Mr William Dunnett Jackson

The Old Vicarage

Inspection report

Fig Tree house
Front Street
Churchill
Winscombe
BS25 5NG
Tel: 01934 853211
Website: www.theoldvicarageresidentialhome.co.uk

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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?	Good

Overall summary

The inspection took place on the 01 October 2015 and was unannounced.

The Old Vicarage is a care home providing accommodation for up to 19 older people. During our inspection there were 17 people living at the home. The property is set out over four floors and is situated in the village of Churchill.

There was a manager but they were not registered with the Care Quality Commission. The manager told us they were in the process of registering with us. 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 and associated Regulations about how the service is run. There had not been a registered manager since May 2015.

Staff had a good understanding about the assessed needs of people and how to keep people safe however; care plans had not always been updated to reflect

Summary of findings

people's needs when they had changed. Staff were not always recording information in line with people's care planned needs. Where people lacked capacity to make decisions for themselves staff were not always recording enough information on how to support the person. The manager had identified this as an issue and had plans in place to address this.

Deprivation of Liberty Safeguards (DoLS) applications had not been made to the local authority where people lacked capacity and were subject to continuous supervision and lacked the option to leave the home without staff supervision.

Some areas of the environment required maintenance and repair and the manager had a refurbishment plan in place.

People appeared calm and relaxed during our visit; call bells were answered promptly and people were not waiting for long periods for assistance.

People and their relatives told us they felt safe at The Old Vicarage. Systems were in place to protect people from harm and abuse and staff knew how to follow them. The service had systems to ensure medicines were administered and stored correctly and securely. There were recruitment procedures to ensure only staff with suitable character were employed by the organisation.

People and their relatives told us they were happy with the care they or their relative received at The Old Vicarage. One person told us, "I feel very well looked after here, the staff are so nice." Staff interactions with people were positive and caring. However on one occasion we heard staff talking about persons' care needs in front of another person which meant people's privacy was not always respected.

People were supported by staff who received training to understand their role and meet people's needs. New members of staff received an induction which included shadowing experienced staff before working independently. Staff received supervision and told us they felt supported.

People were complimentary of the food provided and had access to food and drinks throughout the day. Mealtimes were a relaxed and sociable experience. Where people required specialised diets these were prepared appropriately.

People and relatives were confident they could raise concerns or complaints with the manager and they would be listened to. The provider had systems in place to collate and review feedback from people and their relatives to gauge their satisfaction and make improvements to the service.

The manager had systems to monitor the quality of the service provided. Audits covered a number of different areas such as care plans, infection control and medicines. We found the audits identified shortfalls in the service and the manager had an action plan in place to remedy these.

We found a 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 this report.

We have made a recommendation to the provider to increase staff knowledge of the Mental Capacity Act 2005 and embed this into practice.

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?

Requires improvement

Some aspects of the service were not safe.

There were areas of the home that required maintenance and repair; the manager had improvement plans in place to remedy this.

There were enough staff available to meet people's needs.

People were protected from the risk of abuse because staff were trained and understood how to report it.

Risks to people's safety had been identified and care plans identified the support people required to minimise the risks.

Recruitment procedures ensured people were supported by staff with the appropriate experience and character.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

Where people lacked capacity to make decisions for themselves care plans lacked information on how support people with the decisions.

Deprivation of Liberty Safeguards applications were not made where people lacked capacity and were subject to continuous supervision and lacked the option to leave the home without staff supervision.

Mealtimes were a relaxed and inclusive experience. People were supported to eat and drink enough to meet their needs.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good

The service was caring

People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

Staff knew the people they were supporting well and had developed positive relationships.

Is the service responsive?

Requires improvement

Some aspects of the service were not responsive.

Summary of findings

People's records were not always being updated when their needs changed. Staff were not always recording information about people in line with their identified needs.

People and relatives were involved in developing and reviewing the care plans.

Activities were arranged to make sure people had access to social and mental stimulation.

There was a system in place to manage complaints. There was a system in place to collate and review feedback from people and their relatives.

Is the service well-led?

Good

The service was well led.

Systems were in place to monitor and improve the quality of the service provided to people. The systems identified where there were shortfalls in the service and the manager had plans in place to address them.

The manager promoted an open culture and was visible and accessible to people living in the home, their relatives and the staff.

