

# The Old Vicarage Care Home (Long Eaton) Limited

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### Inspection report

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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 was unannounced and took place on 25 May 2016. The service was registered to provide accommodation for up to 29 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 28 people were using the service.

There was a registered manager in post. 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 and relatives were extremely positive about the care and support provided at the home. We saw that there were enough staff with the right skills, training and support to meet the number and needs of people living at the service. Staff told us they felt valued by the manager and the provider.

Staff had positive relationships with people and understood their needs. This included their preferred routines and wishes.

Staff understood how to give people choices. The manager and their staff understood and worked within the principles of the Mental Capacity Act to ensure people's capacity was assessed and monitored. Where people lacked capacity, any decisions were considered with people who were important to the person as part of a best interest decision.

The home was cleaned and decorated to a high standard and homely features made it welcoming. Systems were used to ensure the environment was kept clean and safe with audits being completed on all aspects of the building and equipment.

There was a programme of activities which included things people had identified as what they wished to do. The provider had introduced a 'make it happen' campaign to ensure each person was able to make a wish and be supported by the home and relatives to make it happen.

Medicines were well managed and stored in a safe manner. We saw people received their medicines in a timely way and as required people were offered pain relief.

Care and support was planned to ensure that risks were assessed and monitored. People's choices and preferences were included within care plans to ensure staff understood how to assist people in way they preferred and had their wishes met.

People were protected from harm because staff were only recruited once they had all the checks in place to ensure they were suitable to work with vulnerable people. Staff understood what may constitute abuse and how and to whom they should report any concerns.

People told us they enjoyed the meals and had a choice. When people required support this was provided along with nutritional supplements to maintain or increase people's weight.

People and relatives felt able to raise any concerns and we saw that complaint shads been responded to.

The registered manager provider worked hands on within the home and spent time talking with people, their visitors and with staff to ensure their views were heard. Quality assurance systems included audits on the environment and documentation relating to people's daily care and support.

The manager and provider understood the requirements of their registration and we saw this was followed.

## 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 felt safe and secure and relatives felt confident that people who used the service were safe. Risks assessments had been completed to identify and minimise the risks to people's safety. There was sufficient staff to meet people's needs and the provider's recruitment procedures were suitable. Medicines were managed and administered safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs. People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people. People's dietary requirements were well met to maintain their nutritional needs and personal choices.

### Is the service caring?

Good ●

The service was caring

Staff knew people well and had positive caring relationships with them. They encouraged people to make choices about their day. Staff ensured people's dignity was respected. People were supported to maintain relationships which were important to them.

### Is the service responsive?

Good ●

Care and support was well planned and any changes to people's needs was quickly identified and acted upon. People and relatives were encouraged to join in activities and had been part of a project to grant people individual wishes. We saw complaints were dealt with swiftly and comprehensively in line with the complaints policy.

### Is the service well-led?

Good ●

Staff told us they were supported by the manager and provider. The provider had effective systems in place to monitor and

improve the quality of the care people received. Feedback on the service had been obtained and acted on to make improvements. The manager understood the responsibilities of their registration with us.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and was the homes first comprehensive rated inspection. The 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

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 spoke with five people who used the service and four relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with five members of care staff, an apprentice, a nurse, the cook, the registered manager and the provider. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care plans for five people, to ensure that care that was being provided was in line with the needs of the individual. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt very safe at the home. They described how they felt safe due to the caring nature of the staff and their presence in the home. One person said, "Yes, well there's always someone here for you, they are caring nurses." One relative told us, "I feel my relative is very safe here." We saw that staff had received training in safeguarding and knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "I would not let anything happen to people, I would intervene and report to the manager my concerns." There had been no safeguarding referrals made since the last inspection and when we reviewed the records we saw that there were no incidents which should have been reported. We saw that there was a procedure in place for reporting concerns and the registered manager explained how they would manage any safeguarding incidents in line with it.

