

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Old Vicarage Nursing home is a residential nursing home providing care for up to 45 people. The service provides support to older people, people with physical disabilities and people living with dementia. Accommodation is provided across three parts of the building. At the time of our inspection there were 43 people using the service.

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

The provider was unable to demonstrate they were responding effectively to risks and systems in place did not always identify lessons were learnt when things went wrong. Medicines were not always stored and recorded in a safe way. Not all staff received the required training to deliver care safely. Systems and processes in place to safeguard people from the risk of abuse were not always effective.

The service was working within the principles of the MCA, although staff we spoke to were not always able to describe how they would act in people's best interests when delivering care.

Concerns were found over infection prevention control. However the provider was aware of these concerns and there was an plan in place.

The systems in place to assess and manage the quality and safety of the service were not always effective. The governance systems for investigations and complaints handling were not always effective. The registered manager was approachable. Staff had regular supervisions and felt supported in their roles. The provider understood and met the duty of candour. Staff worked with external professionals which included the GP and social workers.

Rating at last inspection

The last rating for this service was requires improvement (published 11 January 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about people's nursing care needs, medicines management, staff training and infection control. A decision was made for us to inspect and examine those risks.

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.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe 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.

Enforcement

We have identified breaches in relation to the safe care people receive, the management of complaints and the overall governance of the service.

We have issued the provider with a warning notice. We will check the provider is taking action to comply with the legal requirements set out in the warning notice.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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

The inspection was carried out by 2 inspectors.

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 about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does 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 9 people who lived in the care home and 4 of their relatives. We spoke with 8 members of staff including the registered manager, nominated individual, operations manager, nurses, care staff and agency staff members. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 3 visiting professionals.

We reviewed a range of records. We looked at 4 people's care plans and medicine administration records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including complaints, compliments, incident records, quality assurance processes and various policies and procedures. We also reviewed the training matrix sent to us by the registered manager.

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 requires improvement. The rating for this key question has remained requires improvement.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were not always managed effectively and systems in place did not demonstrate lessons were learnt when things went wrong
- Care plans did not always contain accurate information about people's risks. For example, where risks were identified relating to people's bowel movements or food and fluid intake, some care plans lacked detail about how staff should support people or how to monitor and respond to concerns.
- Portable appliance testing (PAT) had not been carried out in line with recommended schedules. This meant people were at increased risk from electrical hazards. The registered manager responded straight away and put a plan in place to ensure PAT testing was completed.
- The service had been without a maintenance person for 3 weeks. Therefore, environmental risks had not always been assessed and managed in a timely way. The provider was advertising for a vacant maintenance role at the time of our inspection.

- Medicines were not always stored and recorded in a safe way.
- People who were prescribed pain relief skin patches did not always have patch application records in place which meant staff could not reliably monitor people's patch application and people were at increased risk of not having their pain managed effectively
- We found medicine stock counts were not always recorded accurately.
- Where people were prescribed topical creams, these were not securely stored and there were no risk assessments in place to reduce the risk of people coming to harm. Care plans did not accurately guide staff where to apply topical creams. The registered manager responded straight away to our feedback and put a plan in place to ensure people received their medication safely and ensuring medication records were accurate.

We found no evidence that people had been harmed however we could not be sure risks 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.

Staffing and recruitment

- Staff had not always received the required training to deliver care safely. Three members of care staff were delivering care to people without having completed their mandatory training. This meant that people were at risk of receiving unsafe care. The registered manager responded to our feedback straight away and put a plan in place to ensure staff received their training.
- There were enough staff to support people safely. The provider used a dependency tool to ensure there

were enough staff to meet people's needs. A dependency tool helps the provider calculate the number of staff required based on the needs of people living in the home. The registered manager told us they had increased the number of night staff following a review of the dependency tool. However we received mixed feedback about staff responding to people in a timely manner.