People were supported and cared for by staff who felt supported by an approachable manager.

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 inspection took place on 01 October 2015 and was unannounced.

The inspection was completed by one inspector 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.

Before the inspection we reviewed previous inspection reports. We also viewed other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection.

During the inspection we spoke with nine people and six visitors about their views on the quality of the care and support being provided. We also spoke with the manager, the deputy manager and five staff including the chef and the cleaner. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for three people. We looked at records about the management of the service. Following the inspection we spoke with one health professional by telephone.

Requires improvement

Is the service safe?

Our findings

We found some parts areas of the home required maintenance and repair. For example, the downstairs toilet floor was not sealed around the edges and the skirting boards and walls had paint chipping off. The laundry room sink was rusted around the edges and not sealed, also the flooring was not sealed and paint was chipping off of the walls. The first floor bathroom had a gap around the bottom of the bath where the flooring was not sealed. This meant people were at increased risk of being exposed to infection because robust cleaning of these areas could not be undertaken.

We spoke with the manager who told us there was a refurbishment plan in place for the home; however the laundry room had not been identified as part of the plan. During our inspection the manager reassured us this would be added to the refurbishments plan. Following our inspection the manager told us they were in the process of receiving quotes for the work needed and this would be completed by the end of the year.

Assessments were undertaken to identify risks to people who use the service, these assessments were reviewed and updated regularly. The assessments covered areas such as moving and handling, falls, fire evacuation and accessing the community. We found the fire evacuation risk assessments lacked detailed information of how to evacuate people in the event of an emergency. Staff were able to tell us how they would support people to evacuate and felt confident to do this in an emergency situation. However new staff working within the home would not have this information available. The manager had identified this as an issue and told us they were working with the fire service to develop personal emergency evacuation plans for the people living at the home to ensure detailed plans were in place.

Staff were aware of risks assessments and the management plans to reduce risk, during our inspection we observed them following these. For example, where one person was identified as needing their own personal space, staff described why this was important to them and they provided the identified level of support to the person. Where people were at risk from malnutrition this was assessed and evaluated monthly. Where risks had been identified management plans were developed to minimise the risk occurring.

People and their relatives told us they or their relatives felt safe at The Old Vicarage. One person told us, “I always feel safe here because the carers know how to look after us.” Other comments included; “I feel very safe here, it’s a good place with good staff to look after you” and “I feel safe. I’ve got a job to get about now and there is always somebody about to help me and stop me falling.” Comments from relatives included, “When I leave I have no worries because I know they are safe”, “They are absolutely safe” and “I feel this is a safe place.”

People were supported to take their medicines and the administration of them was well managed. We observed staff administering medicines; this was completed in an unrushed manner with the staff member telling the person what they were taking. Medicines held by the home were securely stored and people were assisted to take the medicines they had been prescribed. A medicines administration record had been completed, which gave details of the medicines people had taken. Medicines audits were carried out monthly by the deputy manager, this ensured areas of improvement were identified. Training records confirmed staff had received training in the safe management of medicines. A review of people’s medicines took place every year or as required with the GP to ensure that people continued to receive the correct medical treatment.

People were supported by staff who knew how to recognise and report abuse. Staff had received safeguarding training and were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through changes in people’s behaviour, their body language and physical signs such as bruising. They told us this would be reported to the manager and they were confident it would be dealt with appropriately. One staff member told us, “I would go to the manager and they would sort it.” Another staff member commented, “I would go to the manager or above if I needed to, I think the manager would deal with it though.” Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside The Old Vicarage if they felt they were not being dealt with.

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. Staff told us they were not able to work with people until the pre-employment checks had been

Requires improvement

Is the service safe?

undertaken. Staff files contained evidence of these being carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

People thought there were enough staff available to meet their needs. One person commented, "When I need help I use my call bell and staff arrive pretty quickly" and another said, "I always have a call bell in the night. If I need help I don't have to wait long." One person raised concerns about there only being one staff member awake on duty during the night. We discussed this with the manager who told us there was a manager 'on call' at night to attend in the event of an emergency. The manager said there had been one instance where they were called out during the night in the past three months.

