

Morecare Limited

Old Vicarage Nursing Home

Inspection report

160 High Street
Chasetown
Burntwood
Staffordshire
WS7 3XG
Tel: 01543 6838333

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected this service on 1 June 2015. This was an unannounced inspection. At our previous inspection in July 2013 the provider was meeting the legal requirements we inspected.

The service was registered to provide accommodation, personal care and nursing care for up to 30 people, some of whom may have dementia or sensory impairment.

There was no registered manager in post. An acting manager had been appointed and had applied to become registered with us. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The food provided to people did not meet their individual needs. The management of mealtimes did not provide people with an enjoyable experience.

Summary of findings

The way complaints were responded to was not made available for us to assess. The acting manager did not forward information to us, as requested. Audit processes did not identify concerns with the stock control of medicines.

Relatives told us their family members were safe living at the service. Staff understood their role in protecting people from harm and what actions they should take if they thought they were at risk of abuse. People's risks were identified and there were management plans in place to guide staff.

Staff felt supported in their role and received training to gain the skills they required to care for people. Staff recognised when specialist support from health care professionals was required and implemented their recommendations on care.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Deprivation of Liberty Safeguards are in place to protect people who cannot make decisions about the

way they are being treated or cared for and where other people are having to make this decision for them. People were asked for consent before their care was provided. Where people were unable to make choices or consent to their care, staff acted in accordance with the requirements of the MCA and the DoLS and ensured that decisions affecting people's health and safety were made in their best interests.

People were treated with care and compassion. Staff spoke kindly to people and promoted their privacy and dignity. People's care was reviewed regularly and reflected their preferences. People received support to take part in hobbies and activities which interested them.

There were arrangements in place to monitor the quality of the service provided. Incident trends were analysed and the information was used when appropriate to reduce risks to people.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People received their prescribed medicines. Staff understood how to protect people from the risk of abuse and the actions they should take if they had any concerns. Risks to people's health and well-being were identified and there were management plans in place to minimise the risks. There were sufficient numbers of suitably recruited staff to keep people safe.

Good



Is the service effective?

The service was not consistently effective. People did not receive food which met their individual needs. Some people were not supported to enjoy a positive mealtime experience. Staff had received support and training which gave them the skills to care for people. Staff acted in accordance with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People received support from health care professionals when required.

Requires Improvement



Is the service caring?

The service was caring. Staff respected people and were polite to them. People were treated kindly and with compassion. Staff supported people to maintain their privacy and dignity.

Good



Is the service responsive?

The service was not consistently responsive. The provider was unable to demonstrate how they responded to complaints. People were asked about their likes and dislikes to enable staff to deliver care that met their preferences. People were supported to have social interactions together and independently.

Requires Improvement



Is the service well-led?

The service was not consistently well-led. There were audit arrangements in place but they did not identify concerns we raised about the recording and stock control of medicines. The acting manager had started the process to register with us. The information gained from analysing incidents and accidents was used to improve care.

Requires Improvement



Old Vicarage Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 June 2015 and was unannounced. The inspection was carried out by two inspectors.

We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home. The provider told us they completed a Provider Information Return (PIR) but we had not received it because the incorrect provider name had been entered. The PIR is a form that asks the provider to give us some information about their service, what they do well and any improvements to care they plan to make.

We spoke with five people who used the service, four relatives, eight members of the care staff, two visiting health care professional and the acting manager. We did this to gain views about the care and to check that the standards were being met.

We spent time observing care in the communal areas of the home. As some people who used the service were unable to tell us about their care, we used our Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who are unable to tell us about their care.

We looked at five care plans to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks, training records and staff rotas.

Is the service safe?

Our findings

Most of the people who lived at the home were unable to tell us if they felt safe and secure. A relative told us, "I have no doubt they are safe here". Another relative said, "I think they are safe. My relative always seems happy here". A visiting health care professional told us, "I've never seen anything that has concerned me". Staff told us how they kept people safe and understood their responsibilities in protecting people from harm. One member of staff said, "I would tell the manager or a senior carer if I thought someone was at risk. I know they'd take notice of me". Another member of staff said, "I always check what action has been taken if I report concerns". The information we held about the service, including notifications we received, confirmed that referrals were made to the local authority when an allegation of abuse was made.

