

The Old Vicarage (Ely) Limited

The Old Vicarage

Inspection report

32 Church Lane,
Littleport
Cambridgeshire
CB6 1PS
Tel: 01353 865200
Website: theoldvicarage-care.co.uk

Date of inspection visit: 17 November 2015
Date of publication: 06/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This unannounced comprehensive inspection at The Old Vicarage was carried out on 17 November 2015. The Old Vicarage is a care home that provides accommodation and personal care to up to 22 older people, some living with early stage dementia. It is registered to not provide nursing care. There were 16 people living at the home at the time of this visit. There are internal and external communal areas, including dining and lounge areas and a garden for people and their visitors to use. The home is made up of three floors which can be accessed by stairs and a lift.

There was no registered manager in place during this inspection. An external management team was in place to oversee the running of the service. 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.

Summary of findings

There was a failing by the provider to conspicuously display the ratings from the previous inspection carried out in January 2015 in the home and on their website for people and visitors to view.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Where people had been assessed as lacking capacity to make day-to-day decisions, applications had been made to the local authorising agencies. Staff demonstrated to us that they respected people's choices about how they wished to be supported. However, not all staff were able to demonstrate a sufficiently robust understanding of MCA and DoLS to ensure that people would not have their freedom restricted in an unlawful manner.

Plans were put in place to reduce people's identified risks, to enable people to live as independent and safe a life as possible. Arrangements were in place to ensure that people were supported with their prescribed medication. Complete and accurate records of people's prescribed medication were not always kept. People's prescribed medications were not always disposed of in a timely manner when they had expired.

People, where needed, were assisted to access a range of external health care professionals and were assisted to maintain their health. Staff supported people to maintain their links with the local community to promote social inclusion. People's health and nutritional needs were met. People at risk of malnutrition and dehydration had records in place to monitor their food and fluid intake. However, these records did not provide enough detail or guidance for staff of the amount of fluid a person deemed at risk should be given and encouraged to drink each day.

People who used the service were supported by staff in a caring and respectful way. Care and support planning documentation had recently been revised as part of the

on-going service improvement plan. These care and support plans prompted staff on any assistance a person may have required and monitor people's assessed care and support needs. Records showed that there was still some work to be done to improve these documents to give detailed guidance for staff. Work was also being carried out to make care and support plans more 'individual' to the person being supported.

People and their relatives were able to raise any suggestions or concerns that they had with the management team and staff and they felt listened to.

There were pre-employment safety checks in place to ensure that all new staff were deemed suitable to work with the people they were supporting. There were enough staff to provide safe care and support. Staff understood their responsibility to report any poor care practice.

Staff were trained to provide care which met people's individual care and support needs. The standard of staff members' work performance was reviewed through supervisions. This was to make sure that staff were confident and competent to deliver this care.

The management sought feedback about the quality of the service provided from people and their relatives through the setting up of meetings and sending out questionnaires. Staff meetings took place and staff were encouraged to raise any suggestions or concerns that they may have had. Quality monitoring processes to identify areas of improvement required within the service were formally documented in the service improvement plan with action taken recorded.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not always safe.

People were supported with their medication as prescribed. Accurate and complete records were not kept and medications were not always disposed of in a timely manner.

Systems were in place to support people to be cared for safely. Staff were aware of their responsibility to report any concerns about poor care.

People's support and care needs were met by a sufficient number of staff. Safety checks were in place to ensure that new staff were recruited safely.

Requires improvement



Is the service effective?

The service was not always effective.

Although trained, staff were not always aware of the key requirements of the MCA 2005 and DoLS to ensure that people were not having their freedom restricted in an unlawful manner.

Staff were trained to support people to meet their needs. Supervisions of staff were carried out to make sure that staff provided effective support and care to people.

People's health and nutritional needs were met.

Requires improvement



Is the service caring?

The service was caring.

Staff were caring and respectful in the way that they supported and engaged with people.

Staff encouraged people to make their own choices about things that were important to them and supported people to maintain their independence.

Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Staff supported people to maintain their links with the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated to ensure they met their current needs.

People knew how to raise a complaint should they wish to do so. There was a system in place to receive and manage people's compliments, suggestions or complaints.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

There was no registered manager in place. There was a failing to conspicuously display the ratings of the previous inspection in the home and web site for people and visitors to view.

Audits were undertaken as part of the on-going quality monitoring process. Any improvements required were documented in the service improvement plan and were being worked upon.

