

# Clarkson House Residential Care Home Ltd

# The Vicarage Residential Care Home

## Inspection report

109 Audenshaw Road  
Audenshaw  
Manchester  
Greater Manchester  
M34 5NL

Tel: 01613014766

Date of inspection visit:  
09 October 2019  
11 October 2019

Date of publication:  
25 October 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The Vicarage Residential Care Home is a residential care home providing accommodation and personal care for up to 30 people. At the time of the inspection there were 16 people using the service, two of whom were in hospital.

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

There was a lack of activities on offer and activities were not based on individual interests, needs and preferences.

A range of quality monitoring and auditing had been introduced. Although we saw significant improvements had been made, we have not rated the well-led key question as 'good'. There is a history of non-compliance. To improve the rating to 'good' would require the embedding of audit systems and a longer-term track record of sustained improvement and good practice.

The home was visibly clean and free from malodours. There was an on-going programme of redecoration and refurbishment. Health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment. Staff had received training in safeguarding people from abuse. Medicines were managed safely. Safe systems of recruitment were in place.

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.

There were sufficient staff to meet people's needs and staff received the induction, training and support they needed to carry out their roles. People's nutritional needs were met. Everyone we spoke with told us they enjoyed the food. People's health needs were met.

Staff treated people with dignity and respect. People told us staff were kind and caring. Staff were warm and very kind and friendly towards people and engaged in conversations. There was also gentle banter and people clearly enjoyed having fun with staff. Staff spoke with genuine affection about the people they were supporting and considered the home to be a family.

Care records were person centred, reviewed regularly and updated when people's needs changed.

The provider had notified CQC of significant events such as safeguarding concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was inadequate (published July 2019) and there were multiple breaches of

regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of those regulations. This service has been in Special Measures since August 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to a lack of person-centred activities. The provider had not ensured care was designed to meet service users' needs and preferences. Please see the action we have told the provider to take at the end of this report.

#### 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# The Vicarage Residential 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 first day of inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was completed by one inspector.

#### Service and service type

The Vicarage Residential Care Home 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. The registered manager was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We asked Healthwatch Tameside for their views on the service. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all this information to plan our inspection.

#### During the inspection

During our inspection we spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, the cook, senior carers, night and day care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records, multiple medication records and records of care provided. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including training, policies and procedures were reviewed. We also spent time in communal areas of the home observing the support people received and how staff interacted with people who used the service.

# 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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection we found people's bedrooms were not always clean, action had not always been taken to safeguard people regarding accidents and there was no first aid provision at the home. Concerns regarding the health and safety of the building were not identified and people did not have call bell cords in their rooms. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The home was clean and free from malodours. Since our last inspection additional domestic staff had been employed by the provider. We viewed all communal areas and the majority of people's bedrooms and found them to be clean and tidy. Many of the bedrooms had been redecorated, re-carpeted and had new bedding. Relatives said, "The place is clean, no smells and it has improved recently with new carpet and the dining room and the rooms have been done up" and "The environment has been improved, it looks fresh."
- An infection prevention and control audit had been completed in March 2019 and the home was found to be compliant in all areas and received an overall score of 94%. Staff had completed training in infection prevention and control and wore personal protective equipment (PPE), such as disposable aprons and gloves, when supporting people with personal care.
- Records were kept of accidents and incidents that occurred to people who used the service and to staff. The registered manager monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences. Staff had received training in first aid and there was appropriate first aid provision.

Assessing risk, safety monitoring and management

- Health and safety checks in the home had been carried out. These included regular checks that call bells were in place and working correctly. There was a programme of regular maintenance to the building and servicing of equipment. Concerns or repairs were dealt with effectively.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- Staff had received training in safeguarding people from abuse, they understood their safeguarding and

whistleblowing responsibilities.

- People said they felt safe and were complimentary about the staff and care they received. One person said, "I feel safe yes, the girls [staff] are quite nice and they are always helping me."

