

Morecare Limited

Old Vicarage Nursing Home

Inspection report

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Tel: 015436838333

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 on 2 January 2017 and was unannounced. At our last inspection on the 2 June 2016 we found that improvements were required to the way people were supported to make decisions and medicines were administered. At this inspection we found improvements had been made however further changes were required to recording medicine stock. We also found some improvement was required to ensure people were assisted to move.

The Old Vicarage Nursing Home provides accommodation, personal care and nursing care for up to 30 people, some of whom may have dementia or sensory impairment. There were 26 people living in the home on the day of our inspection.

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.

Equipment used to move people was not always used correctly to ensure they were transferred from chair to chair safely. Staff were not able to monitor medicine stock because they had not recorded the number of medicines they received.

Staff understood their role in protecting people from harm and abuse and the action they should take to report any concerns they had. The environment was monitored regularly to ensure it remained safe for people to live in.

People's choices were recognised by staff who understood how to support them to make decisions when they were unable to do so themselves. There were a sufficient number of suitably recruited staff available to care for people and meet their needs. Staff had access to training and support to improve their knowledge of care and enhance their skills.

People enjoyed the company of staff who respected their privacy and promoted their dignity. People were able to maintain their important relationships, as relatives and friends could visit at any time. Staff understood the needs of people living with dementia and encouraged people to reminisce and talk about their earlier lives. The advice of healthcare professionals was sought when additional advice was required to support people.

Staff knew people well, understood their needs and provided the care and support in a way they preferred because. People's care plans provided information about people and staff were updated regularly to ensure the care they provided met people's preferences.

There were clear management structures offering support and leadership to staff. The home had a positive, empowering culture. People and staff were given opportunities to share their views on the way the service

was run. Records showed that we had been notified, as required by law, of incidents in the home that could affect the health, safety and welfare of people.

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. Staff did not use some equipment safely when helping people to move which put them at risk. The stock control of people's medicines needed to be improved. Staff knew how to identify abuse and how to raise concerns. There were sufficient, suitably recruited staff to support people. Regular checks were made to ensure the environment was safe for people.

Requires Improvement ●

Is the service effective?

The service was effective. People who were unable to consent to their care were supported to make decisions. Staff received training and support to care for people effectively. People were supported to enjoy their meals. Healthcare professionals were involved to support people's health and well-being when necessary.

Good ●

Is the service caring?

The service was caring. People were supported by kind, caring and compassionate staff. Staff protected people's dignity and promoted their privacy. Relatives felt welcomed by staff.

Good ●

Is the service responsive?

The service was responsive. People were encouraged to reminisce about their earlier life experiences. Staff understood people's likes and dislikes and provided care and support in the way they preferred. Relatives felt able to raise complaints and concerns and provide compliments about the care.

Good ●

Is the service well-led?

The service was well-led. Relatives and staff felt their opinions were listened to and that the registered manager was open and honest. There were arrangements in place to monitor people's care and safety to drive improvements.

Good ●

Old Vicarage Nursing Home

Detailed findings

Background to this inspection

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

This inspection visit took place on 12 January 2017 and was unannounced. The inspection was undertaken by two inspectors.

Whilst planning the inspection we looked at the information we held about the service. On this occasion we had not asked the provider to complete a Provider Information Return. The PIR is an opportunity for the provider to give us some key information about the service and their plans for the future. We gave the registered manager and the provider the opportunity to tell us out their plans for the service during the inspection.

People who used the service were unable to speak with us at length, so we observed the care and support staff provided in the communal areas of the home. We spoke with two relatives. We also spoke with four members of the care staff, a visiting healthcare professional, the provider and the registered manager.

We looked at four care plans for people to see if they accurately reflected the care provided to them. We also looked at five recruitment files and records relating to the management and maintenance of the home.

Is the service safe?

