording people's history's and likes and dislikes.
- One person told us, "I was involved from the start and I still am. They [staff] also ask me daily if I want anything done differently." However, most people spoken with could not comment on their care plan. One relative said, "I am consulted and kept informed. They [staff] have improved with communicating with me."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Comments from people and relatives prior to the inspection said there was a lack of activities and stimulation. The new manager had also identified this shortfall. They had employed a full-time activities co-ordinator who had previous experience with planning and running meaningful activities.
- People were beginning to participate in a range of activities that met their individual needs and encouraged them to continue to follow interests. One person was observed enjoying knitting, whilst another did their crosswords and others joined in a reminiscence session. On the second day of the inspection people joined in a music session.
- The activities co-ordinator had introduced a varied activities programme, one person said, "There is certainly more going on, and we have a plan that says what we can go to if we want to. I don't always, I pick and choose."
- The service had also started to make links with the local community. One person told us they really enjoyed the children visiting to read to them. The manager told us how they were planning a gardening club when children would also come and plant flowers or vegetables with people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the AIS. People's care plans included how people preferred information to be shared with them.

Improving care quality in response to complaints or concerns.

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy and knew who they could talk to. One person said, "I have absolutely no complaints they [staff] are all very professional." A relative said, "They [the service] have had their ups and downs but they always address anything we have mentioned."
- Records showed the provider responded to complaints within the time frame of their policy and procedure and sought feedback once completed.

End of life care and support.

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life. The staff worked with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.
- Staff had received training in end of life care from a local hospice. One staff member said they had found the training very good and it gave them a better insight into listening to people's end of life wishes.
- The new manager told us they were planning to become accredited with the Gold Standard Framework. [GSF] The GSF is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Most care plans contained information about the care the person would, and would not, like to receive at the end of their lives, including under what circumstances they wished to be admitted to hospital and whether they wished to be resuscitated.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement, this is because we needed to see that improvements made could be sustained. At this inspection this key question has remained requires improvement. Leaders and the culture they created had started to promote high-quality, person-centred care but we need to see this can be sustained over time.

At the time of the inspection there was not a registered manager in post. The previous registered manager had left March 2019 after a period of only nine months following registration. The new manager had applied to become the registered manager immediately on commencing their role and was approved the week after the inspection.

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.

- The manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people. One staff member said, "We are really working as a team now and talking to people about what they want and how they want to be looked after."
- The new manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- The service had improved and was well managed. Staff at all levels were aware of their roles and responsibilities. A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff spoke positively about the new manager. All staff spoken with said they felt listened to and involved in the plans in place to improve the service. One staff member said, "I think we are more of a team now, all aiming for the same thing. We want to be better, I think we could be outstanding if we just all aim for the same things." Another member of staff said, "She [the new manager] has got the support of everyone we all want it to work."
- Staff said they had started to have a one to one meeting with the new manager. Records showed staff had recently had regular contact with the manager which included a one to one supervision meeting. Supervisions were an opportunity for staff to take time out to discuss their role within the organisation and highlight any training or development needs. The new manager explained how they had identified a shortfall in regular one to one staff meetings. They had managed to meet with all staff on a one to one basis and talk to them about her plans and what they might like to see. The manager had developed a matrix to

show when one to one meetings were due and done.

- The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

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

- People and their families could comment on the service provided. The manager and provider carried out satisfaction surveys and had started to introduce resident and relative meetings. Comments were mixed and reflected the lack of activities and stimulation in the home. The manager had already started to address some issues raised and a new activities programme was in place.

Continuous learning and improving care.

- Systems used to monitor the quality of the service had failed to drive consistent improvement. The manager had introduced more effective quality assurance systems to monitor care and developed plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time. Staff members confirmed they had attended staff meetings to discuss ways to improve the service provided and how they worked.
- The manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The manager was building relationships with other home managers, so they could share what went well and not so well and how they had managed change and improvement.

Working in partnership with others.

- The service was in the process of building working links with other resources and organisations in the community to support people's preferences and meet their needs.