People First Care Ltd

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 13 November and was unannounced. We carried out a second announced visit to the service to complete the inspection on 20 November 2015.

A new provider took over the service in January 2015. This was our first inspection of the service under the new provider.

The Old Vicarage provides accommodation and personal care and support for up to 18 older persons, some of whom are living with dementia. There were 16 people living in the home at the time of the inspection and one person was receiving respite care. The home also provides day care for up to five people. We did not inspect the day care service since it was out of scope of the regulations.

A new manager had been appointed five weeks before the inspection. Since the inspection took place, the manager has now been registered with the Care Quality Commission (CQC). People, relatives and staff spoke positively about the new manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe. There were safeguarding policies and procedures in place and there were no ongoing safeguarding concerns. This was confirmed by the local authority's safeguarding adults officer. Staff knew what action to take if abuse was suspected.

People said they liked living at the service and that it was homely. We saw that overall, the building was well maintained although the décor in some areas was in need of updating. Cleaning schedules and infection control procedures were in place. We found that the premises were clean and there were no malodours. Equipment had been regularly serviced and maintained.

There was a system in place for the safe management of medicines. Medicines were stored in different areas of the home. The manager told us of her plans to centralise the storage of medicines.

People, staff and relatives told us there were enough staff to meet people's needs. This was confirmed by our own observations. Staff told us that safe recruitment procedures were followed. We noted that records did not always evidence that recruitment procedures had been followed. The manager told us that she would address this.

People spoke highly of the staff who supported them and said they felt well cared for. There was a training programme in place and a new e learning training package was in the process of being introduced. Staff were trained in safe working practices and to meet the specific needs of people who lived at the Old Vicarage. The newly appointed manager had carried out supervision with all staff and was in the process of implementing a new appraisal system which she planned to complete by the end of the year. A plan was in place to ensure appraisals were completed when due. We saw that people were treated respectfully and that staff were knowledgeable about the people they cared for.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The manager had submitted DoLS applications for authorisation to the local authority.

People told us that they were happy with the meals provided at the home and were supported to meet their nutritional needs. New menus were in the process of being implemented. Special diets were catered for and people enjoyed their meals and were appropriately supported by staff.

People and their relatives told us that staff were caring. Staff responded kindly to people and treated them with respect. People told us they were supported to be as independent as possible and received help whenever they needed it. We observed that staff knew people well and had a good understanding of their individual needs.

People were supported to maintain their hobbies and interests. An activities coordinator was employed and a varied activities programme was in place. We saw planned and spontaneous activities taking place.

There was a complaints procedure in place. The manager told us that no complaints had been received. Feedback mechanisms to obtain the views from people, relatives and staff were being introduced by the new manager but were not in place. There were no satisfaction questionnaires or evidence of meetings with relatives or other relevant persons since the new provider took over. Some audits had been completed and a new detailed annual quality monitoring audit system had been developed but not yet implemented.

We found that although staff told us that the correct checks were carried out before they started work; records did not always evidence all the necessary recruitment information.

The provider's statement of purpose was out of date and did not contain details of the new provider.

CQC had not been notified of authorisations to deprive three people of their liberty. These had been granted under the previous provider and registered manager and have now been forwarded.

An incident involving the police had not been notified since the new provider took over. This has now been forwarded.

Summary of findings

We found one breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance). People and their representatives can see what action we told the provider to take at the back 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?

Good

The service was safe.

People told us they felt safe. Suitable safeguarding procedures were in place.

Overall, the premises were well maintained. Some areas of the home were in need of refurbishment. The home was clean and staff had a good understanding of prevention and control of infection procedures.

Medicines were managed safely. They were stored in different areas of the home and the manager told us of her plans to centralise the storage of medicines.

Sufficient staff were employed. Safe recruitment procedures were followed but records did not always evidence all recruitment checks.

Is the service effective?

Good

The service was effective.

Appropriate staff training was provided and staff felt well supported and supervision arrangements were in place. The manager was in the process of implementing a new appraisal system which she planned to complete by the end of the year.

The manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements.

Records showed that consent was sought from people and their capacity to consent was considered and the Mental Capacity Act (2005) was applied appropriately.

People were happy with the meals provided. The kitchen was clean and organised and people received adequate nutrition.