People and their relatives were asked to feedback on the quality of the service provided through questionnaires and meetings held.

Requires improvement



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.

This inspection took place on 17 November 2015, and was unannounced. The inspection was completed by an inspection manager and one inspector.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. We also received feedback on the service from a representative of the local authority commissioning team.

We spoke with six people who used the service. We also spoke with two members of the crisis management team currently employed by the home, the deputy manager, cook, kitchen assistant, a senior care worker and a care worker. We also spoke with a visiting social worker.

We looked at three people's care records, the systems for monitoring staff training and two staff recruitment files. We looked at other documentation such as quality monitoring, questionnaires, accidents, incidents and safeguarding records and maintenance records. We saw records of compliments and complaints records, people's food /fluid charts and repositioning chart for those deemed at risk of poor skin integrity and medication administration records.

Is the service safe?

Our findings

Food and fluid charts were in place for people who required these. However, although these were being completed by staff they did not provide information in relation to the actual amount of food and drink consumed, but the amount served to the person. This meant that the actual amounts consumed were not always recorded. We also noted that the person's fluid chart and their corresponding care and support plan did not detail the amount of fluid that the person should consume each day. This meant that there was an increased risk that staff would not know whether a person deemed to be at risk had drunk sufficient amounts of fluid to prevent them becoming dehydrated.

People who required staff to administer topical creams had records in place where staff documented each application. Records we looked at showed that staff were not keeping complete and accurate records of these applications. For example, one person who required the application of cream three times a day, was documented as having this cream applied by staff only once a day between 19 October 2015 to 23 October 2015. Another person's records showed that their topical cream that should be applied by staff daily. Documents looked at showed that the cream was recorded as being applied monthly. These records meant that it was difficult to establish whether the topical creams had been applied by staff as required and as such there was an increased risk of miss interpretation by other staff members.

This meant that the provider did not maintain accurate records of people's care, treatment and prescribed medication in respect of each person using the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they received their medicine on time. One person said, "If I have any pain and I ask for my tablets, the staff always give them to me." Medication was stored securely and at the appropriate temperature. For people who were prescribed medication to be administered as required, there was clear guidance informing the staff when this should be administered.

We were informed that all staff who administered medicines had received appropriate training and had had their competency assessed. Management informed us that

medication charts were audited on a regular basis to ensure that they had been completed fully. However, during our inspection we looked at the medication administration records held in respect of two people living in the home and noted that the records were not accurate. This was because on two occasions the records for these people contained gaps (no signature to show it had been administered) but the medicine had been administered. We also found that a bottle of medicine prescribed for one person in the home could not be located. Management informed us later during our inspection that the medicine had been returned to the pharmacy as it was no longer prescribed for the person. However, staff spoken to did not know that the medication had been returned and the person's medication administration records showed that the person was still prescribed the medicine. We also found that there was overstocking of some medication and that one medication was beyond its use by date. This meant that there was an increased risk of this out of date medication being used by staff as it had not been disposed of.

People had individual risk assessments undertaken in relation to any identified health care and support needs. Specific risk assessments had been carried out for people deemed to be at risk of falling, of developing pressure areas, of becoming dehydrated and at risk of losing weight. These risk assessments were in place to provide guidance to staff on how to support these people.

People told us that they felt safe in the home. One person said, "Yes I feel very safe I feel much safer than when I lived at home." Another person told us, "If I didn't feel safe I would speak with the governor [home owner]." A third person said, "I feel very safe at night. Staff check on me to make sure that I don't fall out of bed."

Staff we spoke with said that the management carried out pre-employment safety checks prior to them providing care to ensure that they were suitable to work with people who used the service. Checks included references from previous employment, a disclosure and barring service check (criminal records check), and gaps in employment history explained. These checks were to make sure that staff were of good character. However, records we looked at showed that one new staff member had no formal photographic identification on file and another staff file had a set of

Is the service safe?

interview notes written in pencil. This meant that there was a risk that this record could be altered. However there were two additional records of the interview written in ink and so a proper permanent record of the interview was made.

Staff told us that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor practice. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. Staff were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. This showed us that there were processes in place to reduce the risk of harm.

