Bakewell Vicarage Care Home Limited

The Old Vicarage

Inspection report

The Old Vicarage
Yeld Road
Bakewell
Derbyshire
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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

Summary of findings

Overall summary

This unannounced inspection took place on 15 October 2018. The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Old Vicarage accommodates up to 24 people in one building. At this inspection 22 people were using the service.

The accommodation consisted of a lounge, dining room and a conservatory and private en-suite bedrooms. There was a large garden at the rear of the property and a gated courtyard for people to sit. The home was on the outskirts of the village of Bakewell but within a short walking distance of local amenities.

The service had a registered manager in place at the time of our inspection. 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.

At our last inspection in March 2016 we rated the service, Good. At this inspection we found improvements were now needed and the service is rated as Requires Improvement.

Medicine management systems were not always safe as medicines were not recorded and audited effectively to ensure people had received their medicines as prescribed. Where people needed help to make some important decisions about their care, it was not always clear how each decision was reached and assessments about people's capacity had not been completed. This meant people were not always supported to have maximum choice and control of their lives. People's care plans needed to be reviewed to ensure risk were assessed and recorded and reflected how people needed to be supported. Improvements were needed with how the provider responded to concerns and how people received information in an accessible format. Quality assurance systems were in place, however these were not always effective as they had not identified these concerns.

People felt there was sufficient staff in the home to provide care and support when this was needed. The staffing levels had been reviewed to meet people's support care needs in the evening to ensure people's safety.

Staff understood their role in protecting people from the risk harm or abuse and the actions they needed to take if they had concerns. People were confident that the staff supported them well and had received training to develop the skills they needed to provide their care. Recruitment checks were made before staff employment to confirm they were of good character and suitable to work in a care environment.

People were happy with the quality of the food and could have food and drinks that they enjoyed

throughout the day. People received support from health care professionals to help ensure their well-being was maintained. Health concerns were monitored to ensure people received specialist health care intervention when this was needed.

Staff were kind and caring when supporting people and knew their likes and dislikes. People's privacy was respected and the staff made visitors feel welcome and were approachable.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not managed safely to ensure these were recorded and suitably audited. Care records did not always record how risks had been assessed and people were kept free from harm. There was sufficient staff to support people to ensure they were safe. Infection control standards were being reviewed and the registered manager reflected on how the service was delivered to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported to make decisions; however, where they may lack capacity, this had not been assessed to demonstrate how decisions and restrictions were in their best interests. The home was being adapted and was maintained to meet the needs of people who used the service although further consideration was needed or how this met the needs of people living with dementia. Staff received support and supervision to develop and maintain their skills they needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness, compassion and respect. People were encouraged to be independent and made choices about their care. People's right to privacy was supported and promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Information was not always available in a format which was easily accessible. People made comments and complaints about their care although these were not always satisfactorily responded to. People had access to activities which reflected their interests.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were in place to assess and monitor the service, although these had not identified how improvements were needed within the service. People were offered opportunities to contribute to the development of the service and how the service was managed. The registered manager worked alongside staff who felt they were supported.

The Old Vicarage

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 15 October 2018 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. The expert by experience had personal knowledge and experience of using a care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with seven people who used the service and observed how staff interacted with them. We also spoke with seven relatives, the registered manager and four care staff. Following our inspection, we consulted with the local authority who commissioned services within the home.

We looked at three people's care records to check that the care they received matched the information in their records. We reviewed one staff file to see how staff were recruited. 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. We asked the registered manager to send us a copy of the complaints policy and how complaints were managed following our inspection.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely and medicine administration records were not completed according to best practice guidelines. Where there were hand written entries, these had not been checked and signed by two people to ensure these were accurate. Information to support staff when administering 'as required' medicines, was not available to staff to ensure people consistently received their medicines when they needed them. Some medicines which had been dispensed in blister packs had not been signed for and no action had been taken by staff when this had been identified. This meant the necessary checks about whether people had received them or if any medical advice was needed had not been sought.

We checked a sample of boxed medicines and found that stocks did not always agree with the records maintained. This meant we could not be confident that these medicines had been administered in line with the prescriber's instructions. An audit of medicines had been conducted each month, but this had not ensured there was an accurate record of medicines in the home.