- One person said, "Although staff are very kind to me, they can't always come straight away because they are busy." One relative told us, "Staff don't always come back when my relative presses their call bell which means they have to wait to be supported to go to the toilet". However, another relative said their relative was not left waiting to receive care and support as needed.
- Staff were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes in place to safeguard people from the risk of abuse were not always effective.
- Systems were in place to identify when things go wrong. However we found 1 safeguarding incident was not investigated robustly and lacked detailed analysis and follow-up actions. This meant the provider could not demonstrate action had been taken to prevent a repeated incident from occurring or lessons being learned.
- There was a safeguarding policy in place which was in line with local procedures. However, staff we spoke with did not always know how to report safeguarding concerns to external agencies.
- We received mixed feedback about people feeling safe. One person told us, "I always feel safe and there have never been any issues." One relative told us, "I have never had a second thought about my relative being safe. They are very safe." Another relative told us, "I'm not sure my relative always feels they can raise any issues they might have." Following our feedback, the registered manager contacted the relative and investigated their concerns.

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. However staff we spoke to were not always able to describe how they would act in people's best interests when delivering care.

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 partially assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a malodour in 1 area of the care home and stains and spillages on the décor, the registered manager had responded to a recent external Infection Prevention Control audit by putting in place a plan to replace flooring and broken items and to update the décor throughout the care home.
- 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.

Visiting in care homes

At the time of our inspection the care home had protected mealtimes and medicine times in place however visitors could visit at any time. One relative told us, "I can visit at any time and stay as long as I want."

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.

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

At our last inspection the provider had failed to effectively identify where improvements were required to people's care and records and ensure these improvements were made. This was a breach of regulation 17(1) 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.

- The systems in place to assess and manage the quality and safety of the service were not always effective
- Training records were not always kept up to date. Where the training records showed that some staff had not received their mandatory training, this was not followed up by management. This meant training audits were not effective.
- Medicines audits were not always effective. The provider had implemented a new 'online medicines recording system', however there was no plan in place to ensure it was working effectively. This meant the provider could not demonstrate stock counts were always accurate, or people's pain patches were being rotated correctly.
- Care plan audits did not always identify out of date information. One professional told us, "Care plans don't always reflect people's current needs."

Although we found no evidence of harm, systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the registered manager sent us an updated training matrix and put a plan in place to ensure staff received all their required training. We saw evidence the issues we identified had been addressed.

Continuous learning and improving care

- The governance systems for investigations and complaints handling were not always effective.
- One complaint, which implicated the registered manager, was delegated to the registered manager to respond to the complaint. This meant the provider could not demonstrate the complaint had been investigated effectively and therefore any associated risk mitigated.

- Investigations lacked impartiality or analysis. This meant the provider could not demonstrate continuous learning was taking place.

We found no evidence people had been harmed however the governance systems in place to ensure investigations were carried out were ineffective. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had identified when there were significant delays in responding to call bells, however there was no system in place to evidence what follow up occurred or how lessons were learned. This meant the provider could not demonstrate people were not left waiting to receive care or people were having their needs met in a timely and effective way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was approachable. One person said, "The manager is good, and I would go to them if I ever needed to report anything." One staff member said, "If I ever have any problems, I can speak with the manager who is very approachable and listens to me."
- Relatives told us they attended relative's meetings and received questionnaires about the quality of care. One relative said, "Every month we go through my relative's care plan, and we review it. I am happy with the care and wouldn't want anything to change."
- Staff had regular supervisions and felt supported in their roles. One staff member told us, "We have supervision every 2 months where we discuss training needs, people's changing needs and improvements for the care home." Another staff member told us, "When we had a lot of staff sickness due to Covid 19, I was able to discuss in a team meeting how staff could be deployed more effectively, and the manager acted on my suggestions."

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 provider understood and met the duty of candour.
- The registered manager showed us an example of how they responded to a complaint made by a relative.

Working in partnership with others

- Staff worked with external professionals which included the GP and social workers. One relative told us they had a meeting with the manager and a social worker to discuss their relative's 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We were not always assured that the provider was responding effectively to risks and systems in place to identify when things go wrong were not always effective. Medicines were not always stored and recorded in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	The governance systems for investigations and complaints handling were not always effective.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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	The systems in place to assess and manage the quality and safety of the service were not always effective

The enforcement action we took:

We served the provider with a warning notice.