Staff told us they were busy and felt that sometimes it was difficult to give people enough time. They said that some days were easier than others and the senior staff member and manager helped out at busy times. During our inspection we observed a senior staff member undertaking activities with people. We also observed staff sitting and chatting with people. The manager told us staffing levels were determined using information from staff recording care hours delivered to people. They confirmed their minimum staffing levels for each shift and the rotas reflected this. They said they were able to increase staffing hours if people's needs change. During our inspection there were enough staff available to meet people's needs.

Requires improvement

Is the service effective?

Our findings

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent.

Where MCA assessments had been completed they did not always include enough information about how staff should support the person. For example, a capacity assessment had been completed for one person in relation to them requiring support to get up and go to bed. The assessment stated the person did not have capacity to make decisions about their care needs. The assessment did not include information about the person's past wishes or guidance on how staff should support them if they refused care. Staff told us if the person refused support they would go back and try again a bit later and the person was "Usually fine." The manager had identified MCA assessments as an area of improvement as part of their audit of the service and had plans in place to address this.

Staff had varying knowledge of the MCA, one staff member told us, "I find it confusing" and another said they would like to have more training on the subject. Another staff member told us it was about, "Supporting people in making their decision, people have the right to their say." The manager told us they were aware they needed to increase their knowledge of the MCA and would arrange training for themselves and staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of the inspection there were no authorisations to restrict people's liberty under DoLS and no applications had been submitted to the local authority. Following our inspection we discussed with the manager whether referrals should have been made for people where they lacked capacity and were subject to continuous staff supervision. The manager acknowledged there were and confirmed they were in the process of completing DoLS applications with the local authority.

This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

People told us they were able to make choices with one person commenting, "There are no restrictions here. I get up when I like and go to bed when I like." The staff we spoke with demonstrated an understanding of the importance of offering people choices such as what time people want to get up, choice of food and what people wanted to wear. Staff told us if a person appeared unhappy with their support they would report this to a senior staff member and another staff member would be offered.

People told us they were happy with the food provided. Comments included; "The food is very good, it's fresh food and very enjoyable" and "The food is very good, tasty and plenty of it." Another person told us they had breakfast in bed and it was, "Very good." People told us how much they enjoyed their Sunday glass of wine and a glass of sherry in the evening. Relatives were also happy with the food with one commenting, "Staff asked if I wanted to come in and have a meal and I enjoyed the food."

There were two hot meal options on the menu daily. We spoke with the cook who told us the menu was based on what they knew people liked and if someone wanted something different on the day they would offer different choices. One person told us, "I don't always have the roast dinners; the chef makes me an omelette. It is a very good omelette."

The cook demonstrated knowledge of people's likes and dislikes and dietary needs and they had a list of these available in the kitchen. Drinks and snacks were offered throughout the day and people had jugs of water available in their rooms. People who were at risk of malnutrition were regularly assessed and monitored by staff and the cook had access to information where people had lost weight in order to provide more calorific meals.

There was a calm and relaxed atmosphere in the dining room during lunchtime. Tables were covered with freshly laundered clothes, decorated with fresh flowers and laid with suitable cutlery. People were supported by staff where they chose to eat. For example, one person was supported by staff in their bedroom. The staff member informed the person what the meal was and supported them in an unhurried and relaxed manner.

Requires improvement

Is the service effective?

People and their relatives felt that staff were well trained, knew people well and had a good understanding of how to meet people's individual needs. One person commented, "Staff are trained and know what they are doing."

Staff received a range of training to meet people's needs and keep them safe, they described the training as, "Very good" and they said they felt they had enough training to keep people safe. The training included training in caring for people living with dementia, nutrition and skin care. We looked at the training matrix and identified there were some staff who needed updated refresher training for some subjects. The manager told us they had sent the training matrix to their director who would arrange for staff to attend the training required. One staff member told us they had requested additional medicines training to enable them to complete this task and the manager had arranged for them to attend. Another said they were keen to progress to a senior carer role and the manager was actively supporting them with this. Staff told us there were regular handover meetings at the start of each shift, which kept them up to date with people's needs.

Staff received an induction when they joined the service and records confirmed this. They said the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. Staff described their induction as; "Good" and they felt it prepared them for the role. Staff received supervision to receive support and guidance about their work. One staff member told us, "Supervision is good; we get constructive feedback and are able to raise concerns."

Staff monitored people's changing health needs and people were supported to see health professionals where required such as their GP, chiropodist, optician and the district nurse. One person told us staff were liaising with the Parkinson's society to gain further knowledge of the condition. A health professional told us the staff were good at identifying people who needed their support and followed the correct referral process. They went on to say the staff followed their guidance and advice which they felt prevented further health issues.