People were not always protected from potential harm as where potential risks to people's health, well-being or safety had been identified, these had not always been recorded to ensure people's care was delivered safely. For example, risk assessments were in place for such areas as poor skin integrity; however, there was limited information about the pressure relieving equipment that was in place, and how this should be used. We checked pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that staff were not aware of the settings, so were unaware if this was correct to keep them safe. The registered manager had recognised that care records needed to be improved; however, the current care plans did not always record all the potential risks to people's safety and details of the controls in place to mitigate risk were not always recorded.

This evidence demonstrated the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was hand washing gel and washing facilities available in the home and we saw these were being used. People and staff had access to personal protective equipment such as gloves and aprons when they were delivering personal care or serving meals. The local authority had identified that improvements were needed with how infection control was managed where people needed to use commodes. The registered manager was reviewing their systems and processes to ensure they met infection control standards.

Staff had been trained in how to safeguard people from avoidable harm and were able to describe how they would report any concerns within the organisation. Staff were confident in their knowledge about who to report concerns to in the local authority safeguarding team. Staff understood they had a duty to report concerns immediately to help protect people against any type of abuse. Information and guidance about how to report concerns together with relevant contact numbers, was displayed throughout the home and was accessible to staff and visitors.

People had personal evacuation plans in place for emergencies such as fire and regular safety checks were

completed. The staff had knew how they should support people to safely evacuate from the home. There had been a recent inspection from the fire department who were satisfied with the current fire risk arrangements.

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help then staff were quick to respond. One person told us, "There is always someone around, they see things before they occur and deal with things straight away." Another person told us, "I don't press the buzzer very often but when I do, they come quickly." We observed that staff were available at the times people needed them and they received care and support that met their needs and preferences. The staffing provided had been reviewed and an extra member of staff worked during the evening to provide additional cover. Staff were positive about this change and told us this meant there was a member of staff to concentrate on making sure people had their medicines and was around to help whilst the other staff supported people to get ready for bed. The staff told us that the team worked together to ensure that vacancies or unplanned absences were covered in the team. The staff explained that continuity of care for people was helped by having a low turnover of staff within the team.

Recruitment procedures were in place to ensure, as far as possible, new staff were safe to work with people who used the service. We spoke with one member of staff who confirmed they had to wait for their police checks and references to be completed before they could start working at the service as required.

There were systems in place to review when things go wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. For example, staff told us they had reviewed the security arrangements for the home to ensure people were safe. Following an incident where one person left the home alone, coded locks had been installed on the exit doors to alert staff knew when people left the home. Some people went out alone or with family and staff did not use the locks as a restriction but to ensure people's safety.

Requires Improvement

Is the service effective?

Our findings

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and found that some people who used the service lacked the capacity to make some important decisions about their care and their safety. The registered manager had identified this and made DoLS applications to ensure any restrictions where lawful. However, there was not an accompanying mental capacity assessment or best interest record to evidence that the person lacked capacity to make these decisions for themselves. Decisions were being made in people's best interests; however, the registered manager used the term 'in people's best interests' without understanding that this was a formal process.

We recommend that the provider seeks advice, training and guidance from a reputable source, to assess capacity and ensure decisions are made in people's best interests.

Where people had lasting power of attorney authorisations (LPA), copies of these had been obtained. LPA give other people the legal authority to make decisions and act on behalf of people who no longer have capacity to make decisions. The registered manager understood that where these were in place, they could make decisions on behalf of others and knew these could be health and welfare decisions or for property and financial matters.

The home was suitable to meet people's needs and there was sufficient communal space available for people to be able to sit quietly, join in activities or have a meeting in private. However, the environment could be improved as some people were living with dementia and there were limited opportunities for people to see, touch, hear and smell things to give them cues about where they were and what they could do. For example, we saw one person handling the cutlery and napkins, and there were no other objects available for positive stimulation. The registered manager recognised this was an area that should be reviewed.

People chose where they wanted to eat their meals and most people chose to eat in the communal dining room. During the lunchtime meal, people were provided with calm and relaxed support to help them eat and drink. Staff interacted with people in a kind and considerate manner indicating that nothing was too much trouble. Tables were nicely laid with cloths and condiments were on the tables to support people to be as independent as possible. Family members could join people for meals and we saw a private area was arranged so a family could share a meal. Records identified whether people were at nutritional risk and detailed action staff should take to mitigate these. The advice from health professionals in relation to

people's eating and drinking had been acted on by staff and drinks and snacks were offered to people throughout the day. Staff encouraged people to drink and where this needed to be monitored, we saw each drink was recorded and this was reviewed to ensure people had sufficient fluids to keep well.