The provider was identifying and assessing risks to people and records showed there were plans in place to keep people safe. The assessments provided guidance to staff about the management of identified risks. For example we saw assessments on moving and handling and the additional support required for people with fragile skin. We saw staff moving and supporting people in line with their care plans. A relative told us, "I've watched the staff moving [Name] and they're always very careful".

We saw that risk assessments were reviewed and updated to reflect any changes which occurred, for example, if a person had been falling, an increased programme of checks had been implemented. A relative told us, "My [Name] was prone to falling but the staff keep a good eye on them".

Some people needed support due to behaviour that was challenging. Staff told us they knew whose behaviour challenged their own safety and that of others and watched carefully for signs of any incidents which might create friction. We saw staff used distraction techniques to de-escalate a potential incident when one person became

challenging to another. Staff spotted what was happening and took immediate action to defuse the situation. A relative told us, "The staff manage my [Name] really well. They've got the patience of saints".

We saw that people received their prescribed medicines. People told us they had medicine for pain if they needed it. One person said, "If I'm in pain I sit down for a bit. The staff always come to me and ask if I want painkillers". Staff recognised when people's medicines needed to be reviewed. We saw information in one person's care plan which identified a link with their medicine and their history of falling. Staff consulted the GP and their medicine was reduced which improved the person's stability. Some people regularly refused to take their essential medicines, which was a risk to their physical health and well-being. We saw some people were receiving their medicine covertly, this means without their knowledge. There were protocols and assessments in place to support the administration of the medicines in this way as people could become unwell without the treatment.

There were sufficient staff to meet people's needs. We saw staff were always present in the communal rooms to provide care and support to people. Other staff provided care for people in their own room and we noted that call bells were answered promptly. Relatives we spoke with told us they felt there were sufficient staff to meet people's needs. One relative told us, "I would say they are well staffed". A visiting health care professional told us, "There are always staff around when I come here".

The provider had a recruitment and selection process in place to ensure staff were suitable to work with people in the home. We looked at five staff files and saw there was evidence of pre-employment checks including references from previous employers and disclosure and barring (DBS) checks. The DBS is a national agency that keeps records of criminal convictions which could make people unsuitable to work in a caring environment.

Is the service effective?

Our findings

We saw that some people were not supported to enjoy a positive mealtime experience because the lunchtime service was not well managed. Several people needed to be supported to eat at the same time which meant staff had to leave people they were supporting midway through their meal to go to other people. Some members of staff did not engage with people by chatting to them as they ate. We saw staff removed people's plates when they had not eaten very much without trying to encourage them to try a little more.

At lunchtime we saw the dishes being served were not appropriate for some people. For example we noted that a person, whose care plan stated required a fork mashable diet, was given a hamburger and chips. Several people struggled to manage the food as it was presented and resorted to eating with their fingers even when the food had been cut into more manageable portion sizes.

This is a breach of Regulation 14 the HSCA 2008 (Regulated Activities) Regulations 2014.

People received care from staff who had the skills and knowledge to care for them effectively. Staff told us they had received a variety of training and could, if they identified a need, request training on specific areas. A relative told us, "The girls know what they're doing, they're very professional". One member of staff told us, "There is a training company that come in and we do some online". Another member of staff told us, "I've done dementia training. It really made me understand how what happened to people when they were younger affects them. Some people had horrible experiences when they were children and they get upset now about them". A relative told us, "I think the staff have a good understanding of dementia".

Staff told us there was an induction process to support new members of staff and equip them to carry out their role. One member of staff told us, "When I first came I shadowed staff. After I'd finished my training I was observed using the equipment to make sure I was doing it properly". Another member of staff told us, "The care co-ordinator makes sure people are safe to work before they are able to work alone".

Staff said they felt supported to fulfil their role. One member of staff told us, "I feel 100% supported". There were arrangements in place to provide individual

supervision for staff to discuss their development and performance. Another member of staff told us, "I feel I can discuss anything in supervision. I can say if I'm not happy or if I'm worried about anyone I'm caring for".

