

Morecare Limited

Vicarage Court 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 effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 28 July 2015. At our last inspection on 8 July 2014 we identified that improvements were needed regarding the management of medicines. The provider sent us a report in September 2014 explaining the actions they would take to improve. At this inspection, we found improvements had been made regarding this.

Vicarage Court provides accommodation and nursing care for up to 39 people. At the time of inspection there were 31 people using the service. Accommodation is on two floors and on each floor there is a communal area.

There was not a registered manager in post. The manger had been in post for two months and was in the process of registering with us. A registered manager is a person who had registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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.

We found there was not enough staff to meet people’s needs in a timely manner. Some people had to wait for staff to become available to receive the care they required.

The staff did not fully understand the requirements of the Mental Capacity Act 2005. When people were unable to consent, mental capacity assessments and best interest decisions had not been completed. We found the provider had not considered if any of the people who used the service were at risk of deprivation of their liberty (DoLS). DoLS is when a person, who lacks capacity, may be restricted.

The provider had carried out some checks to assess the quality of the service but these were not always effective. Information from reviews and audits was not always used to drive improvement.

People were provided with food and drink which met their individual requirements. We saw that people had to wait for their breakfast and staff did not always record if people had received adequate fluid intake.

Some people did not participate in activities they enjoyed. There were provision’s in place for activities but

on the day of inspection these were not taking place. The provider used external entertainment and people had the opportunity to access the local community if they wanted.

People living in the home told us they felt safe and were well looked after. People’s rights to privacy and dignity were recognised by staff. People’s risk of harm was assessed and guidance was in place for the management of this. Staff understood their responsibilities around safeguarding people and keeping people safe from harm. People’s medicines were managed safely.

Staff were kind and considerate to people. People felt able to talk to staff about any concerns they had and felt confident they would be listened to. People and relatives felt they were involved with decisions about their care. Staff received training that provided them with the skills and knowledge to meet people’s needs. Staff had the opportunity to attend staff meeting and supervisions. Staff had recruitments checks prior to commencing in post to ensure suitability to work within the service. People had access to healthcare and healthcare professionals when they needed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of this 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?

This service was not consistently safe.

There were not enough staff to meet people's needs in a timely manner. Staff were recruited safely and understood their responsibilities around keeping people safe. Medicines were managed safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff did not fully understand the Mental Capacity Act 2005. People were provided with food and drink which met their individual requirements. We saw that people had to wait for their breakfast and staff did not always record if people had received adequate fluid intake. People told us they were supported to maintain good health.

Requires improvement



Is the service caring?

The service was caring.

People were happy with the care they received. People were treated with kindness, compassion and were respected. Staff promoted people's rights to privacy and dignity. Relatives were made welcome and were kept informed of their relations care.

Good



Is the service responsive?

The service was not consistently responsive.

People did not always receive care how they preferred. Some people were not encouraged to participate in activities they enjoyed. People knew how to and were happy to raise concerns or complaints.

Requires improvement



Is the service well-led?

The service was not consistently well led.

The systems that were in place were not effective in ensuring areas for improvement were identified. People's records did not provide consistent information regarding their care. The manager was new to post and people thought they were making positive changes

Requires improvement



Vicarage Court 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 28 July 2015 and was unannounced. The inspection was carried out by three inspectors. Before the inspection we looked at information we held about this service and the provider, including notifications that had been sent about significant events at the home. A notification is information about important events which the service is required to send us by law.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with 15 people who used the service, seven members of the care staff, one nurse, the manager and five relatives. We also spoke with a health professional who was visiting the home at that time.

Some of the people living at the home were unable to speak with us about the care and support they received. We observed care in the communal areas to understand people's experiences. We looked at six people's care files and observed the way people were cared for, including whether the care people received match the care which was documented in their files. We looked at two staff recruitment files and records relating to quality monitoring systems that were in place.

Is the service safe?

Our findings

People told us they had to wait for support from staff. One person told us, “I have to wait a long time for my buzzer to be answered”. Another person said they had to wait to use the bathroom. A relative told us, “I have seen people asking to go to the toilet for a long time before they are taken”. We heard a person use a buzzer to seek support. We saw two staff went to their room and turned off the buzzer. Although the staff reassured them, the person had to wait until the staff were available. A member of staff said, “The lack of staff impacts on people’s care, we can’t get to people when they need it”. Another staff member said, “Breakfast time is a real problem we struggle to get in there”. We saw people had to wait for their breakfast and one person told us, “We want some food now we are so hungry”. Staff confirmed that some people had been waiting up to two and a half hours for their breakfast. This demonstrated there were not always enough staff to meet people’s needs in a timely manner. The manager told us staffing levels were calculated on the number of people using the service and no dependency tool was used to assess individual’s needs. A dependency tool is used for determining how many staff are needed based on people’s needs.