Is the service caring?

Good

The service was caring.

People and relatives informed us that staff were caring.

Interactions between people and staff were positive and staff spoke with people respectfully.

No one was currently accessing any form of advocacy. There was a procedure in place if advocacy services were required.

We received feedback from a family member to say that end of life care was very good and their loved one had been well cared for.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People were supported to maintain their hobbies and interests. A variety of activities were available.

People's independence was encouraged. Care plans documented how people's independence was promoted. They included people's likes and dislikes so staff could provide personalised care and support. Staff were aware of people's individual needs and preferences.

There was a complaints procedure in place. People and relatives we spoke with had no complaints or concerns about the service.

Is the service well-led?

Requires improvement

The service was not always well led.

A new manager became registered as we completed this inspection. People, staff and relatives spoke highly of her.

New audits and checks had been started. These however, had not been fully implemented or embedded in practice.

Checks were in place to monitor the satisfaction of people using the service but no relative or regular staff meetings were recorded.

The provider's statement of purpose was out of date and did not contain details of the new provider.

CQC had not been notified of three DoLS authorisations which had occurred before the new provider took over and an incident involving the police since the new provider registered with CQC.

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.

The inspection was carried out by two inspectors and took place on 13 and 20 November 2015.

Prior to this inspection we reviewed all of the information that we held about the service including any statutory notifications that the provider had sent us and any safeguarding information received within the last 12 months. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They include reports of deaths and other incidents that have occurred within the service. In addition, we contacted Northumberland County Council's safeguarding adult's team and contracts team. We also spoke with Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used the information that these parties provided to inform the planning of our inspection.

We spoke with 11 people who lived at the service on the day of our inspection. We also spoke to five relatives and a care manager from the local NHS Trust.

We spoke with the manager, area manager and five care workers on the day of our inspection. We spoke to kitchen staff and a housekeeper.

We read four people's care records. We looked at a variety of records which related to the management of the service such as audits and surveys. We looked at five staff files.

Good

Is the service safe?

Our findings

All of the people we spoke to said they felt safe at The Old Vicarage. One person said, "They are nice to the old people here so in my book they're excellent".

There were safeguarding procedures and a whistleblowing policy in place. Staff were knowledgeable about what action they would take if abuse was suspected. We spoke to a safeguarding officer from the local authority who said that there had been no safeguarding concerns passed to them and that there were no ongoing investigations. Staff we spoke to were clear of their responsibilities in relation to protecting people they cared for and told us they would not hesitate to report any concerns they had.

We saw that, overall, the home was clean and well maintained. Some areas were in need of refurbishment. For example, some of the paintwork was damaged. The manager told us that the provider was planning to extend and modernise the service. Plans were available in the main entrance for people to view. The provider told us that they would forward more detailed plans with timescales for completion to CQC when these had been confirmed.

Staff showed a good understanding of infection control. One staff member said, "We have infection control zones in each area of the home containing the necessary equipment. Staff know what to do if there is an outbreak. Staff are very good, even if there is a slight concern they just go into the procedure". We spoke with the housekeeper and checked cleaning schedules. Daily, weekly and monthly cleaning routines were in place. These included the regular deep clean of bedrooms and communal areas. The staff member we spoke with said, "I won't leave the home until all of my rooms are clean".

Regular fire safety checks were undertaken and a fire risk assessment had been completed in May 2015. Fire extinguisher and emergency lighting checks had also been carried out. Personal emergency evacuation plans outlining how people should be supported to leave the building in the event of a fire were available.

Other safety records included evidence of electrical testing of portable equipment. We saw that legionella control measures were in place to prevent the development of legionella bacteria, such as checking water temperatures and decontaminating showerheads on a regular basis. This showed the provider sought to ensure the health and safety of people, staff and visitors. We saw the five year electrical safety certificate for the home. Static and portable equipment to help with the moving and handling of people in the home, including hoists and bath aids were regularly serviced. Safety checks were carried out on this equipment in October 2015.