The care plans we looked at covered all aspects of each person's daily living to ensure that any risks had been minimised. For example the use of equipment to maintain people's safety or to support them to be moved safely. We saw that when people were assisted by staff they provided guidance and reassurance. Where people had been identified as a risk to a fall, equipment had been provided and guidance notes for staff to encourage independence along with maintaining their safety.

In the event of an emergency such as a fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs and was easily accessible in the event of an emergency was to occur.

People told us there were enough staff to support them. One person said, "I have a buzzer in my room, they come quite quickly." A relative told us, "If you want the staff they are there."

We observed staff were able to respond to people as they requested assistance, for their personal needs or any requests. Staff we spoke with felt there was enough staff. One staff member said, "We work in pairs, we work as a team and cover if anyone is on leave or sickness." Another staff member said, "We have enough staff, there is less in the afternoon, but we are ok. I would say if not." We saw that the rota reflected the staffing numbers.

We observed people received their medicines as prescribed and that staff who administered medicines were trained to do so. For example some people who required medicine to be taken at least half an hour before a meal and we saw this was done. We observed staff followed protocols for administering medicines prescribed on an 'as required' (PRN) basis to protect people from receiving too little, or too much medicine. Some people required covert administration, this is when medicine is hidden in food or drink and the person is unaware they are taking this. We saw agreement had been sought from medical professionals to ensure this was done in the person's best interest. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were safe from the risks associated to them.

We saw that the provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. Staff told us that their references were followed up and a police check was carried out

before they could start work. One member of staff we spoke with said, "Before I started, I had to provide details for my police check and references linked to my previous work." This demonstrated that the provider followed procedures to ensure staff were suitable to work with people.



## Is the service effective?

### Our findings

Staff said they were given training and support to do their job effectively. Staff told us they had regular opportunities to attend training in social care as well as additional training they had requested. For example staff had received training from the local funeral directors. Staff told us, "It was really interesting to see what happens when people leave us." Another staff member told us how they have recently received some 'roll play' training. This involved the staff member being supported like one of the people who use the service. The staff member said, "It changed my perspective of how I support people." This had been some recent training and the registered manager told us this would be considered for other staff in the future. One of the nurses told us they had received training in end of life care, they told us, "It was interesting and renewed my knowledge from my nurse training days."

The cook told us they had received training in food safety; however they felt it was not in-depth enough. The provider sourced further training and this was completed. They told us, "The second course was much more thorough and more useful to my role. This showed that the provider ensured staff had the knowledge and training required to support peoples changing needs."

New staff were required to complete an induction programme which included the nationally recognised care certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. This ensures new staff have a comprehensive induction covering all aspects of care. Before starting as part of the staff team, newer members of staff were given social care training and several shifts to work alongside more experienced staff so they had an opportunity to get to know people's needs. One staff member told us, "It really helps as they are experienced, When you listen and watch them." Another staff member told us they felt the induction was very thorough and supported them in their role when they started at the home.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We looked to see if the provider was working within the principles of MCA. Staff confirmed they had received training and were able to provide knowledge about the act and how they supported people to make decisions. Some people who used the service lacked the capacity to make certain decisions we saw that mental capacity assessments had been completed and where people had not got capacity there were assessments to confirm the decision had been made in the person's best interest. One relative told us, "I feel

I didn't have to make decisions, I talk to the Manager who explained what was going on and the care going forward, so feel they were looking after my relative in their best interests." Records confirmed that some people had advocates to support their decision making. An advocate represents the interest of people who may find it difficult to be heard or speak out for themselves. We saw that staff obtained people's permission before supporting them and when possible; gave people choices. This meant that people's rights under the MCA 2005 were being addressed.

When required we saw that applications had been made to the appropriate local authority with regard to the deprivation of people's liberty. The manager kept a folder on the applications and renewed the information with regard to any responses from the local authority or with respect to new applications.