One person living in the home told us, “There are more staff in the home than there used to be.” They also told us, “When I press my bell the staff come quickly, I don’t have to wait longer than a few minutes for them to come to me.” Another person said, “You can always get help if you need

it. There are always plenty of staff around.” A third person told us, “Its lovely here, very friendly and you can always get help when you need it.” During our inspection we saw that staff had time to sit and spend time with people. We also saw that people’s call bells were responded to quickly and that staff were not rushed.

Concerns were raised prior to this inspection about the provider’s safe management of clinical waste and protocols around infection control and cross contamination management. These concerns were reported to the local authority Environmental Health Officer. They visited the home and undertook an inspection as the lead agency. We saw that any improvements required formed part of the homes service improvement plan.

We looked at the records for checks on the home’s utility systems and risk assessments. These showed us that the management made regular checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, visit or work in.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provided 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.

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. We checked whether the service was working within the principles of the MCA. We spoke with the crisis management team about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Records we looked at confirmed that people's capacity to make decisions and best interest decisions had been documented. The management team told us that where people had been assessed as lacking the mental capacity to make day-to-day decisions applications had been made to the local authorising agencies.

Staff demonstrated to us that they respected people's choice about how they wished to be supported. Records showed that staff had received training in MCA and DoLS. However, on speaking to staff we noted that their knowledge about MCA 2005 and DoLS was not always embedded. The lack of understanding increased the risk that staff would not identify and report back to the management that people could be having their freedom restricted in an unlawful manner.

People told us that they enjoyed the food in the home. One person told us, "We get a choice of food and we are always asked what food we would like." Another person told us, "The food is very good here and we always have a choice, the fish and chips on a Friday are my favourite." A third person said, "The food is good here. We get enough and it's hot." People told us that they could choose where they wanted to eat their meals. During this inspection we saw that some people ate their lunch in the dining areas, others ate it in the lounge and others ate their meal in their bedroom. Staff provided assistance to people who required

this and people were encouraged to eat at their own pace. People were provided with drinks on a regular basis and they told us that snacks were available in between meals if they wanted extra food to eat. Records we looked at that were held in the kitchen documented people's food likes and dislikes, food allergies and any special dietary needs. Where people were required to have special diets, such as soft diets these were provided. We were told by a member of staff that a dietician provided dietary advice and that where people were at risk of losing weight, their food intake was recorded and monitored.

Staff told us that they were supported with regular supervisions and records we looked at confirmed this. There had been a lot of new staff employed by the home, and so we saw that it was too soon for them to have had an appraisal. Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team for several days. This was until they were deemed confident and competent by the management to provide effective and safe care and support to people.

Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the record of staff training undertaken to date. Training included, but was not limited to, food hygiene, dementia care, infection control, person centred care, safeguarding adults, health and safety, medication, and moving and handling. Staff training had been identified by the service improvement plan as an area requiring improvement. As such, all staff were receiving training and refresher training as part of the action plan to make the improvements. Records we looked at showed that not all staff had completed this training, but we saw that dates were in place and training booked for completion.

The records showed that staff involved external healthcare professionals to provide assistance if there were any concerns about the health of people using the service. One person told us that, "The staff would always get the doctor for me if I needed to see one. I can see the doctor when I want to." Another person told us that they had recently had their flu jab. They said that, "The doctor comes to see me when I am not feeling well and the district nurses also come. I can also see the dentist if I want to, and the optician is coming next week. The staff call the nurses and

Is the service effective?

ask them to come and see me when I need them". Records showed that people were referred to relevant healthcare professionals in a timely manner. Guidance provided by the healthcare professionals was followed by staff in the home.

Is the service caring?

Our findings

People had positive comments about the service provided. They told us that they were aware that they had a care and support plan. One person said, “Yes I have a care plan. One of the care staff showed me it the other day.” Care records we looked at included information about the person being supported. This included people’s individual wishes on how they wanted to be assisted. There was guidance for staff to involve people and/or their relatives, or legal representatives with their plans of care. Information for staff prompted them to sit with people living in the home and go through their care plans with them. An additional prompt reminded staff that they must enable people to sign and agree their care plans where possible. This meant that people were encouraged to be involved in the planning of their care.

We saw that staff supported people in a patient and kind manner. Staff took time to support people when needed. We saw staff reassure people, who were becoming anxious, in an understanding manner to help them settle. We saw good examples of how staff involved and included people in conversations throughout our visit.

Observations throughout the visit showed that staff respected people’s privacy and dignity when supporting them. Staff talked us through how they made sure people’s dignity was respected when they were assisting them with their personal care.

