Equality Care Limited

# The Old Vicarage

## Inspection report

The Old Vicarage
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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? | Good |

# Summary of findings

## Overall summary

The Old Vicarage is a residential care home providing personal care for up to 21 people. The inspection took place on 14 December 2015 and was unannounced. The service had a registered manager who was responsible for the day to day operation of the home. 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.

During a previous inspection carried out on 25 July 2014, we asked the provider to take action regarding the safety, availability and suitability of equipment and some areas of record keeping. This related to the call bell system not working as it should, insufficient space in a top floor bathroom and care records not being updated when care was given. We followed up these concerns and found the provider had made the necessary improvements. There was a new call bell system in place and this was monitored weekly and response times audited. A development plan is in place for the refurbishment of the top floor bathroom and was not accessible for people to use until after the renovations. Staff were documenting the daily care people received as given on the person's care plan.

At the time of our inspection on 14 December 2015, there were 18 people living at the Old Vicarage. The home had a warm and homely atmosphere and relatives and people told us this was one of the reasons they had chosen the home. People liked the staff who supported them and positive relationships had formed.

Throughout the day we observed staff treated people with respect and afforded people their privacy when carrying out personal care. Staff were knowledgeable about people's background, cultural and faith beliefs. Staff were able to tell us about people's preferences on how they wished their care to be delivered, along with people's likes and dislikes.

Staff were knowledgeable about the rights of people to make their own choices, this was evident in our observation of the interactions between staff and people and reflected in the way the care plans were written. A range of activities was available which people could take part in if they wished. People told us they made their own decisions about how they spent their day and what activities they wanted to take part in.

One person told us "I always get my meals on time, and the food here is good, they are always feeding us". Other people commented that the food was good and they had enough to eat. The chef catered for different types of diets such as vegetarian and fortified diets. Medicines were managed safely and people received their medicines on time.

People told us they felt safe living in the home and with the staff who supported them. Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had. Staff were confident that the registered

manager would respond appropriately. People we spoke with knew how to make a complaint if they were not satisfied with the service they received.

Staff received training which was specific to their role and told us they felt supported and valued by the management team.

The registered manager carried out audits on the safety and quality of the service provided. People told us they were asked for their views on how the service was run.

## 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 living at the Old Vicarage.

Staff had received training in how to recognise abuse and staff understood their responsibility in ensuring people were safe.

Medicines were managed in a safe and competent manner.

### Is the service effective?

Good

The service was effective.

Staff had received appropriate training which ensured they were suitably skilled and knowledgeable to support people. People thought staff had the right skills and did their job well.

People had access to a choice of food and drink throughout the day and staff supported them when required.

### Is the service caring?

Good

The service was caring.

We saw that people were comfortable in the presence of staff and had developed caring relationships.

People were very positive about the staff.

Staff treated people with kindness and respect.

### Is the service responsive?

Good

The service was responsive.

People received care and support which was specific to their wishes and responsive to their needs.

Care records identified how people wished their care and support to be given and people told us they were very happy

with all areas of their care and support.

People and their families were involved in planning their care and support.

## Is the service well-led?

Good

The service was well led.

There was an open and transparent culture and the manager and staff welcomed the views of people and their families.

There were systems in place to monitor the quality of the service provided and to promote best practice.

The provider had clear values about the way care should be provided.□

# 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 14 December 2015 and was unannounced. The inspection was carried out 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, for example older people and people with dementia.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern.

During our inspection we spoke with twelve people who live at the Old Vicarage. Some people did not wish to speak with us, we therefore observed their care and interaction with staff. We spent time observing people in the dining and communal areas. During our inspection we spoke with the registered manager, deputy manager and a regional manager, the chef, housekeeper, care workers and a senior care worker.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with people, looking at documents that related to people's care and support and the management of the service. We looked around the premises and observed care practices throughout the day.

Good

# Is the service safe?

## Our findings

People told us they felt 'very safe' living in the Old Vicarage and one person told us "we have a call bell in the room which has two calls, one for normal and one for urgent. If you press the urgent one the staff always coming running".

People had risk assessments in place which identified risks in relation to their health and wellbeing, such as moving and handling, mobility, nutrition and hydration. Risk assessments were updated each month or sooner if required and staff told us they were confident the risk assessments kept people safe whilst enabling them to make choices and maintain their independence. There was a low level of incidents or accidents occurring within the home and the records showed that following incidents or accidents, referrals were made to health professionals as required and risk assessments were updated or put into place; staff were advised of the new guidance in place.