People we spoke with said they were quite happy with the meals and enjoyed the meal times. They told me they could ask for other alternatives to the set lunch time meal if they wished, and one person said "You can choose whatever you wish for your breakfast, for dinner there's a set meal but you can say if you don't want something different. In the evening there's an assortment of sandwiches" Another person told us, "Lovely cook, good puddings and homemade soup." We saw that when people requested a different meal to the menu this was provided. One relative told us, staff has supported [name] with their meal giving lots of encouragement and treated very well during her feeding times, they said, "The staff support all meals, morning, noon and night, they manage to get them to eat even when she is a bit sleepy." Another relative told us, "There is a good choice of food, always varied and plenty of it." We saw that when required people had their food and fluid intake monitored and as required specialist guidance was obtained. Records confirmed the information with regard to the support different people required with their meal. The cook prepared home cooked meals using seasonal produce, they told us, "It's like cooking for a family." The cook told us they had recently been on some nutritional training. They said, "It was interesting, looking at ways to use food rather than supplements." This showed us the provider supported people to maintain their nutritional needs

Care records showed how health care needs were closely monitored and where needed healthcare professionals were called for advice and support. People we spoke with said they were able to maintain their health and wellbeing. The service used a system called 'telehealth'. This is a system provided by the local GP service and provides an on line connection to professionals for advice. One relative said, "My relative regularly has prescriptions given through an online type appointment conducted with the Doctor over the Internet."

## Is the service caring?

### Our findings

We saw that staff members talked with the people in a polite and friendly manner and referred to them using their first names. People said, "Oh yes there is only one way to describe them, and that is wonderful." Another person said, "I am happy with the care, everything I've asked for they, the staff can't wait to sort it out." Relatives also felt the staff are caring. They told us, "They do everything for [name] and really care for them." Another relative said, "The care is excellent, my relative is always clean and well dressed and that's important."

We saw how each person was supported to express their needs. For example one person who was unable to communicate verbally had been able to write their wishes on a white board. We saw in the care records people had been asked about their daily routine such as what time they got up and went to bed, and what they wanted to wear. One relative we spoke with said, "Staff are continually asking about the different things [name] likes, like food or things to do. I have recently sorted a hairdresser to come in, and do their hair."

We saw how the cleaning staff had identified that a plant in a person's room was in need of repotting as it kept falling over. The staff member discussed the concerns for the plant and asked the person's permission to remove it from their room. Another staff member had arranged for some pictures of a person who used the service to be framed. They showed the pictures to the person and agreed to arrange for them to be put up on the wall in their room.

Relationships that mattered to people were encouraged. We saw the staff greeted visitors and welcomed them. One relative told us, "I am always welcome and kept informed all the time." another relative told us they could visit at any time and had been encouraged take part in their relatives care. They said, "Staff said, I can come anytime and have a meal with my relative if I wished."

People told us staff respected their privacy. One person told us, "Staff always closed my door when supporting me." We saw that people were spoken to in a respectful manner and when they made a decision this was respected. For example one staff member discreetly asked the person if they wished to go to the bathroom, the person decline, the staff respected that decision even though the person usually wanted to go around that time and had limited capacity around the decision they were making. The staff asked again after fifteen minutes and the person was then happy to go. Staff told us they felt it was important to respect people's privacy. One staff member said, "What happens in the home stays in here."

# Is the service responsive?

## Our findings

People were supported to have their needs met effectively by a staff team who knew their needs, preferences and wishes. People said staff knew how to support them. One person said, "Well they look after you well, there tremendous." A relative told us, ""There fantastic here they can't do enough for my relative or me." We saw how the care plans reflected people's needs and where changes had been made the care plans had been updated. We saw that the plans had been reviewed on a regular basis. One staff member told us, "I look at the care plans, I have looked at one today in relation to a person's appointment."

The service had a daily handover, to pass on any changing needs for each person. Staff told us they found this useful in providing up to date support for people. We observed a handover and noted information was clearly recorded and explained to the next shift of care staff. This showed that the provider ensured information was passed on to staff so they were able to support people's needs.