We checked medicines management. People told us that staff supported them to take their medicines. One person said, "I get everything I need and I can see the doctor any time. There is never a problem getting my medicine." There were systems in place for the safe receipt, storage, administration and disposal of medicines. Medicines administration records (MARs) were generally well maintained and reflected that the recording of the administration of medicines was in line with best practice guidelines. A communication book was kept with the medicines trolley to highlight to staff on a daily basis if there had been any changes to medicines or any new medicines prescribed. GP instructions were kept with the MARs instructing staff how to reduce, and then stop the medicines of one person. Staff reported that there were no delays in obtaining prescribed medicines. Medicines were stored securely and the temperatures of the storage cupboards were checked daily. We noted that medicines were stored in a number of areas in the home. The manager informed us of her plans to have one centralised room for the storage of medicines. A new medicines storage trolley had been provided and was in place on the second day of the inspection. This provided more space to store medicines effectively and an area to store confidential medication records. It was stored safely and attached securely to the wall.

People, staff and relatives said there were enough staff to meet people's needs. We looked at staffing rota's and found there were sufficient staff on duty. This was confirmed by our own observations. We saw that people were attended to promptly and there was a relaxed, unhurried atmosphere in the service. The manager told us that they were usually able to cover any shortages in staffing by sharing resources with the provider's other home which was located nearby. Staff told us the home did not rely on bank or agency staff.

We checked staff recruitment procedures and looked at five staff recruitment files. Staff told us that checks were carried out before they came to work at the service. We noted that these checks were not always fully documented. For

Good

Is the service safe?

example, we noted that dates for one person's previous employment were not recorded. The manager told us that she would address this immediately. A new staff member was shadowing an experienced member of staff. She told us that she was not allowed to work by herself until her recruitment checks had all been returned. On our second visit to the home, the manager had completed a risk assessment to document this shadowing procedure.

Individual risk assessments were in place relating to skin integrity, falls, and moving and handling. Risk assessments for behavioural disturbance and psychological distress were also in place.

A record of all accidents and incidents was available. These were appropriately recorded. Where specific risks were identified, appropriate action had been taken. For example, a person who got up through the night and was at risk of falling had an alarm sensor placed outside their room to alert staff.

Good

Is the service effective?

Our findings

Relatives we spoke to informed us that they thought staff were well trained. One relative said, " They are all very good at what they do; I have no complaints at all."

Staff told us that there was training available. One member of staff said, "We receive training in things like first aid, moving and handling, fire safety, end of life care, NVQ level 3 in medication administration and medication refresher training, and we have done a dementia course. We never have any problem getting things we need, I enjoy working here". This was confirmed by the training records we examined. New online (computer based) e-learning had been introduced and the manager had created an area in the home for staff to access the computer and receive support from her as they got used to the system. Role specific training was available to staff for example, the cook and housekeeper. They also attended care related training as they had close day to day involvement with people living in the home. The manager was aware of the new care certificate qualification, and was supportive of staff completing this.

Staff told us that they felt well supported. The new manager had carried out staff supervision and appraisals. A plan was in place to ensure appraisals were completed on the dates due. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The manager had submitted DoLS applications to the local authority to authorise in line with legal requirements. The manager told us that best interests decisions were carried out for important decisions. Mental capacity assessments had been carried out with regards to some decisions but assessments were not always decision specific. Consent for treatment forms were in use and signed by the individual where possible.

We checked whether people's nutritional needs were met. People told us that they were happy with the meals at the home. One person said, "The food is glorious." The cook was able to name people living in the home with special dietary needs. These included people requiring a diabetic, low fat or high calorie diet. The cook also had a list of particular likes, dislikes and favourite foods of people. One person was feeling unwell on the day of the inspection and was reluctant to eat. The cook told us, "If someone is poorly I will give them anything at all they want." Records of the meals they prepared were kept daily and the new manager had asked the cooks to record how they adapted each meal for people requiring a special diet so this could be monitored. We saw, for example, people requiring more calories had fresh cream added to their meal.

The weights of people were monitored carefully. A resource called the Malnutrition Universal Screening Tool or "MUST" had been introduced. This is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also included management guidelines which could be used to develop a care plan. This helped support staff to monitor the nutritional state of people more closely. We observed that weights were recorded monthly or more frequently if concerns were identified. Food and fluid charts were in use. We checked records mid-morning and where breakfast had already been eaten, this was accurately recorded in a timely manner.

