

Calsa Care Limited

Vicarage Court Care Home

Inspection report

Vicarage Gardens
Featherstone
Pontefract
West Yorkshire
WF7 6NH

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Vicarage Court is a care home providing personal and nursing care to younger disabled adults and people aged 65 and over, including people living with dementia. The service can support up to 80 people in one adapted building over three floors. At the time of this inspection there were 63 people living at Vicarage Court.

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

People, their relatives and staff comments about staffing levels were mixed. We saw there were busy times during the day of the inspection when people had to wait to receive support from staff. For example, at meal times some people had to wait for support to eat their meal. We have made a recommendation the provider and registered manager consider the comments made by people and staff and take into account our observations when calculating staffing levels and the deployment of staff during busy times. During the inspection the registered manager and provider agreed they would review staffing levels and the deployment of staff.

Medicines were stored safely and securely. People received their medicines as prescribed. Further guidance for staff on the use of as and when required (PRN) medicines was being developed.

The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager.

Staff were provided with an induction, relevant training and ongoing support to make sure they had the right skills and knowledge to support people. People told us they enjoyed the food served at Vicarage Court, which we saw considered their dietary needs and preferences. People were assisted to maintain their health by being provided with a balanced diet and supported to access a range of health and social care professionals.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum 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.

Positive and supportive relationships had been developed between people, their relatives and staff. People told us they were treated with dignity and respect and we saw this throughout the day of the inspection.

There was a range of activities available to people living at Vicarage Court. People were supported to engage in activities that were important to them. There was an up to date complaints policy and procedure readily available to people. People, their relatives and staff told us the registered manager and provider were

approachable and responsive to any issues raised.

There were effective systems in place to monitor and improve the quality of the service provided. Safety and maintenance checks for the premises and equipment were in place and up to date. The provider had policies and procedures which reflected current legislation and good practice guidance.

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 3 August 2018). At this inspection we found improvements had been made and the service is now 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 well-led.

Details are in our well-led findings below.

Good ●

Vicarage Court Care 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

The inspection team was made up of one inspector, one assistant inspector, one Expert by Experience and two specialist advisors. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who lived at Vicarage Court and six of their relatives about their experience of the care provided. We met with the registered manager and providers. We spoke with 15 members of staff.

We looked around both buildings to check environmental safety and cleanliness. We looked at written records, which included seven people's care records and eight staff files. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information on training, additional information from people's care records and more quality assurance records.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Our observations during the day of the inspection showed there were certain times of the day when more staff were needed to meet people's care and support needs in a timelier way. For example, during the lunch time service we saw some people had to wait to get the support they needed from staff to eat their meal. This was particularly apparent on the unit for people living with dementia on the lower ground floor.
- The registered manager told us an online staffing dependency tool was completed every month for each person to calculate staffing levels. The tool was based on current occupancy levels and the needs of each person living at the service. However, the tool did not consider the time of day or night people required support.
- Comments from people, their relatives and staff about staffing levels were mixed. Comments from people included, "They could do with more staff", "On the whole it [Vicarage Court] is well run but they need a lot more staff", "Not enough staff, never has been" and "I am safe and well looked after and they [staff] come within minutes to my buzzer."

We recommend the provider and registered manager consider the comments made by people and staff, and our observations when calculating staffing levels and the deployment of staff during busy times.

- Recruitment procedures were safe. We looked at eight staff files. We saw each file contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. We also saw evidence the nurse's Nursing and Midwifery Council (NMC) registration had been checked, where appropriate. These checks helped to ensure people employed were of good character.

Using medicines safely

- Medicines were stored securely and within safe temperature ranges. We saw fridge temperatures were not always recorded twice every 24 hours as per the provider's own medicines policy. We spoke with a senior member of staff about this who agreed to follow this up.
- Nurses and senior care staff took responsibility for dispensing medicines. They had received training in medicines management and we saw their competency in this area was checked.
- Medicines audits were undertaken by the registered manager and deputy manager.
- We saw the nurse or senior care worker stayed with the person until their medicines had been taken. They were encouraging and patient with people.
- Some people required medicines as and when required (PRN). We found the information for staff could be clearer regarding the purpose of these medicines and when a person might need them. The registered

manager agreed improvements were required and after the inspection sent us evidence this area was being addressed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe living at Vicarage Court. Relatives we spoke with confirmed this. Comments from relatives included, "[Relative] is safe here and kept clean" and "[Relative] is safe and well cared for."
- Staff told us they were aware of how to report unsafe practice and were encouraged by the registered manager and provider to report any concerns they had. In the staff files we looked at the member of staff had signed a statement to say they were committed to safeguarding service users within their care. This included a reference to the provider's whistleblowing policy and their responsibility to report anything they witness which may be abusive or harmful to a service user.
- Staff knew how to protect people from the risk of abuse. Staff we spoke with confirmed they had received training in safeguarding adults from abuse. Staff were confident any concerns they raised would be taken seriously by the registered manager and acted upon appropriately. The registered manager had a system in place to record safeguarding concerns raised with the local authority and the outcome.
- Incidents and accidents were recorded and actions were taken to reduce the risk of them happening again. The registered manager kept an overview to try to identify any themes or trends.
- People's care records contained risk assessments. For example, moving and handling risk assessments contained information specific to each person in terms of how many staff would be needed to support them. The risk assessments we looked at advised staff on how best to communicate with the person and included information on any specific issues the person had, such as a sensory impairment.
- The provider was responsible for managing small amounts of money for people living at Vicarage Court. We saw the administrators kept an accurate financial record for each person.

