

# Central England Healthcare (Stoke) Limited

# The Old Vicarage Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

The Old Vicarage Nursing Home is a nursing home providing the regulated activities of accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury to up to 45 people. The service provides support to older people across three different parts of the building, some of whom are living with dementia. At the time of our inspection there were 42 people using the service.

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

People did not always receive support with their prescribed creams safely. Where there were concerns around people's fluid intake there was not always clear escalation plans to share these concerns following the initial concerns being raised with people's GP. People's mealtime experience was poor.

People did not always have support with pressure relief documented. Staff had not followed people's care plans in relation to constipation where there were gaps in people's bowel care records. People did not always have access to a range of activities in line with their preferences. We have made a recommendation in relation to the review of activities.

Visitors to the home were required to book an appointment. We have made a recommendation for the provider to review this to ensure people can have access to visitors in line with their preferences.

Quality assurance tools had not always identified concerns around people's pressure care documentation, fluid escalation and bowel care. Quality assurance tools had not identified where improvements were required to people's access to personalised activities and people's mealtime experience.

People received support with their oral prescribed medicines safely. People were supported by trained staff who knew them well. There was enough staff to meet people's needs in a timely way. People felt able to raise concerns. People were safeguarded from abuse.

People were able to make choices about their food and fluids. People were involved in their care planning. People's preferences were included within their care plans and risk assessments. People's protected characteristics were included within their care files.

People had access to healthcare professionals where they needed them. People were supported by kind and caring staff. People were supported to maximise their independence and in a way which respected their privacy and dignity.

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.

Quality assurance tools were effective at identifying other areas of improvement in the service.

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 requires improvement (published 06 August 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

#### Why we inspected

This inspection was prompted by information we received from external partners about improvements at the home since their last inspection. We completed this inspection to check whether the home's rating was still reflective of the quality of care they provided.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have taken enforcement action in relation to the oversight of care and documentation at the service.

We have made recommendations about the relative's visiting the service and people having access to personalised activities.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will request an action plan from the provider to show us how they plan to make improvements at the home.

## 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 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 Old Vicarage Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by 2 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.

#### Service and service type

The Old Vicarage Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Old Vicarage Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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 the inspection we spoke with 11 residents and 3 relatives about the quality of care at the home. We also spoke with 6 staff including the nominated individual, registered manager, deputy manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 10 people's care plans and multiple medicines records. We also reviewed documents in relation to staff training and the oversight of the home.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Where risks to people were identified within people's risk assessments, staff were not always completing documentation to reflect people received the support they required. For example, staff had not recorded giving people support with pressure relief as per their care plan.
- People at risk of constipation did not always have evidence of escalation to concerns in line with their care plans where they had not opened their bowels. For example, a person's care plan stated staff were to share concerns with the nurse who would contact the GP following them not opening their bowels after 3 days. However, we found staff had not recorded this person opening their bowels for 6 days. The registered manager told us concerns around people not opening their bowels was an issue with documentation and not concerns around people's care.
- Where people were at risk of not drinking enough, the registered manager had raised this with the GP. However, we found people continued to not be drinking enough during our inspection. We raised these concerns with the registered manager who told us they were trying to engage with external health professionals to escalate concerns about people's continued low fluids.
- Lessons were not always learned where things had gone wrong as the concerns we identified above had not been identified prior to our inspection. Whilst the registered manager took immediate action, this was reactive to our concerns and not pre-emptive.

The registered manager had identified prior to our inspection gaps in the recording of people's bowel care pressure relief and was in the process of reviewing all people's records to ensure they remained up to date and to ensure staff were completing these effectively.

- People had clear risk assessments in place which provided staff with comprehensive guidance to meet people's needs and mitigate their known risks.
- People's risk assessments were regularly reviewed and updated following changes in people's needs.

Visiting in care homes

- The provider still had a booking system in place for visitors. We raised this with the provider who told us they would not refuse anyone having visitors should they be able to accommodate the visit safely. However, relative feedback we received was that having to book to see a relative was restrictive.

We recommend the provider review government guidance in relation to visiting in care homes and ensure they are enabling people to have visitors in line with this.

### Using medicines safely

- People were not always supported with their medicines safely. Nursing staff were signing for people's cream other staff had administered. This meant they couldn't be assured the medicines had been applied as prescribed.

We raised this with the registered manager who made improvements during the inspection to ensure those applying people's creams were documenting this support.

- People's oral medicines were given safely and as prescribed. One person told us, "I get my tablets on time."
- Where people had medicines prescribed on an 'as required' basis, there was guidance in place to ensure people received these safely and as prescribed.