We noted that people were supported to access healthcare services. We read that they attended GP appointments; visited the dentist, optician and podiatrist. Consent forms had been signed when people accessed some of these services and annual health checks were carried out. People told us that they were supported to see the GP and other health care services.

People said they liked the design and layout of the home and commented that it was very homely. One person stated, "You've got the lounge with the television in if you want it, you've got in here (conservatory) if you want some quiet. It's lovely and there's the cat, I love the cat, there is something very homely about a cat!" Another person said, "Where could you find a better place, look at that scenery".

There were plans to extend and refurbish the home. A planning application had been submitted by the provider to add six new beds, a new office, medicines storage room and laundry. A new passenger lift would also be provided. Some areas of the home had already been updated. This included new carpets and bedroom furniture in some rooms.

Good

Is the service caring?

Our findings

We spoke with people who told us that staff were kind and caring. Comments included, "Gorgeous, lovely, everything is tip top" and "You couldn't get better [staff]. They are wonderful."

We read a compliment which had been received in April 2015. This stated, "Words can never express our gratitude and appreciation for all the wonderful care given to [name of person] during the years." The relative described a "personal warmth" and "friendship" which staff displayed to their family member. We read another compliment from a relative who thanked staff for allowing them to bring their puppy into the home. The relative said that this was "hugely therapeutic" for their family member.

We spoke with a care manager from the local NHS Trust. She told us, "Everyone is so pleasant. They are always so friendly and so polite."

Staff showed good skills when communicating with people. One person was becoming anxious and the staff member skilfully used her knowledge of the person's past to distract them and make them smile and laugh, leaving them calm and relaxed. We saw another member of staff kneel down beside an individual and say, "Do you feel alright in yourself today?" The person smiled and said that she was "fine."

There was much laughter when one person brought down their DVD of what was thought to be a Christmas operatic performance when in fact it was a DVD about classic locomotives! We saw another lady cuddling a toy. Staff explained that this was not demeaning, but gave the person comfort and reassurance. This was confirmed by our own observations.

One new member of staff told us that she enjoyed working at the home. She said, "Here is fantastic, you get quality time to spend with people. The care is much more individualised."

People looked clean and well presented. Some people were wearing jewellery and accessories, and staff told us they offered people choices about the clothes they wore. A hairdresser visited the home regularly and people's hair was nicely styled. Personal care needs were attended to promptly and discreetly.

Staff were observant and considerate of the needs of others. When it began to rain heavily and became quite dark and noisy in the conservatory, a staff member immediately came to put the lights on and spoke reassuringly to people. We saw people being supported to eat their meal. Staff sat beside them at the table and were patient and supported them at an appropriate pace.

We noticed that staff treated people with dignity and respect. They spoke with people in a respectful manner. Staff were observed regularly checking if people were okay and if they needed anything. We saw that staff knocked on doors before entering rooms and asked people's permission to show us around.

The manager informed us that no one was currently accessing any form of advocacy. She told us and records confirmed that there was a procedure in place if advocacy services were required. Advocates can represent the views and wishes for people who are not able express their wishes.

Staff told us they had received training in end of life care. We spoke to a representative from Healthwatch who had received feedback from a relative. They had received feedback from relatives in September 2015 who stated that end of life care was excellent at the home.

Good

Is the service responsive?

Our findings

We spoke with a care manager from the local NHS Trust. She told us, "They are really good at keeping you informed."

We saw that people were encouraged to do things for themselves where possible, for example during meal times. This helped people to maintain their independence.

People informed us that they were encouraged to maintain their hobbies and interests. One person said, "There is plenty to do and by the time I have done my crossword and read my paper, time just flies". Another person said, "There are skittles and crosswords, exercises and dominoes". An activities coordinator was employed for two hours in the morning and afternoon. We saw a variety of activity equipment and some planned activities. These were advertised on a board and staff also invited people to join in, with gentle encouragement if necessary. Spontaneous activities also took place. One person was keen to show people a DVD from his personal collection and staff supported him to invite other people to watch it with him. Staff were seen taking opportunities to engage with people throughout the day including looking at old photographs and listening to music.

Music was playing in one lounge. The music was suitable and people in the home were enjoying it. One relative confirmed that the music was always appropriate and played thoughtfully and that the television was not simply left on in the background. One person spent time watching birds through the window and commenting upon what they could see. There was a calm and relaxed atmosphere in the home.