The home was clean throughout with appropriate furnishing and fittings which were well maintained. Bedrooms and communal areas of the home smelt fresh and walkways were free from clutter. Housekeeping staff and care staff explained what measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which housekeeping staff followed to ensure all areas of the home were appropriately cleaned. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection. An audit of infection control was carried out as part of the overall management monitoring system.

Medicines were organised and administered in a safe, competent manner. Medicines were stored in a locked room. Only designated staff had access to the medicine room. Medicines were administered at set times and on an individual basis to suit people's needs. Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines) and a policy for homely remedies. Senior staff had responsibility for administering and disposing of medicines and undertook training and competence checks to ensure they remained competent to deal with medicines. To prevent unauthorised staff and others having access to oxygen cylinders, they were stored in a locked cupboard with a warning notice of the potential danger to people if the cylinders were tampered with.

The service had arrangements in place to ensure people were protected from abuse and avoidable harm. There was a safeguarding and whistleblowing policy and procedure in place which provided guidance to staff on the agencies to report concerns to. A flow-chart was available to staff which clearly laid out how they could make a referral to the safeguarding adults team if required. All staff had received training in safeguarding people and during our inspection staff were able to describe what may constitute as abuse and the signs to look out for.

Safeguarding records evidenced that the registered manager took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made. Notifications were made to the Care Quality Commission (CQC) as required.

There was enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were based upon dependency needs of people and the registered manager allocated additional staffing when required, such as when a person is receiving end of life care. Throughout the day we saw staff responding in a timely manner to people's request for support.

There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

The provider had risk assessments in place to ensure that female staff who were pregnant worked in a safe way and within a safe environment. Other risk assessments related to the property including the gardens. Facilities such as the water systems were regularly checked for legionella. [Legionella is a disease which is caused by bacteria in water systems]. Fire equipment was regularly tested and there were personal evacuation plans in place for people in the event that the home would need to be evacuated. Fire exits were clearly visible with appropriate signage. Within the foyer of the rear entrance to the property was a signing in book, this ensured that staff were aware of people who were entering the home using the back entrance.

Good

# Is the service effective?

## Our findings

People and their relatives spoke positively about staff and told us they did a really good job. Comments included: "they are lovely" and "never had any problems; they [the staff] know what they are doing".

People told us they liked the food, had enough to eat and drink and were able to make choices about what they had to eat. One person told us "I am a veggie and there's always an alternative, but if I don't like either they ask me what I would like and will do something like a courgette and cheese frittata". Another person said "I had cornflakes and toast for breakfast today, but sometimes I have an egg".

The staff were all aware of people's dietary needs and preferences and the chef was able to discuss the dietary needs of one person with diabetes. Staff told us they had all the information they needed and were aware of people's individual preferences. People's needs and preferences were also clearly recorded in their care plans and the chef kept a record of people's likes and dislikes. Monitoring charts for food and fluids were in place to ensure staff could monitor people's nutrition and hydration if required.

Drinks were offered to people throughout the day and they could request a snack whenever they wished. Lunch was served in the dining room and tables were laid with tablecloths, napkins and serving spoons. People were able to help themselves to vegetables which were placed on the table. Staff were available to support people if required. A menu was available in the hallway outside of the dining room which advised people of that day's menu and alternative dishes on offer.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. Care plans described the support people needed to stay healthy such as monitoring their weight, ensuring treatment plans were in place for diabetes and making sure people were protected against the risk of things such as pressure ulceration. People's health was monitored to ensure they received prompt care and support and timely referral to professionals, such as a dietician.

People's consent to care and treatment was sought in line with legislation. Through discussions with us staff demonstrated a good working knowledge about the Mental Capacity Act (MCA) and how it may impact on the delivery of care and support they provide to people. Although most people in the home had capacity to make decisions for themselves, the registered manager had a good understanding of the requirements of the MCA and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment. The registered manager had made an application to the appropriate agency to restrict a person's freedom of movement following a MCA and were awaiting a response.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Where decisions were made by someone other than the

person, a copy of the appropriate documents were held by the provider to validate the decision making process was lawful. In one person's medical records we saw an MCA had been carried out and clear documentation of a best interest decision by the GP regarding the administration of medicines.