During the day we heard several examples of staff checking for people's consent before delivering care. A member of staff said, "Would you like to come to the table, [Name], before assisting them to the dining room". We read in the care plans that there were also arrangements in place to record people's and relatives consent. For example; we saw that the proposed use of bedrails was discussed with the person and their relative who signed consent on their behalf. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements to ensure, where appropriate, decisions about people's health, safety and well-being, are made in people's best interests, when they are unable to do so for themselves. The acting manager told us they had not made applications to deprive anyone living in the home of their liberty. We saw there were some capacity assessments and decision specific best interest decisions in place which demonstrated the staff understood their responsibilities. Staff were able to explain to us what they did to support people who were unable to make decisions without support. One member of staff said, "You still need to explain what you're doing and give people choice".

Records showed that people's nutritional needs were assessed and they were supported to maintain a healthy weight. Where necessary, there was a plan in place to ensure people received supplements to improve their calorie intake. We saw evidence that people were weighed regularly and when concerns were identified, action was taken to refer them for specialist support. A relative told us, "My [Name] hasn't lost weight whilst they've been here". A health care professional said, "The staff manage people's weight proactively".

People had access to support from health care professionals to maintain their health and well-being. We spoke with two visiting health care professionals who confirmed that the staff worked well with them. One healthcare professional said, "The staff work with us to provide treatment". A relative told us, "The staff let me know when [Name] needs to see the doctor and keeps me up to date".

Is the service caring?

Our findings

We saw members of staff were very caring towards people and ensured they received the support they needed. Relatives told us they were happy with the care which was being provided. One relative said, "I'm very pleased with the care here". Another relative said, "I'm delighted with the care here". A health care professional told us, "The staff are caring".

Staff recognised people's individuality. Staff knew people well, their likes and dislikes and their individual needs. We heard staff reminiscing with people and encouraging them to offer information about their experiences in life. We saw that people looked comfortable and at ease with the staff. Staff chatted with people on a one- to-one basis and as a group when they were sitting together. Staff told us there was an 'open door' policy for visitors. Relatives told us they could visit whenever they wanted to enable people to maintain the relationships which were important to them. One person said, "My family come here to see me". A relative said, "I come in regularly and I'm always made to feel welcome by the staff". Another relative said, "I pop in most days, I feel part of the furniture. The staff are always friendly and caring".

We heard staff speaking with people in a kind and caring manner. Staff spoke gently and used gestures, such as holding people's hands or touching their arms, to reassure them when they were upset. One member of staff told us, "I enjoy caring for people. I don't like seeing them upset".

People were supported to make choices about their day to day care. One person told us, "I choose what I want to eat and when I want to go to bed". We saw that staff understood people's level of understanding and gave them information in a way that reflected that.

We saw that people were supported to maintain their privacy and dignity. Staff approached people in a discreet and sensitive manner to offer personal care. Support was provided in a private environment, behind closed doors. A person who used the service told us, "I have privacy in my room". A relative told us, "It's important to my [Name] to look well presented. Staff help them to dress tidily and make sure their hair looks as they would want it".

People could choose how to spend their time. Some people wanted to walk around the home and we saw staff stopped and interacted with them. Other people wanted to remain in their bedrooms and this was respected by staff. Staff told us they listened to people and tried to support them as they wanted. One member of staff said, "This is their home. We let people do what they want".

Is the service responsive?

Our findings

The provider needed to improve the way in which they responded to and learnt from people's concerns and complaints. Information we had received demonstrated that some complaint responses did not provide complainants with sufficient information to address their concerns. We discussed this with the acting manager and asked to see examples of their complaints but the file was not available. We asked for this information to be sent to us after the inspection but did not receive the copies we had requested.

Relatives we spoke with told us they would discuss any concerns with the staff. One relative told us, "I'd speak to them straightaway if I was concerned about anything. Whenever I've raised concerns in the past they've been dealt with".

We saw people received care and support that was responsive to their needs. Information about people's life history and their past life experiences were recorded in their care plans. A relative told us, "My [Name] likes to talk about the past and the staff sit down and listen to them". We saw that the care met people's recorded preferences. One person said, "I choose what I put on. I don't like wearing things I don't like". Relatives told us they had been asked to provide information about people including their likes, dislikes and preferences if people were not able to do so for themselves. Staff we spoke with could tell us about people and what was important to them, for example how people liked to be settled for sleep and the time they'd prefer to get up in the morning. A member of staff told us, "We try to stick to the routine people want". One relative told us, "I think the staff know what [Name] likes. They don't have to ask them if they like sugar in their tea, they all seem to know".