### Staffing and recruitment

At our last inspection we found there was not enough suitably trained staff on duty to provide safe and effective care. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People we spoke with, review of staff rotas and observations during the inspection showed there were enough staff to ensure people received the support they needed in a timely manner. We noted that staffing levels at night could be more challenging due to the additional responsibilities for the cleaning of the home at night, however these duties had been reduced following employment of more day time domestic staff. Staff told us, "Sometimes it can be difficult, and we haven't enough time to do everything." People told us call bells were answered promptly at night and they received support they needed at night in a timely manner. One person told us, "They [staff] are always there when you need them." We have addressed staff training in the effective section of this report.
- There were safe systems for staff recruitment in place. Staff files contained the necessary checks and documents to ensure fit and proper people were employed

### Using medicines safely

- There were safe systems in place for managing people's medicines. Medicines were stored safely and securely. Stocks of medicines were accurate.
- We reviewed medication administration records (MARS) and saw that these were being accurately completed. Guidance was in place for people who were prescribed 'as needed' medication such as for pain relief. One person was prescribed thickener. Thickeners are added to drinks, and sometimes food, for people who have difficulty swallowing, and they may help prevent choking. Staff were not completing records every time thickener was added to drinks. The registered manager told us they would ensure administration was recorded on the persons' fluid record charts.
- Staff had received training in the administration medication and had regular competency checks. At the time of the inspection there were no night staff who could provide people with support to take their medicines at night time. Alternative arrangements were made if this was needed however to ensure prompt response night staff were all in the process of completing the training so that support for people with their medication needs would be in place.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection staff did not always have relevant training in place. New staff had not completed training or induction prior to providing care and support to people living at the home. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. One person who used the service told us, "I think the girls can do the job and if you want anything they come right away." Staff completed an induction and a range of training the provider considered mandatory. There were systems in place to check staff competency. This included observing moving and handling practice and delivering personal care.
- Staff were positive about working at the home and told us they received the training and support they needed to undertake their roles. One staff member said, "The training is helping us. I feel good and confident about my job." Staff told us that they completed some of the training at home and did not get paid for it. We discussed this with the registered manager. They told us that if staff completed the training on site they could be paid for it. The registered manager told us they would ensure this was clearly communicated to staff.
- We saw that staff had regular supervisions and staff told us they felt generally well supported by their line manager. They said, "Supervision is useful. We are able to discuss ideas and it has been good" and "If we have a problem there is always someone to talk to, we can raise any concerns."

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).

At our last inspection we found consent was not always sought before care delivery. Documentation showed consent had not always been sought in line with the MCA 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also recommended the service ensured they recorded and actioned any conditions imposed on people's DoLS authorisations.

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- The provider was working within the principles of the MCA. Where needed, mental capacity assessments and best interest meetings had been completed. The correct procedures for applying for DoLS had been followed.
- Conditions imposed as part of the DoLS authorisations were actioned and records kept of how they were being met.
- Throughout the inspection we observed staff sought people's consent before supporting them with personal care needs.

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

- The home had not had any new admissions since our last inspection. We saw that a new assessment had been developed and the deputy manager told us it would be used when the home started to take new residents. This included information about the support people needed and how those needs were to be met. It included people's personal, social and medical histories. This would help to ensure people were appropriately placed and the home could provide people with the support they needed.

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

- People's nutritional needs were met. People were offered different menu options and photographs had been taken of all meals on the menu to help people to choose. The cook had a good knowledge of people's likes, dislikes and specific dietary requirements. They also clearly took a pride in producing good quality home cooked meals.
- Food was stored and prepared safely. The home had received a five-star food hygiene rating in June 2019.
- The food was well presented and looked appetising. Everyone we spoke with told us they enjoyed the food. People told us, "I like the food and I'm glad I don't have to make it" and "I get plenty to eat and drink and they keep a few lagers in the fridge for me." A relative said, "The food is very good, everything is home cooked and they can have home made soup everyday." We observed meal times were a pleasant and social experience. There were sufficient staff to support people and staff encouraged people to be independent. Where people needed additional support with eating, this was done patiently and with respect and dignity.