People's needs were met by staff who had access to the training they needed and training records confirmed that staff received mandatory training as set by the provider and more specific training based upon people's needs. For example, mandatory training which included; safeguarding, infection control, Deprivation of Liberty safeguard (DoLS) and more specific training around dementia care, challenging behaviour and medicines. Staff we spoke with were working towards qualifications appropriate to their role and one member of staff told us the training was "fantastic".

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff undertook an annual appraisal to review their progress and to look at future training and development. A new member of staff who was currently going through their induction told us "I am really enjoying working here; I have already received my mandatory training and been to a staff meeting, it's been really good".

Staff told us they were 'very well supported' by the registered manager and the deputy manager and the communication between the management team and staff was good. One member of staff told us "to me, the manager really promotes person centered care, I would live here, I've worked in other care homes and this is the best I've seen.  We really are supported to do our jobs to the best of our ability".

Good

# Is the service caring?

## Our findings

People told us they were treated well and staff were caring and attentive to their needs. Comments included, "The staff are wonderful" and "I'm very happy with the service". A relative told us, "They are all very nice staff, very attentive". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support.

There was a warm and homely atmosphere to the home. Throughout the home were wall paintings, pictures and other memorabilia appropriate to the age group of people who lived at the Old Vicarage. People had individualised their room with their own furniture and ornaments and pictures which were special to them. Staff spent time chatting with people and interacting socially in the lounge and conservatory. People appeared comfortable in the company of staff and had developed positive relationships. We saw people chatting with staff in their rooms at various times during the visit. To ensure people who did not often use the communal areas did not become socially isolated, staff told us they regularly visited people in their rooms.

Staff regularly visited people on their day's off or after work when people were at the end of their lives, or to assist the activities co-ordinator and to take people out on trips. This included all the staff, care workers, housekeepers, the administrator and the cooks. The administrator often brought their puppies to visit people. They also liaised with the local vicar to arrange communion in the home. Two staff had just had a baby and visited the home to introduce them to people; people told us they really enjoyed this. The registered manager told us staff involvement was over and above their job role and this was part of the culture of the home.

Ex-members of staff remained in contact with people in the home, remembering people's birthdays. One ex member of staff continued to visit on a regular basis to play music with their band.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. If people required personal care this was carried out in the privacy of their room. Staff were courteous when they spoke with people and were mindful to explain something again if the person did not fully understand the question or statement. Advocacy services were available should people require support making decisions about important events in their life.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular individual meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about their care plans and their preferences. Each person had an end of life care plan in place and some people had made advanced decisions regarding their future care and treatment.

Staff worked in ways that supported people to maintain their independence from taking one person into the local shopping centre to look for a new chair to ensuring people had ready access to their mobility walking

frames whilst at lunch. Chairs were located in various areas within the home to encourage people to walk around and to be able to rest when needed.

Good

# Is the service responsive?

## Our findings

People looked well cared for and told us they were happy living at the Old Vicarage. Before people moved into the home their needs were assessed. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care and treatment. Care plans were personalised and detailed daily routines specific to each person. They described what the person could do for themselves and the care plans were written around this.

Care staff were able to explain how people preferred their personal care to be given and what their daily routines were, from getting up in the morning to when they preferred to go to bed. A care worker told us "this is very much people's home, they get up when they want and do what they want and there is no pressure in having to do things". One person told us "nobody tells me what time to get up, I can choose myself, but today I was a bit later". The care records documented people's personal choices in things such as, what domestic tasks they liked to carry out. We saw one person who was helping to set the tables for lunch, they told us "I like to do this and it keeps me busy". People were asked if they wanted to collect their post from the office or have it delivered to their room. Staff told us it was all about encouraging people to maintain their independence and in supporting people to make their own decisions.

Care records gave a holistic view of the person and were detailed in giving information about the person's working life, their war-time experience (if applicable) and whether they wished to discuss this. There was lots of information around the person's interests and hobbies, how the person would describe themselves, topics to avoid and how people expressed themselves. Communication was highlighted as a crucial element of enabling person centred care and records identified any aids the person may use, how the person communicated and in some circumstances what people's body language and behaviour told others, such as for one person it described how staff could recognise when the person felt embarrassed and how staff could avoid this. Staff told us the information in people's care plans did allow them to really understand the person.