We recommend that the provider ensures staff receive and embed into practice training relating to the Mental Capacity Act 2005.

Good

Is the service caring?

Our findings

During most of our observations people were treated with dignity and respect. However on one occasion we overheard two staff members talking about a person's care in front of another person. This meant people's privacy was not always respected. We discussed this with the manager who told us they would address this with the staff team.

People and their relatives told us they were treated well and staff were caring. One person told us, "They are excellent carers, there is a good deal of light hearted banter goes on." Another person said, "They are all nice staff here, there is not a bad one between them." Comments from relatives included; "They are a good staff team providing good care" and "I have no worries about the care here, it is excellent." We observed staff interacting with people in a friendly and relaxed way. During our inspection we saw people laughing and joking with staff and engaging in positive conversations.

People thought they were supported by staff who knew them well, comments included; "The staff know me well" and "The staff know how to look after me." A relative commented, "The staff know my family member well." Staff spent time getting to know people and recognised the importance of developing trusting relationships. One staff member told us, "Relationships build trust and people feel safe" another commented, "It's nice for people to get to know you and for you to get to know them." Staff talked positively about people and were able to explain what was important to them such as important family relationships, having time to chat or having their own space and plenty of cups of tea.

Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, offering people the level of support they preferred. One person told us, "Staff always ask me what I would like in the way of help and they are good at telling you what they are doing." They also talked about covering people up whilst providing personal care, closing curtains and explaining to the person what they were doing. During our inspection we observed staff knocking on people's bedroom doors and waiting for a response before entering.

Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. People and their relatives told us visitors were made to feel welcome. One relative commented, "You always receive a warm welcome" and another commented, "Staff always ask you if you would like a drink." During our inspection we observed visitors coming to the home throughout the day.

Positive comments had been received by the home from relatives that included; 'Thank you to all the staff, words cannot express how much we appreciate them' and 'A huge thank you for the wonderful support and care you provided.'

Requires improvement

Is the service responsive?

Our findings

People's records were not always being accurately completed by staff. For example, one person had recorded in their care plan that they were required to change position every one to two hours to prevent pressure ulcers developing. The person's daily records indicated they had not been repositioned in line with their care plan and they had been left in the same position for up to six hours on one occasion. Staff told us the person was supported to change their position in line with their care planned needs. The person's records did not accurately reflect the repositioning of the person. The manager told us they had identified staff recording as an issue and were in the process of working with them to improve this.

Each person had a care plan that was personal to them. One of the care plans did not reflect the person's current needs or contain enough information for a new member of staff to support them. For example, the person had recently had an assessment completed by a health professional. The assessment identified the person's communication skills had deteriorated and they required staff to support them using non-verbal communication methods. The care plan had been signed as reviewed by staff following the assessment, however it did not provide information to instruct staff on how to support the person using non-verbal communication methods. Whilst we observed staff using non-verbal communication when supporting the person, the information would not be available for a new member of staff to support the person. We discussed this with the manager and they confirmed they had a consistent and stable staff team and very rarely used agency staff. They also said they would ensure the care plans would be reviewed to contain up to date information.

Care plans contained records of people's daily living routines and described their personal likes and dislikes. They included information about what the person was able to do for themselves and where they needed support. People told us staff supported them to maintain their independence.

People and their relatives contributed to the assessment and planning of their care. People and relatives told us they were happy the care plans reflected their needs. They also said they were kept up to date with any changes. Comments from people included; "They go through the care plans with me, I trust them to do their job" and "They always talk to me about my care and if I need anything else, but they know me and I just let them get on with things." A relative said, "I see care plans regularly and they let me know straight away if anything changes" and another commented, "I get a phone call if anything changes. They are very good at telling us if there is any problem. It is very reassuring."

People told us they had the opportunity to take part in the activities and go on day trips out if they wished. One person told us they enjoyed, "Going out to the local pubs or out for a meal." During our inspection we observed a quiz taking place. People appeared to be enjoying the activity and engaged in this. People told us their spiritual needs were being met and that they were able to see a minister from their particular faith. The home had links with the local church and received regular visits from the minister. One person said, "We go over to the church for tea and scones, they are very friendly over there." Services were held in the home monthly. People also said staff supported them to go out into the local community with one person commenting, "The staff will walk with me to the post office when I want to go." People told us they enjoyed spending time in the garden, comments included; "I spend most of my time out here. It is so lovely" and "I go out in the garden every day. I walk twice round every day."