Preventing and controlling infection

- The premises were clean and well maintained. People and relatives we spoke with were keen to tell us the premises were clean. Comments included, "My room is clean and tidy" and "[Relative] has a nice clean room."
- Personal protective equipment, such as plastic gloves and aprons were readily available to staff and worn appropriately throughout the day of this inspection.

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.

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

At our last inspection we found more could be done to improve the design and decoration of the 'Forget Me Not' red unit for people living with dementia. During this inspection we found improvements had been made in this area.

- We saw the unit was bright, clean and welcoming. The unit was located on the lower ground floor with direct access to a courtyard. People were also supported to access the garden area on the ground floor. The garden was landscaped and was wheelchair accessible. People told us they enjoyed using the outside spaces.
- There was clear signage of communal areas, such as toilets and dining rooms. People's rooms had their name and photographs on them alongside pictures of what was important to them. This can assist with orientation.
- On the walls there was a range of dementia friendly pictures and tactile displays to aid reminiscence.
- The provider shared with us their refurbishment and replacement plan for the whole building. This included further improvements to the 'Forget Me Not' unit, such as more redecoration and new furniture.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained. We saw staff carried out safe moving and handling techniques when supporting people to mobilise.
- Staff told us they had an induction to their job and we saw copies of induction records on staff files. The induction included mandatory training and shadowing more experienced members of staff.
- All staff were required to repeat mandatory training. The registered manager kept an electronic record of staff compliance in this area, which was currently at 90 per cent. We saw training had been arranged where it was overdue for staff.
- The registered manager told us each member of staff should have a minimum of four supervisions a year, including an appraisal. Staff told us they felt supported by their line manager and we saw evidence of some supervisions and yearly appraisals taking place. However, not everyone was receiving supervision or appraisal in line with the provider's own policy. The supervision records we looked at weren't always very detailed or completed fully or signed off by the member of staff and their manager. We spoke with the registered manager about this who agreed the recording of supervision meetings would be improved.

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

- People told us they enjoyed the food served at Vicarage Court. Comments included, "The food is good,

you get enough" and "The food is alright, oh yes I get enough."

- We observed the lunch service on all three floors. In the main it was a relaxed and pleasant experience. Some people required encouragement and support to eat. We saw staff were focused on the person, they sat next to the person to be at the same level and talked quietly to them to describe what they were doing and to encourage them to eat. Some people did have to wait for this support.
- Tables were set nicely with condiments. Adapted drinking cups and plates were available if required.
- Some people had specific dietary needs for health or cultural reasons. We saw these needs were catered for. Staff told us they kept a list in the kitchen of every person's dietary requirements.

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

- All the people we spoke with told us staff looked after them well and supported them to see a range of health and social care professionals when required.
- The care records we looked at confirmed people were supported to access a range of health and social care professionals, such as GPs and speech and language therapists.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made appropriate applications to the local authority for DoLS authorisations and kept an electronic record of each application. They told us this enabled them to pull off a report to find out what stage an application was at and if any conditions were attached.
- Staff told us they received training in MCA and DoLS. Training records confirmed care staff had received this training or were scheduled to.
- The members of care staff we spoke with understood the MCA. It was clear from our observations staff respected people's choices and promoted their independence, wherever possible.
- People's care records contained consent to care documents. Where people did not have capacity to consent to their care we saw their relatives or advocate had been consulted, as appropriate. We saw records of best interest meetings taking place when significant decisions needed to be made for a person lacking capacity.

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

- Every person we asked told us the staff were caring. Comments from people included, "I love these lasses [staff], they are very nice with me. I like them all", "The staff are nice here. They understand my needs" and "The staff are very caring and look after you well." Relatives we spoke with were also positive about the staff. Relatives told us, "The staff are lovely, very nice and seem to be the same staff" and "The staff are kind and understand [my relative]."
- We saw caring interactions between people and staff. For example, we saw a member of staff calmly distract a person who was becoming agitated. When required, we saw people were supported to mobilise by staff in a careful and considerate way.
- All the staff we spoke with talked about the people they supported with kindness and compassion. They clearly knew people and their relatives well. We heard friendly conversations between people, their relatives and staff.
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under this legislation, such as disability and gender. Our observations throughout the day and our discussions with staff showed us they were respectful of people.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff were able to tell us what it meant to treat people with dignity and respect. One member of staff told us, "We [staff] close the curtains, close the door, speak to the person whilst giving care." We saw staff knocking on doors before entering people's rooms. People and the relatives we spoke with confirmed they were treated with dignity and respect.
- People told us staff promoted their independence. Comments included, "I still feel independent and can make my own choices", "They [staff] respect my independence" and "The staff are kind and they encourage you."
- People's personal information was respected. Staff we spoke with understood the need to respect people's confidentiality and we saw confidential information was locked away when not in use. Electronic care records were password protected.
- The registered manager told us people's care and support needs were reviewed with them every six months. People's relatives or representatives were invited to these meetings as appropriate. We saw evidence of these meetings taking place on people's care records.

