

Central England Healthcare (Stoke) Limited

The Old Vicarage Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Old Vicarage Nursing Home is a care home providing personal and nursing care for up to 45 people aged 65 and over across two floors. 36 people were living in the service, although one person was in hospital at the time of our inspection.

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

We found that people received safe care because their risks were managed effectively. Risk assessments demonstrated that people's identified risks had been assessed and were being managed safely and reviewed regularly.

Care plans were personalised and contained detail around people's care needs.

Medicines were administered safely, and records demonstrated that people had received their medicines as prescribed. Staff medication training and competency checks were up to date.

The quality of the service was monitored by effective governance and audit systems which identified any improvements needed in the service.

The service was clean and free of malodour. There were a number of personal protective equipment (PPE) stations positioned throughout the home and staff wore appropriate PPE. Where new admissions came into the home, they were isolated for 14 days in the isolation wing of the service, in line with guidance.

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

Rating at last inspection

The rating at the last inspection was requires improvement (report was published on 19 September 2019). You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Old Vicarage Nursing Home on our website at www.cqc.org.uk.

Why we inspected

We received concerns in relation to people's nursing care and how the service was promoting people's safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same.

Follow up

We did not identify any concerns at this inspection. We will therefore aim to re-inspect this service within the published time scale for services rated requires improvement. We will continue to monitor the service

through the information we receive.

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Old Vicarage Nursing 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

This inspection was carried out by one inspector and one assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave one hour's notice so we could clarify the service's COVID19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding so we could respond accordingly.

What we did before the 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

Due to the national pandemic we completed a focused inspection therefore reducing the time we spent at the service. We spoke with four people who used the service. We spoke with the registered manager, one nurse and five staff members. During our time at the home we observed staff interactions with people. We looked at records relating to wound care management, risk assessments, care plans and accidents and incidents. We requested further information after our visit, this included contact details for relatives and the training record.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we spoke with four relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People experienced safe care because their risks were managed effectively. Risk assessments demonstrated that people's identified risks had been assessed and were being managed safely and reviewed regularly.
- People had their Malnutrition Universal Screening Tool (MUST) and Waterlow risk assessment, reviewed consistently on a monthly basis, to support their ongoing needs. (MUST) is a tool which is used to establish people's risk of malnutrition and Waterlow is a tool used to identify and determine if a person is at risk of developing a pressure ulcer.
- However, we did note that some interventions to manage risk needed to be better clarified in people's care plans. For example; one person's care file had conflicting information on the setting of their pressure relieving airflow mattress. On reviewing this we found that their airflow mattress was on the incorrect setting. This was highlighted to the registered manager who immediately took action to put it on the correct setting and amended the care file accordingly.
- People's individual emergency evacuation plans were in place and accurately reflected their needs.
- There was a clear system in place to investigate accidents and incidents. For example, when people experienced a fall, an investigation took place, which included additional plan of care and updating risk assessments.
- A choking risk assessment was carried out to determine people's risks involved when eating and drinking. For example, the risk assessment clearly stated the level of assistance people would need.
- People were protected from environmental risks within the home, which had been assessed and measures taken to minimise those risks. For example, hot water temperature checks were completed monthly.
- Where people had a wound, the service would take pictures of this to measure the healing processes and make appropriate referrals.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. People told us they felt safe in the home. We received comments such as, "Yes, I feel safe."
- All safeguarding concerns had been recorded and follow up action taken where needed.
- People told us they knew where the call bells were in their rooms. They understood how to use these and stated they didn't have to wait long for a response from staff.
- People were supported by staff members who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern.

Staffing and recruitment

- We found that people were supported by a sufficient number of staff. People and relatives agreed that there were enough staff to meet their needs.
- The service used agency staff where needed to cover staff sickness and vacancies.
- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.

Using medicines safely

- People had their medicines managed safely.
- Where necessary, people have detailed PRN protocols in place that were specific to their needs. These give information for staff to help them understand when 'as required' medicines are needed.
- Staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when administering medication. People were asked if they were ready for their medicines and were given time to take them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clearly defined management structure within the service.
- The registered manager and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people.
- The quality of the service was monitored through robust clinical governance processes. For example, audits were carried out by the registered manager and overseen by the operations manager. Action plans were put into place where areas of improvement had been identified.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- There were effective management systems in place to promote person-centred care.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us. For example, a staff member told us all about one person's routine and how they liked to do the same thing every day and the type of hot drink they liked.

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

- The registered manager stated that they understood their duty of candour and told us, "We are very open with duty of candour. Rather than being defensive, apologise straight away. You are recognising this, as it goes along way. If we make a mistake, it's important you admit to this mistake and learn from this."
- We found that accident and incident forms had been completed evidencing the date the next of kin had been contacted.
- Relative's told us the service had informed them when there relative had been involved in an accident.

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

- Staff received training in relation to Equality, Diversity and Human Rights as part of their induction.
- The registered manager had gained feedback from people and families during the past year. A resident's quality questionnaire action plan was then put into place to assist with further improvements to the home

and people's experience of living there.

- The registered manager told us that people had maintained contact with family members virtually and via the telephone through the pandemic.
- Staff told us they felt support by the registered manager, where we were told, "No issues, [registered manager] is very supportive with everything."

Working in partnership with others

- The registered manager told us the service had close working relationships with GPs, district nurses and the local authority. We saw evidence during the inspection that professionals recorded in people's care records when they had visited them.