People felt informed about and involved with their healthcare. People were supported to attend hospital appointments and encouraged to have a healthy lifestyle. One relative told us, "The doctor visits regularly and will come straight away if necessary." Where people had nursing needs we saw district nurses visited to manage their health needs and receive any necessary treatment. The staff worked in partnership with health care professionals to monitor and review people's health care needs.

There was a stable team of staff and the registered manager explained systems were in place to ensure that all new staff completed training based on the care certificate. Staff confirmed they received training that was needed to enable them to their job. One member of staff told us, "When you start here you don't do anything until you have done the training. If people need help moving then you don't get involved with this until you've had the moving and handling training." Staff felt the training helped them to develop the skills they needed to continue to provide support for people. One member of staff told us, "We have been on the dementia training course and this helped me to understand what people may be experiencing and how to diffuse any situations where people may be upset." Another member of staff told us, "I enjoyed the training we had for helping to prevent falls. We learnt about the different hoists and equipment that can be used to help people when they have fallen to the floor." The staff were confident that the provider's training enabled them to develop the skills they needed to support people.

Good

Is the service caring?

Our findings

People were happy and complimentary about the care and support they received. We saw there was a relaxed atmosphere and people were comfortable with staff. One person told us, "The staff are kind and friendly. Everyone is so charming and nice, you never hear anyone grumbling, they are always so patient." One relative told us, "It is like one big family and I can approach any of the staff if necessary." There was laughter between people and each other, and with staff. People told us the staff were kind and thoughtful. Relatives were generally complimentary about the care people received.

The staff treated people with respect and they were able to make choices about their care. When people moved into the home, they were involved in discussing and agreeing how they were cared for and supported. One person told us, "I'm staying here until I am well again. We talked about what the staff could do for me and what I wanted. When another room became vacant, the staff asked me if I wanted to change but I'm quite happy in this one."

People were supported to maintain their dignity. For example, when one person spilt their drink on their clothes they were supported to return to their bedroom to change their clothes straight away. We saw that attention was paid to people's appearance and comfort. People looked smart and they told us that they could choose their own clothes and dress in a style they were comfortable with. People could decorate their bedroom with personal furniture; pictures and many people had chosen to have a personal television or radio.

We saw staff being caring throughout the day. This included staff repositioning people's cushions to make sure they were comfortable in their chairs and they checked that people were feeling warm enough. Staff sat next to people when speaking with them and took their time explaining and if necessary repeating or rephrasing a comment so people understood.

People were supported to be independent, we saw staff helped people to move around the home at their own pace and encouraged people to do what they were able. When people wanted to walk around the home independently, we saw staff ensured that they used their walking aids to remain safe.

People were happy and liked living in their home. They told us they felt the staff were kind and caring and were always happy to help. One relative told us, "People are all looked after well and staff know the family well." Another relative told us, "I feel comfortable coming here and that staff know [name]'s background well." We saw people had good relationships with staff and were at ease in their company, and spoke about family and recent events. People were supported to maintain relationships with family and friends who visited them in the home. Visitors were welcome whenever they liked and we saw people receiving visitors throughout the day.

People were encouraged to be involved in making decisions about how they spent their time. We saw people made choices about when they wanted to get up, go to bed, and how to keep occupied and pursue their interests. We saw people being given options and staff gave people the information they needed to

ensure they could make an informed choice.

People's privacy was respected and they were treated with dignity. People chose whether to spend time with others or spend time alone in their room. When personal care was delivered, people were assisted to their bedroom so this could be completed in private. People were treated as individuals and staff were respectful of people's preferred needs. Staff did not have discussions about people in front of others and they spoke with people with respect and as adults. Staff showed they understood the values in relation to respecting privacy and dignity.

Requires Improvement

Is the service responsive?

Our findings

Consideration had not been given to how information was available to people in an accessible format to ensure this was meaningful to people. All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager recognised that this was an area where improvements could be made. For example, the menu was written in small print and although this was displayed outside the dining room, it was not available in other formats including photographs or pictorial which may help people to better understand the choices available. The registered manager reported that the complaints procedure was available for everyone, but this was no longer displayed in the home and they reported this was not in large print or an easy read style. The staff agreed that people would benefit from having information presented in a different way.