This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

At our last inspection on 8 July 2014 we identified people were at risk of receiving external preparations, such as creams and ointments which were out of date, not currently prescribed or prescribed for other people. At this inspection we saw the provider had made improvements to the way medicines were managed. We saw that external creams had been dated when opened and the prescribing labels were clear.

People told us medicines were managed safely. One person told us, “I feel confident staff know what they are doing”. Another person said, “I always get my tablets when I

need them”. The medicine records we looked at showed that effective systems were in place to ensure medicines were ordered, stored and administered in the correct way to keep people safe. We saw there was guidance in place for the administration of medicines given on an ‘as required’ basis. The guidance provided staff with information about why the medicines might be required and the safe amounts which could be given.

People we spoke with told us they felt safe. One person told us, “I feel safe here, I’m not nervous”. Another person said, “Nothing will hurt me here, everyone looks after me”. The staff we spoke with explained how they would recognise and report abuse. One staff member said, “I would look for changes to the person or any marks that I didn’t know how they had got”. Another member of staff told us, “If I suspected anyone was being abused I would go straight to the nurse in charge, if it was the nurse I would tell the manager”. We saw procedures were in place to ensure that concerns about people’s safety were reported and these procedures were followed effectively when required.

Staff showed that they understood people’s risks and we saw people were supported in accordance with their risk management plans. We observed staff using manual handling equipment in a safe way and in line with the person’s risk assessment. Procedures were in place to help people remain safe in the event of an emergency. We saw that people had an up to date risk assessment and personal emergency evacuation plan (PEEP) in place. PEEP’s record how staff should support people to evacuate the premises in an emergency situation. Staff told us they knew what these procedures were and they would follow these.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. One member of staff told us, “I could not start here until all my checks were in place”. These checks included checking references of the staffs’ character and their suitability to work with the people who used the service.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) legislation sets out the requirements, when people lack the mental capacity, to ensure that decisions about their health, safety and welfare are made in their best interest. Where people were unable to consent, mental capacity assessments and best interest decisions had not been completed. There were no capacity assessments in place to demonstrate that people lacked capacity to make their own decisions. For example, where a restriction had been made there was no evidence if the person had capacity to consent to this. Two of the care files we looked at stated the person did not have capacity to make certain decisions. We saw no evidence that an assessment of their mental capacity had been made or that these decisions had been made in their best interests. The manager confirmed for people who lacked capacity no MCAs had been completed. Staff we spoke with had not received training on the MCA and did not have an understanding of the process. One member of staff told us, "I wouldn't be certain what it was". Another staff member said, "I don't think we have a policy on that here". This demonstrated that staff did not have an understanding of the process to follow when people lacked the capacity to make their own decisions.

We were told by staff that no one had covert medicines. Covert medicines are medicines which are given to the person disguised without them knowing. We saw in one person's file there was a consent form for receiving covert medicines. This was not signed by the person, their relative or the GP. It was signed by the nurse. This demonstrated that appropriate consent relating to covert medicines had not been obtained.

This is a breach of Regulation 11 (3) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The provider had not considered if any of the people who used the service were at risk of DoLS. DoLS is when a person, who lacks capacity, may be restricted. We saw no evidence any applications had been made to the Local Authority the manager was aware and identified this was an area where improvement was required.

Some people told us the food was not always warm when served. One person told us, "The trouble is the food is never hot". A staff member said, "I feel embarrassed". We observed the hot breakfast had been sitting on the trolley wrapped in foil for an hour before it was served. We also observed the hot food upstairs was uncovered and allowed to go cold before serving. We saw breakfast did not finish until 11am and lunch was served at 12 noon. One member of staff told us, "They are not ready for lunch." Another member of staff said, "It's always like this, it affects their dietary intake". This demonstrated that meals were not evenly spaced.

Staff we spoke with told us they were provided with training and support to care for people effectively. A member of staff told us, "We are trying to get a better understanding of dementia, I did find the training very helpful it makes you look at people differently". Staff told us they received induction training and had the opportunity to shadow experienced staff to get to know people's needs before they worked independently. We observed that equipment the staff had been trained to use was used correctly.

A visiting health professional explained how they visited the home following referrals that had been made. They said the staff at the home were very good at making referrals. They told us their role was to offer assessment advice and prescribe treatment for people with terminal illness and chronic disease. They also offered support to people's families. People told us they were supported to maintain good health and were able to see their GP and other health professionals. Care files we looked at confirmed people had visits from health professionals.

Is the service caring?

Our findings

People told us the staff were kind and approachable. One person said, “The nurses and staff are wonderful, they give me everything I ask for”. Another person told us, “They are very good and kind, the care workers are nice, they are understanding”. One person gave an example of how they felt afraid when using equipment. The person told us staff helped by talking to them and explaining what they were doing. We observed positive interactions between people and staff. For example, we observed a member of staff knelt down to the same level as a person to administer medicines, we heard the staff member ask the person how they were today.

