

Hewitt-Hill Limited







The Old Vicarage

Inspection report

The Old Vicarage
Norwich Road
Ludham
Great Yarmouth
NR29 5QA
Tel: 01692 678346
www.ashleycaregroup.com

Date of inspection visit: 23 October 2014
Date of publication: 25/02/2015

Ratings

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

Overall summary

This inspection was carried out on 23 October 2014 and was unannounced.

The last inspection was completed in April 2014 where breaches of regulations were found for Regulation 15 (safety and suitability of premises), Regulation 22 (staffing) and Regulation 10 (assessing and monitoring the quality of the service provision). During this inspection we found the breaches from the April inspection had been acted upon and the regulations were being met.

This is a residential care home for up to 29 older people. On the day of this inspection 25 people were living there. It does not provide nursing care.

This home did not have a registered manager. 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.

Summary of findings

People felt safe and secure in the home. They told us they were relaxed and supported safely. Relatives told us they were reassured by the management and staff that their family members were safe and well looked after.

The staff were knowledgeable about safeguarding people. They knew what signs to look for regarding any poor treatment, who to report this to and how to protect people as much as possible.

People's needs were met quickly and safely showing enough staff were available to meet the individual needs of people living in the home. The manager had acted fully on the safety concerns of the premises and all action had been completed by the time this inspection was undertaken.

Management of medicines was completed safely. However some areas could be improved upon.

Staff were supported with induction and training. However, updated training was not fully in place for all staff. The knowledge required by staff on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was not fully evident.

People who require special meals or supplemented diets were supported effectively by knowledgeable kitchen staff. Meals were offered with an alternative choice.

The people who required health care support were able to receive this from the local GP and district nurse. Their guidance and support, to promote good health, was followed by the staff team.

Staff were respectful, kind and caring. Relatives told us the staff were very caring and knew the individual people well.

Care plans were completed comprehensively and the care required was detailed. However, some information about the person's past life were limited and little information was written to promote independence and how to retain skills or follow interests.

The home had a comprehensive and varied activities programme and people had the opportunity to be involved when they wanted. People who preferred their own company were supported with one to one time with reading or conversation.

The people living in the home and relatives assured us that any concerns or complaints would be acted upon quickly and efficiently. Regular meetings were held with people and their relatives to discuss ideas and make changes as and when required.

The manager had sent out a questionnaire to ask for people's views on the quality of the service provided. Audits were in place to monitor most of the service provided. However, the manager still had some improvements to make to ensure all areas of the service had a thorough checking process.

There was one of breach of a regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe staff had received training in safeguarding and knew how to report any concerns regarding possible abuse.

People and relatives told us they felt safe and secure in this home.

Staff used safe methods to assist people when moving around the home and sufficient numbers of skilled staff were able to safely support and care for people appropriately.

Medicines were managed and monitored correctly.

Good



Is the service effective?

The service was not always effective.

Staff training was not up to date and training on the Mental Capacity Act had not been completed. Staff did not have the full understanding of the implications of the Act.

Good communication systems were in place to ensure relevant information was passed to the right people. This ensured the delivery of the service was correct.

People were served with a choice of meals that met their dietary needs.

Support to meet health care needs was provided by the local health care practice and staff followed the guidance given by these professionals.

Requires Improvement



Is the service caring?

The service was caring.

The people living in the home told us the staff were kind and caring. Relatives spoken with were very complimentary about the caring support provided.

Staff were respectful and courteous when informing other staff members at the beginning and end of a shift about people's needs

Staff had a good knowledge of the people they were supporting

Good



Is the service responsive?

The service was responsive.

Care plans were relevant and held the information that assisted staff with tasks.

People had access to a wide range of meaningful activities and were supported to be involved in their local community.

The management team were supportive and concerns were addressed and acted on quickly.

Good



Summary of findings

Regular meetings were held with people who lived in the home to ask their views and act on suggestions made.

Is the service well-led?

The service is well led.

The home does not have a manager who is registered.

Staff felt they were supported well with regular supervisions and annual appraisals. They told us the manager was very approachable and would listen to ideas.