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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection we recommended the provider audit and update electronic care records to ensure they were strong drivers for safe, effective and responsive care. During this inspection we found some improvements had been made in this area.

- The provider had introduced electronic care records. From our observations and conversations with staff it was clear some staff were more confident with this way of recording and receiving information than others. The registered manager told us training was ongoing in this area.
- People's care records held information on their current health and support needs in all areas of daily living. This included information and guidance for staff on how best to support the person to meet their needs. This information was evaluated monthly.
- We found some people's care records could be more person centred. The care records we looked at contained a section to record information about a person's life history, including any cultural, religious or spiritual needs, what the person enjoyed and what they did not like to do. These were completed with variable amounts of information. The registered manager explained this information was held for people in an 'All About Me' paper booklet and work continued in transferring this information on to people's electronic care records.

End of life care and support

- Care records included a section on people's needs and preferences for the end of their life. Training in end of life care was available to staff, however this wasn't mandatory.
- The registered manager told us they were developing links with the local hospice to offer advice and support to staff caring for people at the end of their life.

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.

- The service met the Accessible Information Standard. The provider had systems in place and people were given information in a format they could understand and use. For example, the provider had an easy read complaints procedure.

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

- The provider employed an activities coordinator who arranged a programme of activities to help keep people occupied and entertained. They were supported by a local person on a work experience placement.
- Most people told us there was enough to do. Comments from people included, "There is plenty to do every day" and "There is enough to do, and I like walking." One person told us, "The activities lady has offered to do things, but they need a mini bus, so I can get out." Several members of staff told us they had started fund raising for a minibus, so people could go out more.
- The activities were advertised on noticeboards in communal areas throughout the home. These included classes in dancing, ceramics and baking. There was a regular quiz. Some people were involved in gardening. We saw photographs of a recent 'Summer Fun Day' where neighbours from the local community had been invited.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy and procedure. It gave addresses and telephone numbers of who to contact to make a complaint and who to contact if people were unhappy with the original response. We saw the policy was displayed in the reception area.
- People and their relatives told us the registered manager and provider were approachable and they were confident any concerns they raised would be addressed. Comments from relatives included, "I would know who to complain to if needed and I think they would act on things" and "The management would listen and act [any complaints]."
- The registered manager kept a complaints file with an overview and summary of each complaint at the front. We saw each complaint had been investigated or was in the process of being investigated.

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. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager and provider had quality assurance systems in place. We saw any issues identified were recorded and acted upon. Quality assurance systems enable registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. During the inspection the registered manager and provider agreed they would review staffing levels and the deployment of staff.
- The provider had policies and procedures covering all aspects of service delivery. Key policies were outlined in the employee handbook. Staff could also access paper copies in offices or online versions on computers throughout the home.
- Regular checks of the buildings and the equipment were carried out to keep people safe. The home had safety certificates in place for the premises and the equipment they used. Risks to people's safety in the event of a fire had been identified and managed.

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

- People, their relatives and staff were given opportunities to give feedback about the service. The activities coordinators held meetings with people and their relatives. A relative told us, "They ask my views and the staff are brilliant."
- We saw a timetable of meetings held with staff throughout the year. This included all staff meetings and staff meetings specific to each unit. We saw the records of these meetings taking place, however they were not typed up in a way they could be easily shared with those who could not attend. They were handwritten notes. We spoke with the registered manager about this who told us there was already a plan in place for these meetings to be recorded and then transcribed.
- The registered manager told us all people and their relatives, staff and visiting professionals were sent a link to an online survey twice a year. The results of these were analysed and then shared through meetings, emails and on noticeboards. In the reception area we saw a 'You said, We did' display. This included the introduction of a summer menu as people had asked for more food choices.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff told us the registered manager and provider were accessible and approachable.

Comments from people included, "Yes, it is well organised here and I know who the manager is" and "[Vicarage Court] is well organised and I know who is in charge."

- The registered manager understood their role in terms of regulatory requirements and was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.
- The provider continued to ensure the ratings from their last inspection were clearly displayed on the premises and on their website as required by regulations.

Working in partnership with others

- The registered manager and provider told us they worked in partnership with the local authority.
- Staff told us they had developed and sustained good working relationships with visiting health and social care professionals.
- The activities coordinator told us links had been developed with the local community. For example, once a month a multi denominational church service was held at Vicarage Court and a local choir also visited to sing to people.