

# Bakewell Vicarage Care Home Limited

## The Old Vicarage

### Inspection report

The Old Vicarage  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place 8 March 2016 and was unannounced.

The service is registered to provide accommodation with personal care for up to 24 older people. There were 22 people living in the service on the day of our inspection. The service provides care and support for older people, with a range of medical and age related conditions, including mobility issues and dementia.

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

People were included in decision making about their care and support. For people who lacked capacity to consent to their care and support the provider had followed the principles of the Mental Capacity Act (MCA) 2005. The registered manager had applied for approval of any restrictions on a person's freedom in line with the Deprivation of Liberty Safeguards (DoLS). Staff training in areas relevant to people's care needs was up to date.

Staff received supervision and support from the registered manager. Staff demonstrated a knowledge of people's needs. When required, people were supported to have access to health professionals. People were provided with sufficient food and drink that met their nutritional needs.

People received responsive and personalised care. People, and where appropriate their relatives, were involved in planning people's care and support. People were able and encouraged to maintain relationships with those who were important to them. People were supported to engage in interests and activities.

Staff understood people's individual needs and encouraged and supported people to remain as independent as possible. People were supported by staff who were compassionate and caring. Staff were mindful of respecting people's dignity and supporting their privacy.

The registered and staff understood their responsibilities in relation to safeguarding people. The provider's arrangements helped to ensure staff were safely recruited and fit to provide people's care at the service. Staffing levels met people's support needs and requirements.

Risks to people's health were identified and care plans were in place to ensure any risks were reduced. Any accidents and incidents were recorded and actions taken by the registered manager to reduce risks to people. Records and audits were available to check and monitor the quality and safety of services provided to people.

Systems were in place to ensure medicines were stored, administered and disposed of in a safe way. Senior staff administered medicines and training was provided to ensure their practice was safe. Medicines were managed in line with current legislation and guidance.

The registered manager was regarded as being approachable and supportive. We saw information was available advising of how to make a complaint, raise any concerns or provide suggestions or feedback.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse, and staff knew how to identify potential abuse and raise concerns. People felt there were enough staff available to support them and meet their needs. Pre-employment checks were carried out to ensure people were cared for by staff who were suitable. Medicines were safely stored, managed and disposed of.

### Is the service effective?

Good ●

The service was effective.

The legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were met. Staff received induction and training to ensure they had the skills to support people, and they were knowledgeable about people's needs and preferences. People were supported to have a good and varied diet to meet their choices, preferences and needs.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring and who treated them with dignity and respect. People were supported to remain as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

People told us staff knew them well and their care was tailored to meet their needs. Staff supported people to take part in meaningful activities; people were supported to maintain relationships with family and friends. People knew how to make complaints.

### Is the service well-led?

Good ●

The service was well-led.

People and relatives knew who the registered manager was. They felt they were listened to and any concerns they raised were taken seriously. Staff felt the registered manager was approachable and supportive. There were systems in place to assess the quality of care people received.

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# The Old Vicarage

## **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.

This inspection took place on 8 March 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of using of services that support people with dementia and services for older people.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

We also spoke with local authority contracts and commissioners responsible for the contracting and monitoring of people's care at the home.

We spoke with six people living at the service, three relatives, four staff, a cook, and the registered manager. We also spoke with a visiting health professional. We observed how care and support was provided by staff in communal areas and we looked at three people's care plans and other records associated with the management of the service. For example, accident records, medicines records and checks of quality and safety.

As some people at The Old Vicarage were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

# Is the service safe?

## Our findings

Without exception, all the people we spoke with said the home offered a safe environment to live. People and their relatives said they were safe from environmental hazards and from any mistreatment. One person said "I feel safe and secure." Another person told us, "I feel much safer here than when I was at home."

One person told us they liked to take a daily stroll outside and said they let one of the staff know before. Although some people were living with dementia, everyone was encouraged to remain as independent as possible and able to move around the home without restriction.

Staff had a good understanding of people's needs, including any individual risks and understood how to provide care and support in a safe way. Staff were clear about their responsibilities should anyone have an accident or incident. They told us about the action they would take to respond, report and monitor such events. Accident and incident forms were completed and were available for review and learning from. We saw the registered manager checked each accident form and made comments as action points for learning. This showed the registered manager and staff took accidents seriously and looked for ways to learn from them.