Our findings

At our last inspection on 29 June 2016 we found improvements were required to the way medicines and medicine stock was recorded. At this inspection we saw that changes had been made to the administration and recording of medicines but further improvements were required. We saw that the amount of stock received for people was not recorded. Therefore, when audits identified discrepancies in stock levels, it was not possible to track when this had occurred. The registered manager told us that they would introduce a daily audit immediately. They also said they had made arrangements with a new pharmacy provider which was due to commence. The new contract arrangements would provide external checks and increased support for the home and as part of this regular audits and support would be provided. People were supported to take their medicines in the correct way. When people were taking particular medicines for their heart, we saw their pulse was always checked and recorded prior to their medicine to check it was required. Medicines were stored correctly. There were arrangements in place to monitor the temperature of the medicines storage to ensure they were stored as directed to maintain their condition. We saw that all medicines and external creams were dated on opening to ensure they were not used after their expiry dates. This demonstrated that arrangements in place to store and administer medicines were suitable.

We saw staff used equipment to move people. Throughout the day we saw the equipment was used correctly and people were moved safely. However on two occasions we saw that staff had not placed the hoist sling in the correct position as it was twisted. The manoeuvres were aborted midway when staff realised, so that the sling could be re-adjusted to ensure the people were safe. The person's records provided staff with information on the size and type of sling that should be used when they were moved using the hoist. We saw, on one occasion that staff did not follow the guidance on the size of hoist sling that should be used to support the person comfortably and safely. We saw that one person was sitting in a tilted chair however their feet were dangling and not supported by a footstool as required to keep them comfy. We alerted the registered manager of our observations and immediate action was taken to support people appropriately.

People were protected from abuse. A relative told us, "I have no concerns about their safety". One member of staff told us, "If I thought someone was being harmed I'd tell the nurse in charge. If anything happens we tell each other and it's sorted out". Another member of staff said, "'I've reported concerns in my previous job and I would do the same if necessary". This meant staff knew the actions they should take to protect people.

Staff knew about people and the risks they had associated with their care. For instance, people who were at risk of damage to their skin from pressure and those who needed additional support to maintain their weight. We saw that staff supported people to reduce their risks by moving their position and arranging for them to spend time in bed to change from a sitting position or by introducing supplements to boost their calorie intake when required. This demonstrated that the provider recognised the need to support people with their risks to maintain their health and wellbeing. Some people who were living with dementia, presented with behaviours that challenged. We saw that staff understood that this was part of their illness and provided kind and patient support. A relative told us, "The staff do a wonderful job. I've never seen them get cross with anyone". We heard staff using diversionary tactics to re-direct the person. For example,

chatting with people to try and settle them and offering them a cup of tea. A visiting healthcare professional told us, "The [registered] manager is keen to reduce the medicines people that are prescribed to sedate them. I've reduced some today, it's much better for them".

We saw there were enough staff to support people. Relatives we spoke with told us they had no concerns about staffing levels. One relative told us, "There are always enough staff around when I visit". Staff told us they felt the level of staff was sufficient. One member of staff told us, "We have enough staff and we don't use agency which is better for people". We saw there was a recruitment process in place. Staff told us they provided pre-employment information including references from previous employers and waited for background police checks to be returned before they were able to start work. We looked at five recruitment files and saw that all checks were completed before staff were able to work with people in the home.

There were regular checks on the environment to ensure it remained safe for people to live in. Monthly checks were carried out and recorded including, checks on fire equipment and electrical fittings. A member of staff told us, "People can make their bedroom their own and bring their furniture and pictures. Some people have televisions and radios that they like to listen to. We always get the equipment safety checked". When concerns were highlighted an action to redress it had been taken. For example at the last audit it was identified that the stair case was cluttered. This had been rectified and daily checks were carried out to ensure the area was kept clear.

Is the service effective?

Our findings

At our last inspection on 2 June 2016 we identified that the rights of people who lacked the capacity to make choices for themselves were not protected. We judged there was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we saw that improvements and changes had been made to ensure the regulation was met.