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

- The home was clean and clear from clutter and obstructions. Adaptions including signage had been made

to help those living with dementia find their way around. This also included coloured toilet seats, contrasting coloured handrails and door frames and photographs of people outside their bedroom doors.

- Bedrooms were well decorated, personalised and contained possessions and photographs that were important to people. Access to the garden area had been improved and it had been renovated.
- There was an ongoing programme of refurbishment and redecoration throughout the home.

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

- People were supported with their health needs and had access to a range of health care professionals. During the inspection we observed a district nurse visited the home and staff were able to provide them with relevant information and support.
- We saw that since our last inspection the home had received numerous compliments from visiting health care professionals about the standard of care and staff responsiveness to people's health care needs.
- There was a system for monitoring falls. Records showed that appropriate treatment and support were sought in a timely manner.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection we found people were not always clean. People's bedrooms and bedding were in poor condition and people were not always treated in a dignified way at mealtimes. This was a repeated breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

Respecting and promoting people's privacy, dignity and independence

- During our inspection we saw that people were well presented. People told us staff treated them with respect and maintained their dignity. They said, "When they are helping me get dressed or having a shower they treat me very respectfully" and "I just sort myself out with a shower when I want. I can manage myself, but I know they [staff] are there if I need them."
- Since our last inspection new bedding had been purchased and bedrooms had been refurbished. We found the home to be clean throughout. We have addressed the meal time experience in the effective section of this report.
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

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

- People told us staff were kind and caring. They said, "The staff are nice and friendly and will help me if I need it", "They are very kind and I can sit and have a chat", "Staff are good I can have a good laugh with them" and "I get on great with the girls [staff]. I can have a laugh and a joke with them. I am always winding them up." Relatives said, "I can't fault the staff they are really good with [person who used the service] They are very kind with [person]" and "They [staff] are really nice with people [who used the service]."
- Our observations during the inspection showed that staff were warm and very kind and friendly towards people and engaged in conversations. There was also gentle banter and people clearly enjoyed having fun with staff. Staff spoke with genuine affection about the people they were supporting and considered the home to be a family.
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service. People's cultural, religious and spiritual

beliefs were respected.

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

- During the inspection we saw that people were involved in making decisions about their care. For example, we saw that people were asked to make choices around what they ate, and what they watched on television. When staff were supporting people with their meals we saw that staff would ask people what food items they wanted for each mouthful.
- At a previous inspection we had found that a bathing schedule was in place, this did not promote people's choice and dignity and was removed. At this inspection some people who used the service stated that they still had set days for bathing. People told us, "I have a shower when they give me one it's not every day and I don't like to ask because it's too much trouble" and "The Carers are very good they help me get up in a morning and get dressed. I have a shower they come round and say it's my turn but I could have more if I wanted I think." We discussed this with the registered manager. They explained that this was based on people's preferences or their historic routines. They said they would ensure that all people who used the service knew that they could bathe whenever they wanted and did not have to have set days.
- People told us staff listened to them. They said, "If I want anything or need anything changing I just ask the staff and they will do it for me. I am okay with the way things are" and "They will sit and talk with me when they can and ask me how I am."

## 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 remained the same. This meant people's needs were not always met.

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

- There was an activity plan in place and an activity was scheduled for people to engage in on a daily basis. These activities had not been developed in line with people's interests and preferences. On the first day of our inspection chair aerobics was well attended and enjoyed by most people who were encouraged to join. Staff would spend time chatting with people and playing games such as dominos.
- People said they enjoyed the activities but told us there were not enough activities on offer. There were no community-based activities on offer. People said, "I think there could be more to do", "There are bits and pieces going on but not all the time. The days can be long and it's just trying to get the day over with sometimes" and "Sometimes I get fed up because there is nothing to do." The registered manager told us that information about people's interest and hobbies was now being gathered and that activities would be reviewed based in this information. Activities are important to promote people's social interaction, movement and wellbeing and prevent social isolation.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred Care. The provider had not ensured care was designed to meet service users' needs.