One person told us they had a call bell in their bedroom and bathroom and staff had made sure they knew how to use it should they require any assistance. They went on to tell us if they used the call bell at night, staff responded promptly. Throughout our visit we saw staff responded to people's requests for assistance promptly. Staff we spoke with felt staffing levels were appropriate for the needs of the people living at the home. Staff told us they were able to meet people's individual needs without delay. A staff member told us there were, "Enough staff to meet residents' needs." They went on to tell us the staffing levels meant they had the opportunity to sit and chat with people. The staff member told us, "Sitting with residents is important and encouraged."

We saw the local authority's safeguarding contact details were displayed on noticeboards. The staff team were aware of local procedures for reporting allegations of abuse and told us they were confident in raising any concerns they had. Staff we spoke with said they had received regular training about how to protect people from the risk of abuse and records we looked at confirmed this.

The provider followed a safe recruitment process to ensure the staff had the right skills and attitude to meet the needs of the people living at the home. The provider undertook criminal records checks called Disclosure and Barring Service (DBS) checks prior to anyone commencing employment at the service. This was carried out to ensure prospective staff were suitable to work with vulnerable people. The provider also ensured suitable references were sought. We saw from records that staff did not commence employment until all the necessary checks and documentation were in place.

People's medicines were safely managed. All of the people we spoke with said they were taking regular medicines. Although few were able to tell us precisely what they were taking, they were satisfied they were getting the correct dosage and at the correct times. One person told us they felt, "More than happy for the

staff to sort out tablets; it is safer that way." Staff responsible for the administration of medicines had completed training in the safe handling and administration of medicines. Staff also told us they had been observed giving people their medicines by the registered manager to ensure they continued to follow best practice guidance. We observed staff giving people their medicines safely and in a way that met with recognised practice. Medicines were stored correctly and current legislation and guidance was followed. This showed medicines management was taken seriously to ensure people received their medicines safely and as prescribed.

People told us staff were helpful, supportive and responded to requests for assistance in a prompt and timely manner. People told us they were well looked after and our observations supported this. We saw staff understood people's needs. One person said, "In my bedroom and bathroom there's a pull chord and if I need help, I pull it and the staff come to see how they can assist me."

People and their relatives were complimentary about the staff and the home in general and everyone we spoke with told us they were happy with all aspects of the care and support being provided.



# Is the service effective?

## Our findings

People told us they had a variety of health needs and were registered with the local medical centre and a doctor visited every Monday. People went on to explain, if they wanted to see the doctor they would let one of the members of staff know and arrangements were made. One relative told us their family member was having regular treatment at a local hospital. The relative went on to say the staff actively encouraged them to accompany and support their family member to attend any appointments. Another relative told us the staff made sure specialist healthcare professionals were included in people's care, and gave an example of a dementia nurse.

A relative told us they continued to be involved in their family member's care and care planning. The relative told us they had been included in discussions with the registered manager about any changes to their family member's health and general welfare. The relative told us this was important to their family member and was respected by the staff and the registered manager.

People told us they thought the staff members had the right skills to meet their needs and support them. Records confirmed and staff told us they participated in training deemed necessary by the provider and local authority. New staff completed a period of induction and shadowing more experienced colleagues. A new member of staff told us they were working through the Care Certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. This showed us the provider recognised the need to ensure staff were provided with training to meet people's needs.

We asked the registered manager and staff to tell us about their understanding of the Mental Capacity Act 2005 (MCA). The 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.

The registered manager recognised the circumstances which may require them to apply to the supervisory body to deprive a person of their liberty. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

When required, the registered manager had made applications for assessment to the local DoLS team. We saw one person had already been assessed by the DoLS team and others were awaiting an assessment to take place. There were policies and procedures in place for staff to follow in relation to the MCA. Staff we spoke with understood the requirements of the MCA and the importance of acting in people's best interests.

Staff members had a good understanding of the DoLS authorisations that were in place. One staff member

told us they understood the DoLS authorisations were in place to ensure people's rights and safety were protected. The staff member also recognised the need for people to be involved in making choices and decisions; whether decisions were complex ones, about their treatment and care, or day-to-day decisions about what to eat or drink.

Everyone we spoke with told us the food was very good. One person told us, "It is so good; sometimes I over eat." Another person told us, "The food is very good; I always get a choice." A relative told us, "The food is fantastic; the meals are superb and the cook is very good." Another relative said if people didn't like anything on the menu then the kitchen staff would provide an alternative and gave examples such as, omelette, soup or salad. A third relative told us, "All the food is home cooked."