People and their families were asked their opinion on the quality of the service and action was taken on the findings.

Good



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 checked 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 23 October 2014 and was unannounced.

Two inspectors visited the service to carry out this inspection.

We looked at information that was gathered before the inspection such as the Provider Information Record (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. We also reviewed any statutory notifications that the provider had sent us. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with 12 people using the service, five relatives and friends, interviewed three care staff, one cook, one health professional and the manager of the home. We looked closely at two care plans and completed a Short Observation Framework for Inspections (SOFI). This is a process we use for observing care to help us understand the experiences of people who find it difficult to talk with us.

We looked at records such as audit processes, medicine records, menus, health and safety records, staff rotas, training records and communication methods.

Is the service safe?

Our findings

The people who were able to speak with us told us the home made them feel safe. One person said, "There is always a staff member around to reassure you." Another person said, "I am less anxious since I moved here. I feel safer and know there is always someone around to support me when I need it."

One relative told us they had looked at many homes prior to choosing The Old Vicarage for their family member. They said that they felt their loved one was having safe and attentive care.

We noted that care staff were attentive when supporting people to move safely around the home. Correct moving and handling equipment and walking aids were promptly available for people to use. Staff showed they were competent when using this equipment and told us they were trained prior to using any equipment.

Staff told us about their training on safeguarding people and their understanding of protecting people from abuse. They gave examples of what may be seen as abusive and what action they would take if they suspected abuse might be happening. People living in the home said the staff were kind and that they all got on well together.

The manager told us that all potential risks were assessed and when required, precautions were put in place to limit any risk to people living in the home. For example, one person who had fallen was referred to the 'falls team' who supported the home with ideas on fall prevention. The advice was acted upon and efforts to prevent further falls were trialled. We read risk assessments for four people and noted that regular checks were made to ensure the information was up to date and relevant.

In the Provider Information Report (PIR) information we received prior to this inspection the manager told us that accidents were audited monthly and had been reviewed recently to include any action that was needed. We looked at the accident records and noted they were monitored and that action was taken to minimise any future risks.

At the last inspection concerns had been raised about the safety of some areas of the property. The manager had sent us an action plan and during this inspection we found all

areas of the concerns had been addressed and were safe. We saw certificates of safety, noted the improvements on walking around the building and read records of the action taken.

Prior to this inspection a concern had been raised about the number of staff available to cover the work required, especially around mealtimes. The manager told us that they now had the correct number of staff on duty to meet people's needs. We observed that people were attended to when required and that the mealtime was relaxed with staff assisting people with their meals appropriately. All the people living in the home we spoke with told us the staff were attentive and supported them when they required help. They said, "We are well looked after. I am very satisfied. Staff are very kind to me." A relative said, "Staff are very good and are readily available when required."

We noted throughout the day that the call bell system was activated and then reset by staff promptly when they attended to a person's needs. People were supported in a timely manner by sufficient staff who could meet their needs.

We looked at three sets of recruitment files to check that staff were suitable and safe employees to work with people living in this home. We found all three files had the relevant records to show that safe recruitment practises had been followed ensuring people were cared for and supported by suitable staff.

The management of medicines were checked during this inspection. We looked at administration, record keeping, storage, controlled medication and medicines training for staff. The senior care staff member on duty told us only senior care staff or management took responsibility for medicines in the home. We noted that safe procedures were used when administration was being carried out. The senior checked the records against the medication to be administered, ensuring the medication matched the records. The medication was then swallowed before the record chart was signed.

The storage for medication was safely locked in a designated store room. The staff were recording the temperature of the storage room and medicines fridge. However, no recordings were found on three separate days

Is the service safe?

in the month of October showing staff had not monitored the temperature for safe storage. The recordings on all other days were found as suitable to safely store medicines at the recommended temperature.

One person, who self-medicated was supported safely by staff who ensured the relevant risk assessment was up to date and that the person was still managing this task safely.

The senior staff member and the manager told us that staff would not take responsibility for medicines management without completing the Boots training and being assessed as competent to ensure the medication in the home was safely managed.

Is the service effective?