A keyworker system and training in effective care planning had been introduced by the manager. The manager told us that the key worker was responsible for ensuring care plans were kept up to date and accurate. They also monitored whether people had adequate supplies of toiletries and clothing and maintained regular contact with people and their relatives. One relative said, "Mum's keyworker is very good with her".

Care plans contained detailed pre admission assessments. This meant that people were fully assessed to ensure their needs could be met before moving into the home. Life history information, and lifestyle choices and preferences were recorded. This included information about hobbies and interests, and how people preferred to spend their time. One person told us they preferred to eat in the lounge; their preference for privacy was reflected in their care plan. Other care plans were less personalised and were generic in style. The manager told us she was in the process of changing the format of care plans to ensure they were fully person centred. We observed that this had commenced.

There was a complaints procedure in place which was prominently displayed. There had been no complaints received by the provider. None of the people or relatives with whom we spoke said they had any complaints or concerns. We spoke to the local authority contracts team who were not aware of any complaints about the service.

Requires improvement

Is the service well-led?

Our findings

A new provider had taken over the service in January 2015. As a result, a number of new systems, policies and procedures had been introduced. These were not fully embedded at the time of the inspection and we found some shortfalls regarding records relating to the management of the service and staff.

We found shortfalls in the maintenance of records. We saw that some care plans were generic and not person centred. For example, we read one person's care plan which stated that care should be taken if the person wore a hearing aid. The care plan did not state whether the person required a hearing aid or not. All care plans had been audited and new files and photographs provided. The manager had picked up the variation in the quality of care plans including generic plans during routine audits, and was addressing this issue. We could see that care plan documentation was in the process of being updated and some files contained the new improved paperwork.

We found that recruitment records did not always evidence all the necessary recruitment information.

The manager could not locate where the minutes of meetings for relatives and people had been stored by the previous registered manager. We noted that surveys had been carried out by the previous provider and registered manager, but these were undated. The annual quality assurance report available was dated 2013-2014 which meant that the information it contained was out of date. .

While the appointment of the new manager was very positive, we found that the service was not sufficiently well led and that governance arrangements required improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

The manager told us that she and the provider planned to meet with relatives in January 2016. She had commenced weekly satisfaction checks with people living in the service. These checks included satisfaction with care, staff, management and food, and forms were witnessed by a member of staff.

Three DoLS authorisations had not been notified to CQC in line with legal requirements. These had occurred prior to the new provider taking over the service and before the new manager came into post. Another incident after the new provider took over the service where the police had been called had not been notified to CQC. This happened prior to the new manager coming into post. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The manager immediately sent in the necessary notifications and told us that she was aware of the events and incidents that must be notified to CQC.

Registered providers must provide CQC with a statement of purpose containing certain information. We found that the statement of purpose displayed in the home was out of date and did not contain details of the new provider. In addition, it contained details of the previous manager. The manager updated the statement of purpose by the second day of our inspection.

Checks were carried out to monitor health and safety, care planning and medicines. Audits of falls had been carried out. Personal evacuation plans and contingency plans had been updated. The manager had already completed an inspection of the premises and had identified a number of areas for refurbishment. A more detailed audit and quality monitoring system was being introduced. We noted there were plans to focus on additional areas impacting upon the quality of life of people, including integration within the local community and monitoring the atmosphere and mood within the home.

A new manager was in post and since the inspection, she has been formally registered as the manager of the service by CQC. People, staff and relatives spoke positively about the new manager. One relative said, "The new manager is very nice, she's pleasant with everybody". Another said, "I like the new manager, she's an asset".

We observed the manager checking people at lunch time and asking if they had enjoyed their meal. A member of staff confirmed that this happened regularly. They said, "She's brilliant, a super boss. She's not frightened to get her hands dirty". Staff informed us that they were happy working at home. One staff member said, "I have to travel to get here but I don't mind because it is such a good place to work".

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have an effective system in place to seek and act on feedback from people and their representatives and others involved in the home for the purposes of continually evaluating and improving the service. Regulation 17 (2) (e) There were shortfalls in the maintenance of records relating to people, staff and the management of the service. Regulation 17 (2) (c) (d)