People who were able to speak with us told us they were involved with making decisions. One person told us, “I make all my own decisions”. Another person told us, “I choose what I wear in a morning”. Staff told us they learnt about people’s needs by talking with the person. One staff member told us, “We ask the person if we need to know anything, it’s the best way”. Staff knew people well and could provide information about them when we asked.

People told us their independence was promoted. One person said, “I like to do as much as I can myself, the staff

are there if I need them”. Another person told us, “I get myself ready in the morning, the staff help with the bits I can’t do”. One person told us they went to the local shop each morning to buy a newspaper. We saw people being encouraged to pour their own drinks which demonstrated that people were supported to maintain their independence.

People were supported to maintain relationships which were important to them. The relatives we spoke with told us that staff made them feel welcome. They told us they could visit anytime. One relative said, “The staff always say hello and stop for a quick chat”. Another relative told us, “I can visit anytime, I have never been refused, and I come nearly every day”. We saw that friends and family visited throughout the day.

People told us their privacy and dignity was promoted and respected. One person said, “They always knock my door before they come in”. Staff gave us examples of how they promoted people’s dignity and treated people with respect. One staff member said, “It’s polite to knock people’s doors, as it’s the only private space they have”. We saw a staff member use a blanket to cover one person’s legs whilst they were assisted to use moving and handling equipment.

Is the service responsive?

Our findings

Some people told us they were not offered the opportunities to participate in activities they enjoyed. One person told us, “There’s not much to do here, there’s nothing going on. The days can be long”. Another person said, “I do get a bit bored, I would like some fresh air”. We saw there was an activity schedule displayed in the communal lounge but we did not see the activity for that day taking place. Staff told us they did not have the time to enable people to participate in their preferred leisure and social activities. One staff member said, “People don’t get any stimulation there isn’t time for us to do activities”. We saw that external entertainment was used by the service.

People did not always receive care how they preferred. One person told us they liked a bath at least once a week and they were not receiving this. They told us they could not remember the last time they had a bath. The person said, “They do give me a good wash everyday but I like a bath”. We saw in the person’s care file it was their preference to have a bath once a week. When we spoke with a staff

member about this they confirmed people were not receiving baths on a weekly basis, when preferred. People and relatives told us they were involved in the assessment and review of their care. One person told us they had been involved in reviewing their care plans. One relative told us they attended a meeting to review their relatives care plans. They said any changes to their relative’s needs were discussed with them.

There were daily arrangements in place to keep staff informed about people’s needs. Staff were updated about people’s needs in handover. One member of staff said, “We have handover before every shift, it’s good to know what happening”. We attended the handover and saw that accurate information was relayed and the staff were updated about people’s care.

People we spoke with told us they would happily raise any concerns or complaints. One person said, “If I complain it’s dealt with immediately”. A relative told us, “We have had a few grumbles, they sort them out”. There was information displayed to advise people and their visitors how to raise a concern or complaint.

Is the service well-led?

Our findings

There were systems in place to review and monitor the quality of the service. However, these had not been consistently completed. We saw there was an audit in place to identify when Medication Administration Records (MAR) had not been signed by staff. We saw there were gaps in MAR that had not been signed by staff. There was no evidence this had been identified through the audit process and we did not see an action plan in place. Care files were reviewed monthly but we saw no evidence that changes to people's care had been made through these reviews. In one file we saw a person was identified as not receiving adequate diet or fluids. We saw documentation that stated this should be observed and a referral needed to be made to the dietician. There was no evidence and the manager was not aware if this referral had been made.

One person had skin damage that had resulted from pressure. The person required support to change their position regularly to protect their skin. There were no records to indicate if this was completed. We saw another person's records where they needed support with drinking these records showed they only received a small amount of fluids. This meant the provider could not be confident the person had received the fluids they required.

We saw the provider had a whistleblowing policy in place. Whistleblowing is the process for raising a concern about poor practice. Staff we spoke with did not always show they understood whistleblowing. One staff member said, "I'm not sure about that". And another said, "There is a policy in the office I think". This demonstrated that some staff may not know how to raise concerns about poor practice if they needed to.

People told us the manager was making positive changes. One person said, "Its slowly getting better, we have to give her time". A member of staff told us, "The manager is very approachable, the door is always open". We saw the manager had an open door policy in place and was available for people who used the service. The provider was also visible on the day of the inspection. Staff meetings were taking place and staff told us they felt listened to. One staff said, "We had issues with the wheelchairs, I brought it up at the meeting and the manager looked into it and sorted it".

The manager told us they had been in post for two months and were in the process of registering with us. The manager understood the responsibilities of their registration with us and notified us of significant events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not always enough staff to meet people's needs in a timely manner.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Where people were unable to consent, mental capacity assessments and best interest decision had not been completed