### Staffing and recruitment

- People were supported by safely recruited staff. The provider completed Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was sufficient staff to support people in a timely way. One person told us, "I think there is plenty of staff on. There is always someone about walking past my door and it's always people I know."
- The registered manager reviewed staffing regularly and used a dependency tool to ensure people had access to the right amount of staff to support them. One staff member told us, "We have enough staff, no one has to wait for anything."

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

- People felt safe living at the home. One person told us, "I feel safe, there's someone here with me all the time at the moment."
- Staff understood the principles of safeguarding and reported concerns were they arose.
- Where potential safeguarding concerns had arose, the registered manager had reported these to the Local Authority safeguarding team as required for further review.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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 our last inspection we rated this key question requires improvement. The rating for this key question has changed to good.. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were not always supported to have a positive and well-presented mealtime experience. For example, people did not have place mats or condiments on the table in the memory unit. We raised this with the registered manager who told us they would review their mealtime experience alongside infection control guidance.
- People were supported to eat and drink in line with their preferences. One person told us, "I get plenty to eat and drink. Lots of juice, tea and coffee if I want."
- People and relative gave positive feedback about food and they could access alternatives if they wished. One relative told us, "He likes the food here. He doesn't like fish which they have every Friday, so they give him something else."
- People who required support to eat received this in a timely way. For example, staff supported people by prompting them to eat and sitting with them to offer assistance with meals where they required this.

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

- At the last inspection we found concerns around people not having sufficient choice around their care. We also found people's assessments were not effective at ensuring people had access to timely support from staff. At this inspection improvements had been made.
- People's needs were assessed prior to them receiving care and support. These were shared with staff to enable people's needs to be met on arrival to the home.
- People's gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.

Staff support: induction, training, skills and experience

- Staff received supervision and appraisals which supported them in their roles. One staff member told us, "Supervisions are really helpful."
- Staff completed an induction and training to help them effectively meet people's needs. One staff member told us, "We had 2 days of induction, that was shadowing other members of staff. it was perfect for me to get to know people and used to how the home runs."

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

- People had access to healthcare professionals when they needed them. One person told us, "I get to see a doctor and they recently reviewed my medication."

- People had access to mental health professionals where they required them. For example, where people experienced changes in their emotions and behaviours, staff referred them to the mental health team for additional support.

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

- People were supported in a well-maintained environment and suitable environment. There were signs around the memory unit to help orientate people to the bathrooms.
- The home was spacious and had communal areas for people to meet. All bedrooms had ensuite toilets facilities and people were able to personalise their bedrooms. One relative told us, "[The registered manager] has been brilliant in organising the most suitable room for [my relative] and we are bringing [relative's name's] favourite things so they will feel as comfortable as possible."

#### 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had decision specific capacity assessments and best interests decisions completed where required. For example, people had capacity assessments completed where they had sensor mats in place due to being high risk of falls.
- The registered manager had applied for DoLS for people where they were required and was aware of the conditions which applied to them.
- People were asked for their consent prior to staff providing care. One staff member told us, "We try to involve people in all everything we can. We always ask people for their consent in relation to decisions around their care."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- People were supported by kind staff who knew them well. One person told us, "They are very good with me. They help me wash and do everything for me. I have no problems how they treat me, it's all good." Another person said, "It sounds a bit cheesy but the staff have become friends as I have got to know them. I feel really comfortable here and they are only human and treat me the same."
- People's equality and diversity was respected and details of people's choices and preferences were recorded within their care files. For example, people's gender, religion and sexuality was recorded.

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

- At the last inspection we identified concerns around people's wishes not being respected. At this inspection we found improvements had been made.
- People and their relatives felt involved in their care and were supported to make decisions. One relative told us, "We have had reviews about [person's name's] care with a social worker and the deputy manager. We are happy with how things are and [person's name] is happy here as well."
- People were supported to make decisions around their day to day care. For example, people chose when they would like to get up, go to bed and what clothes they wore.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One staff member told us, "We close people's doors and curtains and cover them with a towel where we can when supporting people to wash."
- During our inspection we observed people being supported with personal care in a sensitive way which promoted their dignity. For example, where people required support with using the toilet staff did this discreetly.
- People were supported by staff to maximise their independence. One staff member told us, "If people want a wash I always get what they need but let them do this themselves where they are able. I let people know I am here to help but encourage people to do what they can."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- At the last inspection we found there was limited activities in line with people's interests. At this inspection we found whilst activities overall were offered and had improved, there continued to be limited activities. For example, on the day of inspection the activity was hairdressing. We did not see any activities offered outside of this.
- People told us they would like more activities on offer. One person told us, "There's not much to do but watch the TV." Another person told us, "There are no activities and there's not much to do especially with this weather. Even some light exercises would do or anything for a bit of a laugh."