During our inspection visit, a healthcare professional arrived to observe and assess one person at lunchtime. The professional complemented the cook and the standard of the food being served and told us it looked and smelled appetising. The professional also felt food served to people was the correct consistency to meet individual needs. We saw food was freshly prepared, nutritious and nicely presented; the menu provided a balanced diet. We heard staff supporting people to make a choice of food and drink. We saw people were offered an alternative if they did not like what was on the menu that day.

People told us there were choices at every meal time. At breakfast those who wanted it could have full English. Lunch was two cooked options and there was a 'lite' hot meal such as something on toast or soup. People told us they received plenty to drink at meals and in between times. One person told us, if anyone wanted a drink they, "Only had to ask." Another person told us wine was often served at the weekend. A relative said they were able to make a hot drink for their family member and themselves any time they liked. We saw staff knew people well and were aware of individual dietary and related support needs. People, who needed it, were provided with the support to eat and drink.

# Is the service caring?

## Our findings

The home had a calm atmosphere and staff were friendly and approachable. One person told us, "The staff are pretty good; I've no complaints at all." Another person told us, "The staff are caring and care about us." A health care professional told us they thought the staff were kind and caring.

People thought the standard of care was high. One person told us, "The staff are very good." Another person said, "We get on with all of them; I bet they get fed up with us." A third person told us, "I've nothing to moan about." Relative's comments echoed the positive feedback about the care staff that we received. A relative told us, "I can't praise the staff enough; the carers are very sweet." Another relative said, "They look after residents very well; they have the patience of saints." A third relative said, "It's a great place; carers are so helpful and they're so upbeat."

A relative told us their mother, "Is always turned out immaculately." We saw staff delivered care which met people's individual needs and which supported them in a respectful manner. For example, after visiting the hairdressers, we saw one person who was living with dementia walked into the conservatory without their glasses. A staff member began speaking with the person and gave lots of positive interaction about how nice they looked and how nice their hair was. The staff member then asked about their glasses and their whereabouts and to avoid the person becoming anxious the staff were heard to say, "Don't worry about them; I will go and find them for you." We saw the staff member located the person's glasses and ensured they were returned to them clean and ready to wear.

We saw staff were kind and caring in their interactions with people. They ensured people were comfortable and took the time to communicate what was happening in a friendly and reassuring manner. An example we saw was when one person who was living with dementia had dressed themselves. The person had put their upper clothes on in the wrong order. We saw staff discreetly speak to the person and take them to a private area and assist them to re-dress in the correct order. The staff carried this out without any fuss and without causing the person any undue stress or anxiety.

During the early afternoon, one person who was living with dementia became anxious and confused. The staff were understanding, compassionate and caring of the person's needs. We saw staff took it in turns to spend time with the person providing reassurance. An example was when one staff member took time to sit with the person and engaged them in playing dominoes. We heard the staff member chatting with the person and gently reassuring them. This showed an understanding and empathy towards the person and staff were aware and had understanding of how to support people living with dementia.

A relative said there was a, "Focus on the person and their care." Staff spoke in a positive manner about the people they supported and cared for. They had taken the time to get to know people's preferences and wishes. Staff had a good understanding of people's needs and this was demonstrated in their responses to people and recognition of when people required additional support. This demonstrated the staff were focused on people rather than just the task.

People's privacy was respected. People had space to be able to spend time alone with relatives. We spoke with staff who were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, one staff member told us about how they maintained people's privacy while assisting them during personal care.

The registered manager told us most people liked to spend their days in either the main lounge or the conservatory. It was clear the conservatory was a favourite place for many as most people headed there after breakfast.

## Is the service responsive?

### Our findings

People told us their friends and families were always made welcome when they visited. We saw visitors coming and going throughout the day and without specified visiting times. Visitors told us they were always warmly welcomed. One person told us relatives were welcome to stay and participate in any activities.

People were provided with a range of group and individual activities. They told us the staff included them in the activities at the home. One person told us, "There's always plenty for us to do." They went on to tell us there had been a musical entertainer the previous day and they had really enjoyed it. We saw there were a number of activities organised. For example, reflexology, a 'Bake-off' event, Easter activities and live hatching eggs. The hatching eggs were to show and engage people in the process of hatching eggs to chickens; some of the chickens were to be kept at the home once they hatched. This activity provided was designed to provide a common interest for all the people along with stimulating memories.

During our inspection visit, the majority of the people chose to sit in either the main lounge or the conservatory. The main lounge was quieter with a small number of people choosing to keep themselves busy, reading the newspaper or chatting with friends. The conservatory was much busier; people sat chatting together and participating in their own activity, such as reading the newspaper, knitting and listening to music.

Staff were knowledgeable about the people they supported and cared for. We saw staff take time to ensure people's needs and requests were understood and listened to. At a mealtime, we saw staff make sure people had the meal they had requested. Some people changed their mind and staff offered alternatives. Staff checked on people's welfare during the meal and made sure people had sufficient to eat and drink. A health professional commented on the style of plate one person was using. They told us they were impressed as the plate was one recommended for people living with the dementia. The plate enabled the person to easily identify different types and colours of foods. This showed us there was an awareness of adapting to the needs of people living with dementia.

Records we looked at detailed decisions people had made about their care and recorded people's likes, dislikes and personal preferences. We saw the registered manager had carried out an assessment of people's needs prior to them moving to the home. Where possible, people also visited the home before moving there, so they could make an informed decision about the move. People's care plans had been reviewed and regularly updated by the staff team and the registered manager. This showed, people were included in their care and their individual needs, wishes and preferences had been taken into account.

People told us they knew how to raise a concern and who to make a complaint to. People and relatives were familiar with the provider's complaints procedure. We saw there was a noticeboard with lots of relevant information on display. Included on this was information in relation to how to complain and the telephone number and details of how to make a referral to the local authority safeguarding team. We saw the provider had not received any formal complaints; we saw letters and thank you cards complimenting the registered manager and the staff.

# Is the service well-led?

## Our findings

People told us they thought the home was well run and managed. One person told us the registered manager, "Listens to us and knows us well." A relative told us the home was, "Well run; [registered manager] does a good job." Another relative told us they felt reassured and confident the registered manager understood their job and job role.

Staff felt the registered manager was approachable and supportive. One staff member said, "[The registered manager] is approachable." Another staff member told us, "We can go to [name] with problems or concerns and [name] is very confidential." They went on to say the registered manager, "Listens to us." Staff told us they were confident in raising any issues or concerns they had to the registered manager. The staff told us they had confidence the registered manager took any concerns or complaints seriously.

Staff were all clear about their roles and responsibilities and were positive about their job role and the home. One staff member told us they had worked in other care homes, but they thought, "This is one of the best." Our observations and conversations with the staff showed they understood the provider's vision and values for the home. Staff were clear about their responsibilities and recognised the importance of working together as a team. The registered manager clearly understood their responsibilities in relation to the Care Quality Commission (CQC). The registered manager ensured notifications were submitted to us about any incident or event they were required by law to tell us about.

The home was managed in an open and inclusive manner, where the opinions of people, relatives and staff were sought and - wherever possible - put into place. This created a positive and open culture and gave the opportunity for people to share their opinions and feel part of how the home was run and managed.

On the day of our inspection visit we were made welcome by the registered manager and the staff members. There was a sense of pride about the service being provided to people. We observed the registered manager chatting in a friendly and personalised manner with people who used the service and their relatives. The registered manager clearly knew each person and their individual needs. They were able to speak in detail about each person who used the service.

The registered manager recognised the need to assess, monitor and reduce potential risks relating to the health, safety and welfare of people. A range of quality audits had been completed by the registered manager and these included an audit of medicines. Where any actions had arisen from audits, we saw they were monitored until the registered manager was sure solutions were in place. This demonstrated to us the registered manager understood the need and importance of identifying trends and monitoring of the services being provided.

The registered manager had a positive approach to training, supervision and appraisal of staff. Staff understood the need to attend training and keeping their knowledge updated. Staff also recognised the need for supervision and appraisal and saw it as a way of addressing any concerns they may have, as well as discussing their own personal development.

There were clear arrangements in place for the day-to-day running and management of the home. We saw, and staff confirmed, there were arrangements for 'out of hours' support from either the registered manager or senior staff. The registered manager told us they felt supported by the provider and a team of carers and senior carers. The registered manager told us they felt they had a supportive network of staff working with them which enabled them to provide a good service for the people. The registered manager told us they were mindful of the need to continue to adapt and change to maintain a safe service.