Some of the people at the Old Vicarage were living with dementia and unable to make decisions without support from staff. 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 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. Staff understood how to support people with their decision making. One member of staff said, "We've done training. Because we work with people living with dementia we have to help people make choices. It's about knowing them and what they want and helping them to choose". We saw that people's capacity to make choices had been assessed when necessary. When decisions had been made for people we saw these were decision specific and the rationale had been documented to confirm they were made in their best interest.

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). People living in the home had been assessed for DoLS. A member of staff explained, "We do have to put restrictions on people here to keep them safe, for instance we can't let people go out alone so they have DoLS".

Staff were supported to gain the skills and knowledge they needed to care for people effectively. Staff told us they were encouraged to undertake internal and nationally recognised training and qualifications including the Care Certificate. A member of staff said, "The (registered) manager does 'power training' for us. It's in bite size chunks". Another member of staff told us, "We have a mix of online and face to face training. We've all done the Care Certificate, not just the new staff; I'm half way through mine." 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. New staff were provided with an induction into working in the home. One member of staff confirmed the support they had received and said, "I had my induction and spent two weeks shadowing the experienced staff. That gives you time to get to know people".

People were supported to eat meals they had chosen. At lunchtime we saw that people were given a choice of meals. A relative told us, "My relation eats well, they enjoy the food". People were asked where they would like to sit and we heard one person say, "I'll come into the dining room if I can sit with the other women but I don't want to sit with any men", and staff accommodated this. We saw that people were able to eat their meal at their own pace and were not rushed. When people were struggling to eat independently staff sat with them and offered patient support or provided them with plate guards to enable them to carry on

independently. Some people needed additional nutritional support and we saw that supplements were used to boost people's calorie intake. Drinks were offered throughout the day and we heard people being encouraged to drink at regular intervals to maintain their fluid levels and health.

We saw people received support from their doctor and other healthcare professionals whenever necessary. A relative said, "My relation was in and out of hospital before but not now. They've been well looked after". Another relative told us, "A couple of weeks ago I got a call because they were worried about [name of person]. They called the paramedics. Very efficient". A visiting healthcare professional said, "Care wise they are absolutely fine. They always make sure people's records are recorded well". Care plans provided further evidence that people had access to specialist support for all their health needs.

Is the service caring?

Our findings

Staff had developed kind and caring relationships with people. People who used the service were unable to tell us about their care so we observed how they were supported by staff when they were in communal areas. Relatives we spoke with told us they were very happy with the care provided. One relative told us, "The staff here are wonderful. I can't speak highly enough about them". Another relative said, "My relation is very happy here. I don't think they'd get better care than this".

We saw staff spent time sitting with people and offered them both verbal and non-verbal support such as stroking or holding their hands as they spoke. People responded positively to staff and looked comfortable in their company. Relatives told us that staff provided a positive atmosphere for people and they regularly heard laughter when they visited. One relative said, "The staff are very friendly. We join in and have a laugh and joke with them. It lifts the atmosphere".

Staff supported people to maintain their dignity. A relative told us, "They get [name of person] up and dressed every day and make sure their nails are done, that was important for them". Another relative said, "My relation is always beautifully clean". This demonstrated that staff recognised the importance of supporting people to maintain their self-respect. We heard staff speak discreetly with people about their personal care needs and offered them regular opportunities to have comfort breaks to maintain their dignity. Staff recognised people's privacy. We saw staff knocking before entering people's rooms and ensuring that bathroom doors were fully closed when people were using them.

People were supported to maintain relationships with their friends and family. Visitors told us they could call into the home whenever they wanted. One relative told us, "We're very lucky, we're more than happy with the care. They're really good with relatives too". We saw the provider received compliments from relatives for the care that was provided and read one which said, 'Thank you for all of your care and devotion and being so caring and welcoming to us all'.

Is the service responsive?