We saw that people were dressed in a clean, tidy and dignified way which was appropriate for the temperature within the home. Staff talked us through how they encouraged people to make their own choices. For example, what people would like to wear or would like to eat. This demonstrated to us that people were supported by staff to be involved in making their own decisions and that staff respected these choices.

Advocacy information was made available to people to refer to, should they wish to use this type of support. Advocates are for people who require additional independent support in making certain decisions about their care.

Is the service responsive?

Our findings

We looked at the care records for three people accommodated in the home. We saw that an assessment of their care and support needs had been undertaken prior to them moving into the home. A care and support plan was then developed by the service in conjunction with the person, and/or their family, or legal representative to provide guidance to staff on the care and support the person needed. Reviews were then carried out regularly to ensure that people's current support and care needs were recorded as information for the staff that supported them. Care planning documentation had recently been revised by the management team and although people's care needs had been recorded, there was still some work to be undertaken. The care plans were person centred and provided guidance to staff about how to care for the person but the guidance wasn't as clear or detailed as it should be. For example, one person's care plan stated that they needed to be kept hydrated to reduce the risk of dehydration and they a food and fluid chart was in place. However, the care plan did not provide details for staff of the amount of fluids that the person should be given and drunk each day as a guide for staff when monitoring.

The support that people received from staff included assistance with personal care, attending health care appointments and their prescribed medication. This

assisted people to maintain their independence. During the inspection we saw some people visit the local village to undertake some shopping, visit a local cafe or to go for a walk. Staff supported people who needed some additional support to access the local community to promote social inclusion. A person told us that they enjoyed going into Ely with a member of staff. Another person said, "A member of staff asked me if I wanted to go to Ely today to buy a new pair of slippers. I didn't want to so they are going to buy some slippers for me. I have told them what sort I would like." People told us that there were activities for them to take part in. One person said, "I love to listen to music and read during the day."

People told us that that they knew how to raise a complaint. One person said, "I would speak to any of the staff if I wasn't happy about anything and needed to complain." We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting complaints. We noted that the service had received some complaints about the service provided. We looked at records of complaints received. Records showed that complaints received had been responded to in a timely manner, with the offer of a face to face meeting to discuss concerns raised. Records we looked at showed that it was too soon for the management to demonstrate that the complaints raised had been resolved to the person's satisfaction.

Is the service well-led?

Our findings

During our inspection we found that the provider was not correctly displaying our previous inspection report rating for 19 and 22 January 2015. The management told us that they were not aware that this had to be displayed as a sign and not just the actual report. A copy of our inspection report was on display in the entrance area to the home. We checked the provider's web site and the rating was not displayed there correctly.

This meant that the provider did not ensure that their rating was displayed conspicuously and legibly at their location delivering a regulated service and on their website.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no registered manager in place. Due to recent concerns about the home a management team had been employed to oversee the running of the service and make the improvements necessary in the service improvement plan. A deputy manager had been employed by the service and they were supported by care staff and non-care staff. People we spoke with told us that they knew who to speak with if they had a suggestion or concern to raise. One person said, "I would speak to the person in charge." Another said, "I would speak with the owner."

Quality monitoring systems were in place to monitor the quality of the service provided within the home. Audits

included infection control, health and safety, food hygiene, wounds and audits of night time checks. Any improvements needed were recorded as an action in the service improvement plan which was updated weekly.

Management had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC in a timely manner.

Staff told us that they were free to make suggestions, raise concerns, and that management were supportive to them. One staff member told us, "Staff morale is getting better." They also told us of an example of how they raised a suggestion with the management team and that it was listened to. Staff also said that staff meeting happened. Records we looked at confirmed this and we saw that these meetings were used as opportunities to update staff.

The management team sought feedback about the quality of the service provided from people and their relatives by asking them to complete questionnaires. We saw that feedback on the service was positive. We noted that the management had advertised a residents and relatives meeting. This would give people and their families the opportunity to be updated with what was happening at the home and feedback their opinions.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not maintain accurate records of people's care, treatment, assessed risk and prescribed medication in respect of each person using the service. Regulation 17 (1) (2) (c).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments</p> <p>How the regulation was not being met:</p> <p>The provider did ensure that their rating was displayed conspicuously and legibly at their location delivering a regulated service and on their website. Regulation 20A (1) (2) (3) (7).</p>