Our findings

The updated training planned by the home was in the process of being completed for 2014 and some staff were still behind with this training. This included training and knowledge on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which had not taken place for staff. CQC is required by law to monitor the operation of the MCA and DoLS and to report on what we find. To date no training had taken place and staff did not have the appropriate knowledge. On talking with some staff it was evident they did not have a full understanding of the MCA or DoLS nor what should happen if a best interest decision was required for a person who did not have the capacity to consent to any part of their care or support. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with three staff who gave us the details of their induction, training and on going support within the home. They told us they were able to do the jobs required by the skills obtained from the training and support provided. The manager showed us the training diary planner used to ensure staff had the relevant updated training and support to carry out their work. The manager told us they had recently purchased a new training source and we were shown some samples of the training information.

The people we spoke with told us that the staff who supported them with their care needs were able and skilled to do the job required. One person said, "The staff are able to help me with my needs well. They know what I need." Another person said, "Everyone in this home has different needs but the staff know how to support them well."

A health professional told us that the staff were very good and followed the care and instructions suggested to help with any health concerns. A visitor said, "My [relative] has been supported by a team of staff who are very capable to do the difficult job required."

The home had records of how professional advice was sought for people with swallowing problems or hydration and/or nutrition concerns. We read the risks recorded on a Malnutrition Universal Screening Tool (MUST). This is an assessment completed when a person has been identified as at risk with hydration or nutritional needs. Following concerns identified we saw a referral was made to an expert and that the home had listened and acted on the

advice given. This was also apparent when speaking with the kitchen staff who talked to us about the people who required help with the way food was prepared and presented. We heard how the kitchen staff were informed and how they prepared the meals to meet the specialist's advice.

The care staff we spoke with told us how the home ensured information was cascaded to staff. We were told by kitchen, care and activities staff that the management supported the team of staff and ensured information was given in a timely manner. We observed the staff handover at the beginning of a shift. This was thorough with each person living in the home discussed. Staff who arrived at different times of the day went straight to the communication book to catch up on relevant information since their last shift. Methods of communication used ensured staff were up to date with information to help them work effectively.

We completed a Short Observation Framework for Inspection (SOFI) during the lunchtime period. People were given choices of where they preferred to eat their lunch. We noted that people were offered choices of what food and drink they preferred. We saw one person changed their mind half way through the meal and another drink was found quickly and quietly. People told us the food was good. One person said, "The food is excellent." A family member said, "My [relative] seems to eat well. There is a good choice and they can have sherry at lunchtimes." Throughout the whole meal process staff spent time offering one to one support for people who required help to eat. No-one was rushed and suitable conversations were heard to encourage appetites.

The catering staff told us that a person admitted to the home was introduced to the kitchen team on their arrival when their food likes, dislikes and special diets were discussed. They told us people who required their nutrition and hydration to be monitored had supplement drinks and fortified foods offered to ensure they had enough nutrition and hydration to meet their dietary needs. They said two people who required soft diets had their food blended. They told us they were aware of choking risks and ensured the food was blended accordingly. These risks were recorded in the individual care plans and records were seen in the kitchen that would ensure people were supported with correctly prepared meals. The staff understood the dietary requirements of people living in the home and these needs were met.

Is the service effective?

We spoke with a professional community worker who told us the home acted swiftly on concerns about people's health and that any instructions or guidance was followed effectively. People told us the GP visited regularly and that they could request a visit when they needed it. We heard

staff discussing health appointments made during the staff handover and also what support the district nurse had given during the day. The senior staff spoken with knew what support people required following these health professional visits.

Is the service caring?

Our findings

The people we spoke with were complementary about the staff team who supported them with their care needs. They told us staff were kind and treated them respectfully. One person said, “I get on well with all the staff here. The atmosphere is fantastic.” Another person said, “The staff really work well together. I have no complaints.” A third person told us, “Staff are polite, friendly, patient and caring.”

Relatives we spoke with were all complementary about the care and support provided. We were told, “You cannot fault the home. This is a wonderful place which is like home from home.” They told us they could visit at any time and that the manager on deputy made time for them if they had any questions or concerns.