- Relatives told us they were always made to feel welcome. A relative said, "We are very involved. Every time we visit they offer us a drink straight away."

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

- The deputy manager had started to complete new care records. They included risk assessments and care plans. Care plans included information about the person's support needs, their likes, dislikes and personal care needs. They gave sufficient information to guide staff on the support people needed and how support should be provided. Some care records were in the old format and did not contain detailed information about people's life history's, interests and hobbies. This helps to ensure that care and support are provided in a person-centred way. We discussed this with the registered manager and deputy manager, they showed us that the that life story books were now being completed with people.
- People had been involved in decisions about their care and support. Care records were reviewed regularly and updated when people's needs changed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place to log any complaints received. The registered manager or deputy manager had investigated any complaints and provided a response in line with the providers

complaints policy.

- People knew how to raise any concern or complaints. People told us, "I have no complaints and if I had I would just speak to the girls" and "I've not had to complain about anything but if I did I would mention it to the staff first." Relatives said, "I am satisfied that [person who used the service] is being well looked after and I have no complaints about how [person] is treated" and "If we point something out they rectify it immediately."

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 available in alternative formats including large print, pictorial, easy read and written formats.
- Care records contained information about how people communicated and included how best to communicate with people to ensure they understood the information.

End of life care and support

- Care records identified if the person had specific wishes about how they wanted to be cared for at the end of their life. Staff had received training in end of life care.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was sometimes inconsistent. Leaders and the systems they created did not always support the delivery of high-quality, person-centred care. Due to the history of noncompliance to improve the rating to 'good' would require the embedding of audit systems and a longer-term track record of sustained improvement.

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

At our last inspection management systems and oversight had not identified or actioned the concerns we found during the inspection. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- We found systems of daily, weekly and monthly quality assurance checks and audits had significantly improved.
- We saw that some audit systems were not yet fully operational. Some issues had been identified but had not been actioned; including activities. Although improvements were seen, as the service had a history of insufficient quality auditing and monitoring, we discussed the need for a period of sustained improvement before this domain could be rated as good.
- A manager undertook a walk round the home each day, findings from these were recorded. They also held daily meetings with staff from all departments. These were used to identify any concerns and to update on actions taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the service and the way it was managed. People said, "I am very happy here no problems. The staff are very good and I know they are on hand if I need them" and "Overall this place is brilliant, smashing. Can't fault it. [Person who used the service] is safe here and I know [person] is being properly cared for." A relative said, "The managers are very approachable. We have a good relationship with everyone [staff]."

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



At the previous inspection we identified a continued breach of regulation 16 and 18 of the Care Quality Commission (Registration) Regulations 2009. This was because statutory notifications to inform us of the death of a person and notifications to inform us of significant incidents at the home had not been submitted to CQC as required.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16 and Regulation 18.

- The registered manager had notified CQC of significant events such as safeguarding concerns.
- The registered manager was aware of their responsibility regarding duty of candour.
- It is a requirement the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the reception area.

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

- There was a statement of purpose. These gave people details of the facilities provided at this care home. These explained the service's aims, values, objectives and services provided
- Satisfaction surveys had been completed with people who used the service, relatives and staff. We saw that action had been taken in response to suggestions for improvements. Relatives told us they were involved and informed about the care their family members were receiving.

Continuous learning and improving care; Working in partnership with others

- The home worked with the local authority who commissioned the service and healthcare professionals to achieve good outcomes for people.
- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. They kept detailed records of all incidents and analysed them for themes or patterns. This helped ensure they could identify good practice and where improvements needed to be made.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured care was designed to meet service users' needs and preferences.