People's care plans were reviewed regularly to ensure they remained accurate and provided staff with the information they needed to meet people's changing needs. Relatives told us they were invited to attend reviews and staff updated them about changes to people's care. We saw that staff kept daily records about people and information was recorded on all aspects of the person's day. The information included their personal care, visits from health care professionals and their general well-being. There were arrangements in place to keep staff informed about changes which affected people with an exchange of information at each staff handover. One member of staff told us, "We discuss any changes together". A visiting healthcare professional told us, "The staff respond well to changes with people. I always see staff sitting with people who are upset or unsettled when I come in".

Staff knew the importance of offering people living with dementia the opportunity to socialise and take part in tasks, hobbies and activities which interested them. The benefits of music to improve their mood had been identified in one person's care plan. Staff and relatives told us that the home had arranged entertainers who came to the home to sing with people. We saw staff dancing with people and encouraging those who were unable or did not want to participate, to clap their hands to the music. We saw people smiled and looked happy. One person said, "I enjoyed that". We heard a member of staff asking people if they wanted to join in and said, "Do you want to dance? It's good for you. It helps keep your arms and legs moving". Information about social activities was displayed in the hall so that relatives and visitors could see what was going on each day. A relative told us, "The social side here is really excellent. The staff help you celebrate your own special days like anniversaries as well". Another relative said, "There is usually something going on. I've been here during the exercise session and seen staff playing games with people".

Is the service well-led?

Our findings

Improvements were required to ensure people's prescribed medicines records were recorded correctly. We observed that a member of staff did not demonstrate good practice. The medicine administration record (MAR) was signed before the member of staff had confirmed the person had taken their medicine which could lead to inaccurate recording. We also found discrepancies with the medicine stock for three people. When we checked the medicine in stock it did not tally with the expected amount on the MAR chart. These errors had not been identified by the audit processes.

We saw a food standards inspection earlier in the year had identified several failings with the requirements for safe food handling and cleaning. The acting manager told us there was a programme of improvements underway but was unable to give us a completion date.

People and their relatives were formally asked for their opinion about the service on an annual basis with the distribution of a satisfaction survey. One relative confirmed that they had received the questionnaire but they had not had any feedback about the comments they'd made. The acting manager told us they intended to analyse the responses and provide information to people about the actions they were taking but had not been able to do so yet.

There was no registered manager in post but a manager had been appointed who was going through the checks required to be registered with us. Relatives and the people we spoke with knew the acting manager as they had worked at the home for some time. The acting manager told us they were continuing to provide 'hands on' care as well as undertaking a management role. The acting manager said, "I have an open door policy and want the

staff to talk to me if they have a problem". Staff told us they were happy with the arrangements and felt supported. One member of staff said, "We all work together and I think it's fine".

Relatives told us they felt the home was managed for the benefit of the people who lived there. Everyone we spoke with told us they were happy with the care in the home. One person told us, "I like it here. The staff are nice to me". Relatives told us, "I have no complaints about the care. The staff are very good to my relative". Another relative said, "My [Name] moved here from another home and I much happier that they're here".

Staff said the arrangements for communication in the home were good. One member of staff said, "Communication is great, from the top right down to the bottom". Staff told us they attended meetings where they could discuss and ask questions about any changes in the running of the home. One member of staff said, "We have a meeting coming up very soon. There's no set pattern but we have them when we need them". There were also meeting arrangements provided for relatives.

There were systems in place to review and monitor the quality of the service. This included an audit programme which reviewed the way staff completed care plans to ensure they were written in a clear and concise manner. Improvements were required to ensure people's prescribed medicines records were recorded correctly. We saw that staff recorded accidents and incidents which occurred in the home. The incident log was audited and we saw the information was used to identify trends. For example the number of un-witnessed falls were identified and analysed to provide information for the reduction of the person's risk in the future.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs
Diagnostic and screening procedures	The provider was not complying with Regulation 14(4)(d) by supporting people to eat food presented in an appropriate format for their needs.
Treatment of disease, disorder or injury	