

The Old Vicarage Residential Care Home Limited

The Old Vicarage

Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Old Vicarage Residential Care Home is registered to provide personal care and accommodation to 33 people who may be living with a sensory impairment, physical disability or dementia. At the time of the inspection 26 people were using the service.

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

The provider had actively worked to make improvements in the service to improve people's experiences, but further time was required to ensure the level of governance and oversight that had been implemented could embed and become fully effective.

Infection prevention and control processes in relation to practice and the environment did not always support best practice guidance and required additional work.

People living at The Old Vicarage felt well cared for. We received positive feedback from people, staff, relatives and health professionals about the service.

Staff were recruited and deployed safely and demonstrated an understanding of the principles of keeping people safe.

Risks to people were assessed and managed. People received their medicines as prescribed.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 March 2021) and there were breaches of a regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

At our last inspection we recommended the provider review their medication processes to ensure they are followed correctly, and accurate records are kept. At this inspection we found the provider had made improvements.

Why we inspected

We carried out an announced focused inspection of this service on 19 and 21 January 2021. Breaches of a legal requirement were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

The overall rating for the service is good. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last inspection, by selecting the 'all reports' link for The Old Vicarage Residential Care Home on our website at www.cqc.org.uk

Recommendations

We have made a recommendation about infection prevention and control practice.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Old Vicarage Residential Care Home

Detailed findings

Background to this inspection

The Inspection

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

Inspection team

The inspection was completed by 3 inspectors on the first day and 1 inspector on the second day.

Service and service type

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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 2 people who used the service, and 1 relative about their experience of the care provided. We spoke with the registered manager, 8 members of staff including care, housekeeping and maintenance staff and 2 visiting health professionals.

We looked around the environment to review the facilities available for people and the cleanliness of the service.

We reviewed a range of records. This included 4 people's care records, and multiple medication records. We looked at 2 staff files in relation to recruitment, and a variety of records relating to the management of the service, including safeguarding and quality monitoring.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to implement effective systems to ensure risks were assessed, monitored and reviewed which placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risks to people and the service were assessed and managed. This helped to promote people's safety.
- At the last inspection there was a lack of robust reviewing of accidents and incidents. At this inspection we saw the registered manager reviewed accidents and incidents as part of lessons learned. Ongoing risks were assessed to prevent reoccurrence where possible.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Medicines were received, stored, administered and disposed of safely.
- Staff responsible for administering medicines demonstrated knowledge and understanding of medicines procedures to support safe administration.
- Medicine administration records and documentation were updated during the inspection to ensure staff had all information to safely administer medicines in line with people's needs and preferences.

Preventing and controlling infection

- During the inspection staff were not consistently wearing face coverings appropriately.
- We found areas of the environment that were not always appropriately cleaned and maintained. We raised these concerns with the registered manager so they could take action.

We recommend the provider reviews best practice guidance for infection control and updates their practice accordingly.

- The provider had identified some of the improvements required within the environment and took action to address these. In addition to this they were actively recruiting additional staff to oversee new infection

control processes implemented.

Visiting in care homes

- People were supported to receive visitors in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. Comments included, "The staff are my family, they are very good and lovely," and "I feel [relative] is very safe. I can speak to any of the staff and they are all up to date."
- Staff were supported to understand correct safeguarding practices and were aware of how to respond to poor practices.
- The provider had a safeguarding policy to support the management team to follow internal and external processes to keep people safe.

Staffing and recruitment

- People were supported by sufficient numbers of staff who were familiar with their needs and were known to them.
- Staff were recruited safely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Is the service well-led?

Our findings

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

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

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

At our last inspection the provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service and had failed to keep accurate records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes had improved which ensured the quality and safety at the service was assessed and monitored.
- The provider was open and honest during the inspection and was aware of the further improvements required. They took a pro-active approach to address these. For example, they were in the process of further strengthening the current quality assurance systems in place to provide additional oversight. This included further monitoring of the environment and infection control practices.

Working in partnership with others; Continuous learning and improving care

- The registered manager and staff worked with other agencies to enhance care delivery. A visiting health professional told us, "We have a good experience here – no problems. All changes requested are adopted. The service engages really well with us."
- The registered manager was responsive to feedback during the inspection and took prompt action. This included strengthening the quality systems, and infection prevention and control practices. These quality systems required embedding into practice.

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

- Where things went wrong, the provider had been open and honest with people about this. Safeguarding allegations had been reported to the local authority and the registered manager was in the process of further embedding recordings systems to ensure clear audit trails were in place to notify CQC in line with their legal obligation.

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

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

- The provider and management team worked collectively with staff to demonstrate a positive culture. A relative told us, "I am able to go to the manager or deputy with anything. I have no doubt whatsoever I would be listened to."
- Staff we spoke with were happy in their role and felt supported by the management team. One member of staff told us, "They [registered manager] listen to us and tell us what they are doing about things. People at the service are respected and are treated as individuals. They are our world they are like family."
- Regular meetings were completed to promote staff development and communicate improvements that required embedding at the service.