People felt they would be able to raise a concern or complaint and generally felt any issues raised would be listened to and addressed. The registered manager informed us there had been no complaints since our last inspection, although following our inspection we identified some concerns had been raised. We asked the registered manager for information about how these had been addressed and although the concerns meeting had been recorded, a copy of the outcome had not been provided to demonstrate how these concerns had been addressed. We received a copy of the complaints procedure following our inspection which recorded a response would be provided to complaints within seven days. This showed improvements were needed with how concerns were responded to and to demonstrate how these were addressed.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care in order to determine how people wanted to be supported. This information was used to develop a support plan and people told us they had been consulted about this. People had shared information about their likes and dislikes and personal stories.

People had opportunities to engage with activities that they enjoyed. One relative told us, "There is something on every day except the weekends and there is a newsletter showing the events for the month." There was a programme of activities which people could choose to join in with if they wanted to. The newsletter was displayed on a notice board which showed the activities that had been planned for that month. This included when the hairdresser was visiting, external music entertainer, exercise and yoga and poetry reading. We saw people enjoying a music session provided by an external entertainer. We saw people were familiar with the music played and clapped their hands and tapped their feet along to the music. Different entertainers were invited to the home to suit people's different music tastes. One person told us, "I like it when the music entertainers visit but I don't always go as it depends on what is being played. We all like different things and that's fine and there is a choice." We saw there were also arrangements in place to support people individually to chat with the staff or receive a manicure if they wanted one.

People enjoyed visits from local children's group who visited and sang with them. One person told us, "I really enjoy the Brownie's visiting here. We all love those visits." People told us there were regular opportunities for them to maintain their beliefs. One person told us, "We get visited from the local churches. This works well for us here." Where people wanted to go out they told us they were supported to visit the local facilities in the village and could go independently if they chose.

The staff understood their role in relation to supporting people to express themselves. The staff did not discriminate based on sexual orientation and consideration was given to people's preferences in relation to their diverse cultural and human rights. There were no people receiving end of life care however, the staff understood the importance of gaining people's views about their wishes in relation to end of life care. Where people had any specific wishes, this was recorded in the care plan. The staff understood that some people were reluctant to discuss this sensitive topic, however felt it was important where people had specific views, to record this so they could respect their wishes.

Requires Improvement

Is the service well-led?

Our findings

The provider assessed and monitored the quality of the service in relation to the health and safety of people and their environment, accidents and incidents, medicines and their care. However, these systems were not always effective as we identified that medicines were not managed safely, capacity assessments had not been completed and improvements could be made with developing care plans, the environment and how people received information. This meant improvements were needed.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives, staff members and health professionals. Once the completed surveys were received, the provider collated the information and produced a report of the findings. We saw the last report confirmed people were generally happy with the service provided. People felt the provider was responsive with upgrading the home and maintaining standards. The staff informed us that when bedrooms became empty, these were redecorated to ensure environmental standards were maintained. Newsletters were produced to inform relatives and professionals about the developments within the service; the activities people had been involved with forthcoming events. The last newsletter included details of events people had been involved with, photographs and details of any fund-raising activities.

There was a registered manager in post and people knew who the registered manager was. We saw people were comfortable around the registered manager and they spoke with them about their family and recent events. The registered manager responded positively and it was evident from the conversations that they knew people well and could speak about what was important to them. The staff told us they felt the service was well run and said that the registered manager worked with them and was approachable. One member of staff told us, "We are like a mini family here and the manager is very good and works alongside us." The registered manager had an open and transparent approach when working alongside other health and social care agencies. They were working with the local authority to raise standards within the home and work though concerns raised by them to bring about improvements.

The staff enjoyed working in the service and had support and supervision with the registered manager; they were able to discuss the need for any extra training and their personal development and were supported to do their job. Team meetings and senior staff meetings were held and provided staff with an opportunity to raise any ideas or concerns or keep up to date with any developments. The staff had a good understanding of the provider's whistle blowing policy and were confident that they would be supported to raise any concerns about poor practice in the service.

The home was clean and hygienic and staff used protective clothing when serving food. The home had a five star rating from the food standards agency, which is the highest award given. The food hygiene rating reflects the standards of food hygiene found by the local authority. This rating was displayed in the home.

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

and on their website.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for people. The registered person did not have proper and safe management of medicines. The risks to the health and safety of service users had not always been assessed.