People and their relatives said they would feel comfortable about making a complaint if they needed to. People were aware of the complaints policy and were confident if they did raise any concerns they would be dealt with by the manager. One person said, "'I've got no complaints but I am sure that anything would get sorted out if something happened." Other comments included; "I've not had a single complaint since I've been here" and "Staff are constantly checking to see if you are alright, need anything, or would like to do something. If you mention that you are not happy with things they deal with it." A relative told us, "I come in most days so if I notice anything I tell one of the staff and they look in to it." There had been five complaints in 2015, all of these had been investigated and resolved in line with the providers complaints procedure.

People told us they attended residents meetings and felt they were listed to and their comments were valued. Meetings were held every three months for people to raise concerns and receive information relating to the service. A meeting had been held in April 2015 and people had raised suggestions relating to the food provided. We saw in the

Requires improvement

Is the service responsive?

meeting in July 2015 the suggestions had been implemented. The meetings were also used to discuss the emergency evacuation procedure, complaints procedure and to receive feedback on activities and staff support.

Surveys were also undertaken to receive feedback on the service yearly. The manager told us they were in the process of collating the results from the feedback that had been received from July 2015. They said one of the items from the feedback was for more day trips to be arranged. In response to this they had sourced a local minibus and were offering regular day trips out. One person told us they had recently enjoyed a trip out commenting, “We went to Chew Valley Lake the other day for tea and cakes, it was lovely.”

Good

Is the service well-led?

Our findings

There were a range of audit systems in place; these included medicines, MCA, care plans, the environment and infection control. Where shortfalls in the service had been identified the manager had developed an action plan to remedy them. For example, in the care plan audit the manager had identified staff recording as an area of concern and this had been raised with staff during a staff meeting. All accidents and incidents which occurred in the home were recorded and analysed and referrals were made to health professionals for their input where required.

A manager was appointed for the day to day running of The Old Vicarage; however the manager was not registered with the Care Quality Commission. The manager had been in post for four months and they were in the process of applying for the registered manager's position with CQC. There had not been a registered manager in post since May 2015.

People and relatives told us they thought the manager was approachable and they felt able to go to them with any concerns. One person told us, "I see the manager around all the time, they are very good, knows us well" another commented, "The manager looks after us very well." One relative said, "The Manager is responsive, knows the people and has a great personality."

Staff told us the manager was approachable and accessible and they felt confident in raising concerns with them. One staff member told us "The manager is always around; I find them approachable and supportive." Another staff member said, "They are very approachable." The manager told us they promoted an open culture where staff could approach them with concerns. They said they spent time with staff observing them formally and informally and giving them feedback on their observations. We saw evidence of where the formal observations had taken place.

Staff meetings were held monthly which were used to keep staff up to date with new approaches and relevant information. One staff member told us they found the meetings were an opportunity to, "Speak up, if you have any problems you are listened to and they are dealt with." Another staff member said, "You are listened to and things get done." The meetings were also used to discuss any issues in the home and raise awareness of procedures such as safeguarding and fire evacuation. The manager encouraged best practice by acting as a role model and working alongside staff. Where staff were not performing to the required standard the manager followed the providers performance management systems to address this.

The manager told us they felt supported by the organisation. They said they attended the provider's management meetings. This gave them the opportunity to meet with other managers to share best practice and discuss challenges they may be facing with service delivery. The manager also told us they planned on attending provider forums where they would have the opportunity to meet and discuss issues with other providers from outside their organisation. They said they had attended these forums in the past and shared ideas to promote a successful recruitment drive to employ new staff.

We spoke with the manager about the values and vision for the service. They told us their vision was to, "Keep the residents happy and to give them a voice." They told us they were focusing on establishing links with the local community and had arranged for people to attend a local village show. They also wanted to promote a homely environment. Staff told us the visions of the service was to, "Give the best care possible" and "Make sure people are happy." During our inspection we observed the home had a homely atmosphere and people appeared relaxed.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People were deprived of their liberty without authorisation from the local authority. Regulation 13 (5).