We saw the provider was developing a 'life story' for each person. Each person was to have a video of their life and interests which had been recorded with their favourite musical backing. We saw this had happened. The provider told us it was an opportunity to engage with family member and learn more about the person's life. Once completed family members received a copy and the they were able to edit the video with additional information or photos if they wished.

There was a programme of activities at the service which included things people had identified as what they wishes to do. People told us, "The group 'Motivations' come in to do exercises and games with us, try to keep your brain motivated." Another person told us, "We have a quiz every week, I enjoy that." We saw people could have a daily paper if they wished. Several people told us about the Queen's birthday party, which had been held outside and relatives had been invited. There were several photographs of the event and other events on the electronic photo gallery which went round on a loop to show the different pictures.

Some people told us they had some independence and were encouraged to go out of the home, one resident said, "If I wanted to go out I could. My son takes me out for a walk." People also told us when the weather was good they used the garden. The garden was self-contained and provided a patio area which was safe to walk on or to be used by wheelchairs.

We saw on the newsletter the launch of the 'make it happen' campaign. This is about identifying each individuals 'wish' and then through the home and relatives enable the wish to happen. We saw that several wishes had already been completed. For example one person loved football and had been taken to a match by the provider. Other people had wished for a variety of takeaway meals from different cultures. We saw and peoples told us these had happened. The manager told us, "It's the little things, we take for granted."

People and their relatives told us they felt able to raise any concerns and if they had a complaint, it had been dealt with. One person said, "If necessary I would complain and I feel it would be sorted out." We saw where complaint had been received the provider had responded formally and resolved the complaint. This showed the provider responded to people's concerns.

## Is the service well-led?

### Our findings

People and relatives were extremely positive about the care and support provided at the home and from a recent survey had made the following comments, 'Safe and homely, like a second family,' 'Smiles warmth and respect' and 'Excellent nursing and patience.'

The home was cleaned and decorated to a high standard. One relative told us, "The whole home smells clean and fresh." The home had systems in place to ensure the environment was kept clean with schedules and the introduction of a room sanitizer. The cleaning staff told us, "It was excellent, it cleaned the room, the mattress and took all the smells away."

All the staff we spoke with told us they felt supported by the provider and the manager. One staff member said, "Very supportive, never an argument, very approachable." Another said, "You can go to either the manager or provider, they are always available." Staff told us and records confirm that staff received regular supervision. Staff said, "We talk about the job, training, it's useful."

We saw the Manager had a visual presence around the home. They knew all the people who use the service and took the time to stop and have a lengthy chat with several people throughout the day. Some people joined the manager and general conversation and a warm approach was observed. Relatives also told us they felt the manager was available to everyone. One relative said, "That's the manager, she owns the home and she's lovely."

The provider had completed a survey in relation to people's feedback on the service. We saw that any concerns that had been raised had been addressed. For example the outer door to the property had a top lock and chain which one person had been able to open and on two occasions was found outside. Relatives raised this as a safety concern. The provider has now invested in a new door entry system which can only be activated by finger print identification. Relatives and regular visitors had been added to the system to enable them to access and exit the building. The provider is able to add or delete as required by the needs of the home. One relative said, "It's a good system and has given us piece of mind."

The provider and manager used a range of audits to reflect on the quality of the service being provided. All information from the audits was displayed and shared with staff and relatives. The audits were used to continually review any trends, for example if there were times when falls occurred or in a specific location. We saw when a fall had occurred the care plan and risk assessment had been reviewed to consider measures to minimise or a reduction in the identified risk.

The provider and manager told us that communication was really important and they had set up a system to ensure any aspects of people's needs or things required to improve the environment had been communicated to the relevant person. For example the provider, manager and the administration support accessed an electronic calendar. We saw this had been used to order supplies or communicate messages across the various departments and a note made to confirm the action had been completed. This including making appointment for people, a reminder to the next staff on shift or any aspects relating to the home. This was in addition to the daily handover which was specific to people's daily needs. This showed the

provider communicated across the home to maintain clear messages and aspects required to make continued improvements to the home and care provision.

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration