

# Aegis Residential Care Homes Limited

# The Old Vicarage Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

The Old Vicarage Care Home is a residential care home providing personal care to 29 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

The Old Vicarage Care Home has two lounges and a dining room, and a lift is available to support people with mobility needs to access the second floor. There is also a garden area and a car park at the home.

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

There is a history of non-compliance and people were at risk of avoidable harm. Medicines were not always managed safely which placed people at risk of harm. Care records did not always reflect discussions about people's needs or the equipment they required to maintain their safety.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People could not be assured their rights were lawfully restricted as applications to the supervisory body did not always contain the restrictions in place. Auditing systems did not always identify the concerns found during the inspection.

People were supported by staff who knew them well and people shared they were happy with the staff provision. We received mixed feedback from staff about the number of staff available to support people at times. The environment was well maintained, and people told us they were happy with the cleanliness at the home.

Safe recruitment practices were followed to ensure staff were suitable to work with vulnerable people. Staff received training and supervision to maintain their skills.

People were supported to access external medical advice when this was needed, and people told us their care was discussed with them.

People were treated with dignity and respect and staff we spoke with told us how they respected people and ensured their privacy and dignity was maintained. People could express their end of life wishes if they wished to share these.

People gave positive feedback about the meals and snacks at the home. A varied menu was in place and people could choose alternatives if they wanted. People told us they were happy at the home and were confident any comments or complaints would be resolved. Relatives we spoke with also confirmed this.

People were consulted and asked their views on the service provided. The registered provider reviewed surveys completed by people and relatives to assess their satisfaction with the service. In addition, the registered manager had developed a survey with guidance from relatives, so they could focus on what relatives wanted to gain from a survey.

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 06 July 2019) and there were two breaches of regulation. We took enforcement action to ensure the provider would improve. This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence the provider needs to make improvement as not enough improvement had been made and sustained. Please see the safe, effective, responsive and well-led sections of this full report.

#### Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Vicarage on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# The Old Vicarage 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 the inspection was carried out by an inspection manager and an inspector. The second day of the inspection was carried out by an inspector and a pharmacist medicines inspector.

The Old Vicarage 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. 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

The first day of the inspection was unannounced. The second day of the inspection was announced.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our

inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service about their experience of the care provided, two relatives and one visiting health professional. We spoke with 15 members of staff. These included the registered manager and the deputy manager. In addition, we spoke with nine care staff, the cook, the maintenance person and the activities co-ordinator. We walked around the home to check it was a clean, safe place to live and also carried out observations. 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 five people's care records. We looked at medicines and records about medicines for 15 people. We spoke with one senior carer who had responsibility for administering medicines on the day of the inspection. We looked at two staff files in relation to recruitment and two computer records relating to staff supervisions and appraisal. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to speak with staff by telephone and reviewed information the registered manager had sent us. This included training information, changes made to care records and documentation relating to medicines.

# 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 focused inspection in April 2019 this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

### Using medicines safely

At the last inspection in April 2019 we found the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although significant improvements had been made to the way medicines were managed since our last inspection in April 2019, at this inspection we found further improvements were required to ensure medicines were managed safely. The provider was still in breach of regulation 12.

- Arrangements were in place to store all current medicines and creams safely at the correct temperatures. However, waste medicines were still not stored safely in line with current NICE (National Institute of Clinical Excellence) guidance. The provider has now confirmed the waste medicines are being stored in line with best practice guidance.
- When medicines were prescribed "when required", there were personalised supporting protocols in place for most medicines to ensure they were given consistently and safely. However, three people did not have protocols in place.
- Arrangements for managing people's medicines when they came out of hospital were not always safe. For one person we noted a discrepancy in the medicines received into the home and no checks were undertaken to ensure their medicines were managed safely.
- Most medicines were ordered in a timely way however one person ran out of one of their medicines for two days because it had not been ordered until the day it ran out.
- Arrangements were made to give most time sensitive medicines at the appropriate times. However, one person's records showed they were given two courses of an antibiotic with food which must be given on an empty stomach. The antibiotic will be less effective if it is not given at the right time.
- Up to date allergies were not always recorded on the MARS which meant people may be at risk of being given medicines they were allergic to.

We found no evidence that people had been harmed however the provider had failed to manage medicines safely. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The records about medicines were accurate and showed that medicines could be accounted for and people were mainly given their prescribed medicines and creams safely.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. One person told us they felt safe with staff. They commented, "It's nice to know that they check on me." A relative told us they had been informed by the registered manager of a safeguarding investigation involving their family member. They shared that the safeguarding had been unsubstantiated, and they had no concerns with their family member's safety.
- The provider enabled staff to attend safeguarding training, so staff could identify and respond to disclosures, or signs and symptoms of alleged abuse. Staff told us they would take action to protect people by reporting concerns to the registered manager and external bodies, so people were protected.

### Assessing risk, safety monitoring and management

- Staff completed risk assessments to identify risks to people who lived at the home. Assessments had been carried out in areas such as nutrition, falls and skin. Care records contained information on how risks to people could be minimised.
- Equipment was serviced and maintained to ensure it remained fit for people to use.
- There were individual plans to describe the help people needed to evacuate the home safely in the event of an emergency.

### Staffing and recruitment

- The registered provider had policies to help ensure prospective employees were recruited and checked to ensure they were suitable to work with vulnerable people. Staff recruitment files contained evidence the checks had been carried out.
- The registered manager deployed staff effectively. One person shared that if they needed assistance in the day or night, staff helped them quickly. They commented, "They usually turn up quick smart." A relative commented, "There's plenty of staff."
- Seven staff told us they had enough time to support people safely. One staff member told us they felt more staff were required at night. We passed this to the registered manager for their consideration.

### Learning lessons when things go wrong

- The registered manager explained that audits were carried out to identify when areas needed improvement. Audits were carried out on care records, accidents and incidents, cleanliness, medicines and the environment. Staff confirmed audits were completed and they received feedback of these, but the audits had not identified some of the concerns we found on inspection. For example, audits had not identified the fact care records did not always document decision specific capacity assessments or the equipment a person used to help maintain their safety. In addition, medicines audits had not identified the shortfalls in medicines. This has been addressed within the domain 'well-led' within this report.



# 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 of this domain in October and November 2018, this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Where appropriate, people's capacity to make decisions had not always been assessed in line with the principles of the MCA. One person at the home used bedrails to maintain their safety. There was no evidence that a mental capacity assessment had been carried out or a best interest meeting held to help ensure the decision to use the profile bed was in the person's best interests.
- Applications made to the supervisory body to restrict people's liberty did not always reflect the restrictions in place. One person had used a sensor mat in their room. This is a mat which sounds an alarm if it is stepped on and alerts staff that support with mobility is needed. The sensor mat had been replaced with a motion sensor which would sound an alarm if the person passed it. The DoLS application sent to the supervisory body did not record either the sensor mat or the motion sensor. In addition, there was no decision specific mental capacity assessment or record of a best interest meeting in the care record we viewed. The registered manager took swift action to respond to the feedback we gave them.

We found no evidence that people had been harmed however, this was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Verbal consent was sought whenever possible. For example, we saw people were asked if they wanted support with personal care, to eat or to walk.

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

- Staff assessed people's needs prior to them coming to live at the home and care plans were developed to meet their individual needs and preferences.
- Staff could explain the needs and preferences of people they supported and told us they delivered care to meet those needs.
- Oral health assessments were carried out to ensure people's oral needs were met. Care plans contained information on how these needs should be met by staff.

Staff support: induction, training, skills and experience

- The provider ensured staff received regular training to maintain and update their knowledge. Staff confirmed they carried out training in key areas such as safeguarding, medicines administration, moving and handling and first aid and attended refresher training as required.
- Documentation demonstrated staff were supported to maintain and increase their skills. The registered manager and deputy manager completed supervisions with staff to review their performance. Staff told us these were useful, and they could request support and guidance outside of planned supervisions.

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

- Staff completed nutritional risk assessments to identify people's individual needs. Care records contained information for staff to follow on how these needs could be met.
- People told us they were happy with the meals provided and people were offered alternatives if they declined the main meal. One person commented, "I can choose what I like."
- We observed the lunchtime meal and saw people were offered the meal they had selected. People were offered support if this was required and staff gently encouraged people to eat if they needed this help.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other health professionals to ensure people's needs were assessed and effectively met. A visiting health professional spoke positively of the care provided by staff.
- One person described the way staff had supported them to gain medical advice. They explained they had received medicines as a result and had now recovered from being unwell.
- Documentation evidenced the service worked with other professionals such as GP's, specialist nurses and district nurses to ensure people's needs were met effectively. In the event of people going to hospital, essential information was provided to support decision making.

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

- The registered manager had considered best practice guidance and visual signage was displayed to help people living with dementia identify communal rooms. Lighting was bright, and handrails were fitted in corridors to support people to mobilise independently.
- A lift was available to support people with challenges to their mobility and mobility aids were fitted in the communal bathroom.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services as required. For example, opticians and GP's. Documentation showed that people were supported to gain further medical advice if they become unwell. A visiting health professional said in their experience, referrals were made promptly.

# Is the service caring?

## Our findings

At the last inspection of this domain in October and November 2018, this key question was rated as good. At this inspection this key question remains the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager had designed documentation to enable people's social histories, wishes and needs to be recorded and person – centred care promoted. This enabled staff to learn about the people they supported and develop relationships with them.
- Whenever possible, people were supported to decide their care needs. People we spoke with told us they were involved in discussions about their care. One person shared how staff had discussed the support they needed to maintain their skin health and their wishes had been respected.
- Relatives told us they were involved in discussions about their family members care. One relative told us they had been involved in planning their family members care and they were happy with the response from the staff and management team.

Respecting and promoting people's privacy, dignity and independence

- Staff and a relative told us there were times when a person who lived at the home entered other people's private rooms without invitation. We discussed this with the registered manager and deputy manager who told us this was closely monitored, and care plans were in place to minimise the risk of this occurring.
- Staff protected people's dignity and privacy. Conversations were discreet when people's needs and wishes were discussed and staff knocked on people's private room doors and waited for a response before they entered.
- People told us staff maintained their privacy and dignity and were respectful when engaging with them.
- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, staff supported people to select their own snacks and make their own cold drinks when this was possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection of this domain in October and November 2018, this key question was rated as good.

At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care records did not always reflect people's needs. In one care record we saw a person needed specific equipment to help them maintain their safety. We visited their room and saw different equipment was being used. The deputy manager confirmed this was in use. In a further care record we saw person had been diagnosed with a specific health condition. There was no information within the care record to describe the signs and symptoms the person may experience if their health condition changed suddenly. We discussed this with the registered manager who took action to ensure the care record was reviewed and amended prior to the inspection concluding.

We found no evidence that people had been harmed however the care records did not contain important information to enable staff to recognise when the health condition changed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records contained some person-centred information to enable staff to give personalised care. For example, people's preferred name, the times they wanted to get up and go to bed and dietary preferences. Staff could describe the preferences of people they supported and said they aimed to meet these.
- The registered manager had designed documentation to enable people's, social histories, wishes and needs to be recorded. When appropriate, relatives were involved in the completion of this document to support person-centred care.

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 people's communication needs. These were considered and documented to ensure staff could meet people's individual needs. The registered manager explained they had previously used google and picture cards to support understanding and communication for someone whom English was not their first language. There were aids to support communication if this was required, for example picture cards were available and the registered manager told us they would develop pictorial care records if required.

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

- Staff supported people to engage in activities. We saw people were helped to take part in arts and crafts and indoor skittles.
- People told us they enjoyed the activities and they were asked if they wanted to attend. One person told us they enjoyed the singers that visited the home. Another person told us they had enjoyed a trip to see Blackpool illuminations. They said, "What a good time we had! I really enjoyed it."
- People were supported to maintain and develop relationships that were important to them. During the inspection we saw relatives were welcomed to the home and a relative we spoke with told us staff always welcomed them.

#### Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly. This was displayed within the home. Complaints received since the last inspection had been responded to by the registered manager.
- People and relatives told us they were happy with the service provided and they would speak to the registered manager if they had any concerns. One person commented, "I've no criticisms to make, I'm happy here."

#### End of life care and support

- Whenever possible, staff had documented people's individual wishes and spiritual needs. Documentation we viewed evidenced that people, and their relatives when appropriate, were involved in this area of care. At the time of our inspection, the service was not supporting anyone at the end of their life.

# 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 remained the same. There were continuing shortfalls in the management and oversight of medicines. Leaders did not assure the delivery of high-quality care. Some regulations were not met.

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

At our last inspection we found audits had not identified the shortfalls we had found. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Auditing and governance systems had not always identified or addressed the concerns raised during the inspection. For example, audits had not identified that care records did not contain a care plan to meet a person's health condition or that mental capacity assessments and recording of best interests' meetings needed to be improved upon. In addition, inspection reports published previously evidence the registered provider has been unable to sustain compliance with the regulations. Reports published in June 2017 and November 17, evidence the failure of the registered provider to meet the requirements of regulations 12,17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the report published in January 2019 evidences the failure of the registered provider to meet the requirements of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The above matters evidence a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 relatives spoke positively about the management team. They told us they were able to speak with them and observations showed people approached them happily if they wanted to talk with them.
- The majority of staff told us they found the registered manager approachable and supportive. We viewed a staff survey completed in October 2019 and saw positive comments regarding the morale of staff at the home. For example, we saw one recorded comment which read, "Morale has been a lot better in the last few months." A minority of staff shared they found it difficult to approach the registered manager and they felt the registered manager could have been more supportive when they raised concerns with them. We have

passed this to the registered manager for their consideration.

- The registered manager investigated when things went wrong, and documentation showed apologies were offered to relevant persons.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. The registered manager had asked relatives to help design a survey for use at the home, so the survey was relevant to the people who used the service and their loved ones. This was in process of being introduced.
- The registered manager sought feedback to improve the home. Surveys were available for people to complete. We viewed the most recent surveys and saw no negative comments were recorded.
- Staff told us they had staff meetings as well as the opportunity to speak to the registered manager or deputy manager if they needed clarity or guidance. Staff told us the meetings were useful as they were able to gain and share information.
- The management team maintained positive relationships with external agencies. This included working with commissioners and external health and social care professionals to ensure a collaborative approach to care.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where appropriate, people's capacity to make decisions had not always been assessed in line with the principals of the MCA and applications made to the supervisory body to restrict people's liberty did not always reflect the restrictions in place.</p> <p>Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely. Regulation 12 (1) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had consistently failed to meet the requirements of regulations and audit processes were sometimes ineffective and did not always identify and resolve the concerns found on inspection.</p> <p>Care records did not always contain accurate information to support staff to deliver care.</p>