Our findings

Staff knew people well and understood how to meet their preferences for care and support. One member of staff told us, "Most of the staff have been here for a long time and we know people. We can always check people's care plans and we have an update at the beginning of each shift to let us know about any changes". Another member of staff said, "We don't have agency staff so everyone who looks after people know them". People's care plans provided information to support staff to provide individual care. People and their relatives had been asked for preferred names, their likes and dislikes and how they had spent their earlier lives so that staff could relate to the whole person. We saw that people's care had been reviewed regularly to ensure it still met their needs.

Staff told us they considered people's individual preferences when supporting them to spend their time. A member of staff told us, "We have special themed parties throughout the year. In the summer we go out for a walk around the area and we have chairs and parasols for people to sit in the garden. People love to dance and if they can't get up we do 'chair dancing'. This year the staff decided not to send Christmas cards to each other; we used the money we saved to buy presents for people".

People were provided with entertainment by external providers and opportunities to take part in activities supported by staff. We saw that staff sat with people and encouraged them to reminisce about their past life experiences. We saw staff showing a person a small wooden item and asking them if they knew what it was. The person took it from the member of staff and said, "I'd call this a mushroom. You use it for darning". We heard staff speaking with people about their early life, what they had done as a child and important events for them like their wedding day. We heard one member of staff encouraging a person to remember trips to the beach with their family and said, "Can you remember how the sand felt between your toes"? We saw that people responded positively for these opportunities to reflect on their past. This demonstrated that staff understood the benefit of speaking with people who were living with dementia about their memories.

Staff supported people to celebrate their special occasions. A relative told us, "My relations were celebrating a special anniversary. The staff got [name of person] up and made them up, did their hair and nails. Staff served them a meal in privacy in the dining room and made it a special day. It was so nice of them to make that effort".

There was a complaints procedure in place which was displayed prominently for people and visitors to look at. Relatives we spoke with told us they would raise any concerns directly with the registered manager. One relative told us, "I just have a word with the [registered] manager and it's sorted out". Another relative said, "If I have any concerns I speak to the manager. He would definitely sort it out; he's a good [registered] manager". We saw that when people had raised concerns there was an investigation before their complaint was responded

Is the service well-led?

Our findings

Everyone we spoke with told us they thought the home was well-led. Relatives we spoke with said the registered manager was friendly and approachable. Staff told us they felt well supported. One member of staff said, "The home is well run. The [registered] manager is good. He's always on top of things. He's friendly and approachable and I can go and chat with him. He helps us look after people. A nice person". Another member of staff said, "I enjoy coming to work and love my job. I don't think things could be better. Both the [registered] manager and the care coordinator are ace! We can call them at any time if there's anything we want and can always ask for advice".

Relatives were offered the opportunity to provide feedback on the care in a satisfaction survey. Relatives we spoke with confirmed their opinions were sought. One relative told us, "We've had a survey and completed it. We're so lucky with the care here". We looked at the responses they provided for the 2016 survey and saw they were all rated as good or excellent. A breakdown of the satisfaction survey responses was displayed in the reception area of the home so that relatives and visitors could see what had been said. This demonstrated the registered manager was open and transparent with the information they had received.

The registered manager had arrangements in place to monitor the quality of the care that was provided and used the results of the audits to drive improvement for people. We saw that there was a broad range of audits and the systems in place ensured that action was taken if necessary. For example, we saw that the registered manager had identified concerns we had seen with medicines and taken action by arranging for a new pharmacy who would provide additional support. All of the incidents, including falls which occurred were monitored. We saw that trends, for example, if falls happened regularly at certain times of the day, were identified and actions taken if a pattern was identified. The requirements of registration with us were met. The registered manager understood their responsibilities and provided information to us about significant events in the home as required. This demonstrated there were suitable and sufficient systems in place to monitor people's care and treatment and fulfil regulatory responsibilities.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the hallway as required.