

Southwest Care Ltd

Vicarage House Nursing Home

Inspection report

The Old Vicarage
Hambridge
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Somerset
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Vicarage House Nursing Home is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

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

Systems in place to monitor the safety and quality of the service provided failed to identify the shortfalls found in recording of medicine's and daily records.

The medicines administration records were not always completed effectively. The shortfalls identified included the lack of recording when pain relief patches had been removed and in maintaining safe storage temperatures for medicines. The evidence showed there was a shortfall in the recording of actions taken rather than unsafe practices by staff who had received training and been assessed as competent to safely administer medicines.

People received their medicines in a timely manner and the administration of medicine's was carried out safely and, in a person, centred way.

Repositioning records had not been completed as required. Repositioning is used to prevent pressure ulcers to people. Food and fluid charts had not been completed to demonstrate when and how much people had been given. We found that people were being repositioned and food and fluids offered regularly however there were shortfalls in recording the information.

People had mixed views about staffing levels in the home. A dependency score based on people's needs was used to determine how many staff were on duty. However, people said they often had to wait a long time for staff to attend to them. Staff said they felt there were more staff available and that they did not feel rushed. A recruitment programme meant there were more permanent staff and less use of agency staff. We made a recommendation that the provider looks at ways of deploying staff effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support that was safe. The provider had a robust recruitment programme and staff had received training in recognising abuse and safeguarding people.

People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Everybody spoken with said they felt the manager was open and approachable

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 August 2019).

Why we inspected

We received concerns in relation to the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led section of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vicarage House Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified one breach in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Vicarage House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, a member of the medicines team 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.

Service and service type

Vicarage House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received from and about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, clinical lead, and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records. We also reviewed five people's medicine administration records. We observed administration of medicines and checked storage arrangements, policies and procedures, medicines audits and records. We looked at three staff files in relation to recruitment, staff supervision and training.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data specifically for moving and handling and staffing rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely

- For most medicines prescribed to be taken "when required" there were person centred protocols available to guide staff as to when it would be appropriate to give a dose of these medicines. Where these were not present the staff members were able to describe how they would assess the need for the medicine.
- Medicines records appeared mostly well completed and people received their medicines in the way prescribed for them. Reasons for non-administration were recorded.
- There were no records to show that pain relief patches had been removed. This may lead to a patch being left applied and the provider should consider recording the removal of these patches.
- Medicines were given by trained staff who had been assessed as competent to administer people's medicines safely.
- There were suitable arrangements for storing and disposal of medicines, including those needing cold storage and extra security. We found that the recording of temperatures was not carried out in accordance with the providers policy. This had not been identified during the monthly medicine's audits completed.
- We saw that where the shelf life of a medicine was reduced after opening, that the date of opening was not always recorded. None of these medicines were beyond the revised expiry date. This had not been identified in the medicines audits completed.
- There were regular medicines audits; these identified some issues and actions to improve medicines management. However, the audits completed had not identified or addressed the shortfalls we found.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risk assessments related to moving and handling, nutrition and hydration and preventing pressure ulcers.
- There was clear guidance for staff on keeping people safe, however it was unclear in daily records and forms used to record such things as fluids and repositioning that staff were carrying out the tasks. For example, repositioning charts had not been completed. The registered manager said staff had been recording interventions in the daily records instead. However, we were unable to evidence this. The care plan audits had failed to identify this shortfall in evidencing interventions had been carried out.
- Staff had a very good awareness of the risk assessments and the actions they should take. It was clear staff did carry out the interventions in the guidance however, they were failing to record the actions they had taken.
- People were transferred safely by staff using special equipment. We observed staff supporting a person with a transfer between an armchair and a wheelchair. Staff kindly talked the person through the procedure and reassured them throughout. Care plans contained details to provide guidance to staff and mitigate any

risks.

- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

Staffing and recruitment

- The registered manager used a dependency tool based on people's needs to assess the numbers of staff working on each shift. Staffing rotas showed that the dependency tool had been taken into consideration.
- All staff spoken with said they felt there were enough staff on duty to meet the needs of people. One staff member said, "I think there are enough of us, but you could always do with another pair hands in any job."
- However, people living in the home and relatives did not agree. One person told us of an incident where they had waited an hour for a member of staff to return to assist them off the toilet. They said, "I was annoyed there were only three staff that day." Another person said, "They could do with more staff borderline." Whilst another person said, "There are enough staff at times. Staff soldier on. They make up for the ones not here."
- A relative told us, "Not always enough staff. Good core but have to backfill with agency. On at least two occasions when I have been here, [the person] has been left on the commode and I have had to go and find someone." Another relative told us people often sat in the lounge without any staff presence. We observed this during the inspection three people were calling for staff and there were no staff present we informed the registered manager who found staff to assist the people.
- During the inspection staff did not appear rushed, however they did appear task orientated rather than considering peoples wishes. For example, staff assisted people to get up in the order they followed rather than when people wanted to get up. One person told us they had wanted to get up earlier, but staff were too busy.
- The registered manager told us they had successfully recruited new staff and the use of agency had reduced.
- There were long delays in call bells being answered. One person said they had waited 45 minutes on one occasion and a visitor said they had waited just as long. We spoke with the registered manager about the delays. They explained that the call bell system only sounded downstairs so when staff were on upper floors, they did not hear it ringing. The registered manager explained they had identified the shortfalls with the call bell system and a new system had been ordered and they were waiting for it to be installed. They said the new system would also enable them to carry out an audit on the time taken to answer calls.
- Risks of abuse to people were minimised because the provider had a robust recruitment procedure. All relevant checks were carried out to ensure unsuitable staff were not employed.

We recommend the provider looks at ways of deploying staff effectively.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt safe at the home. They looked happy and well cared for and were relaxed around staff during the inspection. One person said, "Yes I feel safe and well cared for."
- The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported to the relevant authority, and action taken in a timely manner.
- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse.
- All staff spoken with told us they were confident they could speak to any senior member of staff if they had concerns.

Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- We observed staff using PPE throughout the inspection. When asked if the home was kept clean one person said, "Yes well kept, staff clean my room and tidy it every day."

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.
- Throughout the inspection the registered manager was open to learning and understanding improvements that could be made.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor safety and quality of care. However, these were not always used effectively.
- During the inspection we saw charts such as those maintained to evidence fluid and nutritional intake and repositioning to prevent pressure ulcers were not being maintained correctly.
- The audits in place had failed to identify the shortfalls in daily care records and the management of medicines.
- There was no audit available to show how long people needed to wait for call bells to be answered so no action had been taken to look at why staff were not answering call bells in a timely manner. The registered manager had identified that a new call bell system was required and had actioned this.
- Where shortfalls had been identified records showed they had been discussed with staff at team meetings. However, we saw this did not always work. For example, staff were reminded to maintain a staff presence in the lounge at all times. Both people living in the home and relatives told us this did not always happen, and during the inspection we observed people in the lounge calling for assistance and no staff present to assist them.

We found no evidence that people had been harmed however, systems had failed to identify shortfalls and drive improvement. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People spoken with and staff told us the service was well managed. One person said, "I see, [registered manager] most days." A staff member said, "I think it has really improved since [registered manager] came here."
- Staff at all levels were aware of their roles and responsibilities. Senior staff were always available or on call if advise or support was needed.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff felt supported and received regular supervisions and appraisals. This provided staff with the opportunity to discuss their practice and identify any learning requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The registered manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of people.
- Where shortfalls in care plans and medicines records had been discussed, these were identified as poor recording rather than poor provision of person-centred care. All staff demonstrated that they were aware of people's specific needs and were providing the care and support they required in the way they preferred. However, during the inspection there were occasions when staff were busy that they appeared to be more task orientated than person centred. Following the inspection, the registered manager told us the service varied from day to day and staff were responsive to people's needs.
- Care plans were written in a person-centred way and included people's wishes and how they preferred their care and support to be provided.
- People within the home were supported to take their medicines in a way that met their individual needs, responding to change on a regular basis.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families could comment on the service provided. The manager and provider carried out satisfaction surveys and continued to conduct resident and relative meetings.

Continuous learning and improving care

- The manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training.

Working in partnership with others

- Since the last inspection the registered manager had continued to build relationships within the village and arrangements had been made for inter-generational sessions with children from the local school and pre-school group visiting the home. Links had also been made with village clubs and groups.
- We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor safety and quality of care failed to identify shortfalls and drive improvement in the recording of care records and the safe management of medicines.