We raised this with the registered manager who was provided us with information about activities on offer within the home. We recommend the provider review activities in line with people's preferences to ensure people, including those who prefer to remain in their bedrooms had access to a variety of activities in line with their preferences.

Improving care quality in response to complaints or concerns

- At the last inspection improvements were required to the complaints process to ensure people knew how to complain. At this inspection we found improvements had been made.
- People felt able to raise concerns about their care and felt action would be taken to improve their support. One relative told us, "[Person's name] said the bed wasn't long enough and it was hurting [their] feet. So we mentioned it and as a result they got [them] a new bed which is longer and he is now more comfortable. This was all organised by [the management team] which was very good."
- The management team responded to complaints with investigations and updated people on their findings. For example, where concerns had been raised about the call bells, the registered manager completed an investigation into this and provided the person raising concerns with a thorough response.

End of life care and support

- At the last inspection improvements were required to people's end of life care planning. At this inspection we found improvements had been made. For example, people had end of life care plans in place completed with them and those important to them.
- People's end of life care plans included details of their preferences for their care and funeral plans where people had shared these.

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

- The registered manager held resident meetings to support people to give feedback about their care. However, action was not always taken to improve people's experience of care. People had shared they would like their relatives to visit more freely. During our inspection relatives were still required to make an appointment prior to visiting the home.
- People had personalised care plans which reflected their needs and wishes. For example, people's food, drink and care preferences. People's like and dislikes for hobbies and conversation were also included within their care files.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place which gave staff clear guidance on how to support people's communication needs. We saw staff communicated with people as per their communication care plans.
- People had access to information in a variety of formats including large print to support their understanding and the sharing of information. The registered manager had implemented a communication corner to share information in a variety of different formats with people.



# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Quality assurance checks had not identified concerns we found during inspection. For example, audits on pressure care had not identified improvements needed to ensure people received support in line with their care plan.
- Audits completed on the mealtime experience had not been effective at identifying where improvements were required. For example, people did not have access to table mats or condiments on their tables.
- Where concerns had been identified, the registered manager sent electronic alerts to staff to encourage people with fluids and to make improvements to wound care documentation. However, audits had not identified where the management team had failed to continue to escalate concerns about people's continued poor fluid intake with healthcare professionals.
- The registered manager had identified some people had bowel charts in place where they were not required or independent with their bowel care needs. However, audits had not identified where staff had not escalated where people at risk had not opened their bowels for a number of days.
- Audits had failed to identify that people did not have access to a range of personalised activities in line with their preferences.
- Audits on medicines had not identified nursing staff were signing for creams staff had administered.

Systems had not been established to effectively identify where improvements were required to people's care and records and ensure these improvements were made. This placed people at risk of harm. This was a breach of regulation 17(1) 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

- People and their relatives offered positive feedback about the registered manager. One person told us, "[Registered manager's name] is lovely. [they] comes to see me 2 or 3 times a week to have a talk and [they] are very approachable." One relative told us, "The [registered manager] is fantastic. [They] got us involved in a photoshoot for the place. When we speak to [them] in the office [they are] always very pleasant and approachable."
- Staff shared positive feedback about the registered manager. One staff member told us, "I feel supported in my role by [the registered manager]. The care staff and nursing team are like one happy family. I am happy with how everything is and how its run."

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

- The registered manager understood their responsibility of duty of candour. The registered manager was transparent with people and their relatives and apologised where things had gone wrong.

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

- People and their relatives were encouraged to complete surveys about the quality of care at the home. The findings of these surveys were analysed by the registered manager to see where improvements could be made.
- Staff had access to regular supervisions and appraisals and felt supported within their roles. One staff member told us, "We can have access to supervisions at any time. They are really accommodating with that."
- People and their relatives felt involved in their care and able to share their feedback. One person told us, "If we need anything changing we would go to the office and speak to [the registered manager]."

Working in partnership with others

- People had access to health and social care professionals where this was required. For example, where people's needs had changed, we saw examples of the management team and staff engaging with social workers for review.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to identify where improvements were required at the service were not always effective at identifying these and ensuring areas of improvement were addressed.