People's needs were reviewed regularly and as required and care and treatment plan provided clear guidance to staff on how the person should be supported. Risk assessments were in place, such as in positive behavioural support plans. Where necessary the health and social care professionals were involved. For example, support and guidance from the local hospice about end of life care. The registered manager was pro-active in ensuring that the care people received was responsive to their needs, such as staff reporting immediately on any continence issues people may have with a view to implementing monitoring charts. Moving and handling risk assessment and treatment plans, including how staff could move people, particularly those with osteoporosis to reduce pain and discomfort. Regular reviews of falls with action plans in place to reduce further incidents.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

There were a range of activities people could take part in. One person recalled "we just had a banjo band in,

they were super". During the day of our inspection there were no planned activities and people spent time in the lounge, either reading, chatting or watching television. Relatives and people told us they often went out for a meal or shopping. In the conservatory there was a large selection of games, DVD's and an organ which one person liked to play. In the hallways of the home were noticeboards with up and coming social events and pictures of activities people had taken part in. The provider also produced a newsletter of activities and information about the home. During our visit, a holistic therapist gave individual massage to people. The person receiving the therapy told us it was very relaxing and they looked forward to the weekly visit. This service was available free to people and the therapist told us "most people use this service, either hand or neck massage, people enjoy the physical contact".

All of the staff we spoke with were committed to ensuring that care and support was person centred and one member of staff told us "that is what we are all about, making sure that it is people who make decisions, after all they are living in their own home". People were supported to maintain their independence and access the community. People were encouraged to go out in all weathers either for shopping or for a walk in the garden or further afield. People managed a small in-house shop where toiletries and small items were available and would go out on a regular basis to stock up on supplies.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People told us they knew how to complain and directed us to a complaint procedure on a notice board in the entrance of the home.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in place and there were clear lines of accountability from registered manager to staff. Staff were able to tell us about their roles and responsibilities. There were regular staff meetings, which reinforced the values of the service and how staff were expected to work. Staff and the registered manager told us they felt the home met the ethos and vision of the service which was to provide high quality individualised care for people.

All of the staff were positive about the provider and the management team. They were complimentary about the registered manager, their style and felt well supported. The registered manager praised the staff for their dedication and commitment to the people they cared for. They described one way in which not only management, but other staff could praise a staff member for their outstanding contributions to the service. Staff completed an employee nomination form for the 'You made a difference award' and some of the comments on the forms were 'She [the nominated staff member] goes above and beyond with residents and is always willing to come in an help' and 'a real team player always the same lovely jolly person and excellent with the residents'. From our observations of the interactions between staff it was clear that staff held each other in a high regard.

The registered manager worked closely with the local community such as the local college where students carried out work experience at the home. The comments from the students included 'I have loved every minute of my experience at the Old Vicarage' and 'I couldn't have asked for a better experience'. The registered manager told us that two students who had completed work experience were now employed as care workers at the home. The local school came into the home throughout the year to celebrate events such as Easter and Christmas.

People and their relatives consistently commented on how happy they were with the care provided at the old vicarage. One person told us they had only come for some respite but were seriously thinking about making it their permanent home. Another person told us "this is such a lovely place to call home". Thank you cards included statements such as 'many thanks for the excellent care you provided for my mother' and 'thank you all for making my time here feel special'. A visiting health professional complimented the service saying it was extremely well managed and offered people really person centred care.

The provider had a system in place to monitor the quality of the service. This included monthly and quarterly audits completed by the registered manager and monthly checks by the regional manager. The audits covered areas such as health and safety, staff training, supervision and appraisals, care plans, management of medicines, incidents and reporting on levels of falls. The audits highlighted areas for improvement and development. In the event of an evacuation of the home there were plans in place for temporary accommodation if required.

The provider had a development plan in place for the home such as installing a new wet room on the top floor, a designated room for the visiting hairdresser and continuation of the redecoration programme. The maintenance person told us they had redecorated the foyer of the home at night time so as to minimise

potential disruption to people. Further areas for development were to fully integrate the new fundamental standards into staff training and to introduce some of the ideas around the 'my home life project' into care planning.  Staff were to be involved in writing up a one page summary of what is important to each person and to keep the information current. This would allow a quick reference for staff and ensure care and support given was as the person wished.

People who live at the Old Vicarage, their family and other visitors to the home were able to express their views in person to the registered manager or staff. People and relatives gave their views about the service through satisfaction surveys and suggestions made were responded to by the provider, such as the redecoration programme of the home.