We spent time observing staff as they were working. We noted that conversations with people were kind and respectful with people being given explanations as to what was happening when being supported. Throughout conversations we heard choices offered to ensure people living in the home were asked if they were ‘ready to move’ or ‘where they would prefer to sit’ or ‘what drink they preferred’. People who were hard of hearing or unsure of what was being said were supported by staff who crouched down to eye level to ensure the person understood what was being said.

During the hand over between senior staff at the start coming on the next care shift we noted that a thorough and caring conversation took place showing people living in the home were respected when staff were talking together. Detailed information was shared in a caring and respectful manner.

People we spoke with did not really understand what their care plan was but knew that staff would ask them questions about their care and how they liked to be supported. One person said, “I am asked what time I like to get up and go to bed and usually the staff stick to those times.”

One relative told us how involved they were with supporting their loved one who was unable to communicate verbally. They told us how staff had listened and involved the family in all aspects of the care and support required. They said, “If you could give this home six stars for caring it still would not be enough. This is a brilliant home.”

The staff we spoke with were respectful about the people they were caring for during our conversations. It was clear they knew the people well, including their backgrounds and topics of interest that were relevant to the individuals. For example, we heard them discussing family members, countries visited, past occupation, past home life and pets.

Is the service responsive?

Our findings

We found comprehensive information in people's individual care plans but also found they were task orientated and risk assessed to meet the tasks required. We found limited information that showed what people could do for themselves to promote independence, what interests they would like to still be involved with and how they could be supported to pursue them. Daily records written by staff did not reflect the day in the life of the individual but again focussed on tasks. However, although not always recorded, we found people were having a varied and stimulating life whilst living in The Old Vicarage.

The activities provided showed a wide range of support that benefitted those people who were interested in taking part. On the day of this inspection a lively discussion was taking place as people reminisced with photos, pictures and items of interest from the past. A staff member who was leading the session was involving everyone.

We were told by people living in the home that they had lots of varied ways of being occupied. We heard of the fete, archery sessions, music events, quizzes, minibus outings and celebratory party days. Relatives and staff told us they were involved in the way people were encouraged to lead a full life.

A staff member told us how they ensured all people in the home were offered support for their interests as much as possible. People who preferred to stay in their own rooms or were too unwell to be in the main areas had the

opportunity to spend one to one time with a staff member with reminiscence, reading or looking at photos. This staff member said they tried to spend time with everyone living in the home at least once per week to meet their individual interests.

One person told us they still attended the Women's Institute and another person told us how involved the local church was and how much they liked that.

People we spoke with had no concerns about the care they received. They told us the manager and staff were very good and would listen and act on any concerns raised. This was also confirmed by relatives. One relative told us that issues were looked at in detail when they raised a concern and that appropriate action was taken and improvements were made. We found complaints were recorded and acted upon by management.

Relatives and people we spoke with told us that meetings were held regularly to discuss any areas of concern or changes required for improvement. We saw copies of meetings minutes and discussed the content with some of the residents. They told us they were involved as much as they wished to be.

Staff we spoke with told us the management in the home had improved and that they felt listened to and supported when dealing with any issues relating to the care of people living in the home. A relative told us the manager's door was always open if they needed to discuss anything. People were listened to and action was taken to address concerns raised.

Is the service well-led?

Our findings

The manager had been working in the home for a year and was yet to register as the manager with the Care Quality Commission. The manager told us they were in the process of doing this.

People we spoke with told us the manager was approachable and supportive. They told us that the home was as they liked it and that they were involved in decisions for change such as decorating, activities or meals provided. We noted that the agenda for their meeting planned in October had the agenda item 'empowering' as the topic to discuss. This showed the management were trying to include and empower people to have their say.

The staff members we spoke with were familiar with the procedure if they had any concerns about the provision of care in the home. They said they would have no hesitation about whistle blowing and felt that appropriate action would be taken if this was necessary. We had received one concern prior to this inspection that had also been reported on to the appropriate local authority. The manager had dealt with the situation fully and the concern was appropriately acted upon. Staff assured us that the issue was no longer a problem and that the home was now running well.

We were assured that people and staff would be listened to and appropriate action would be taken when any issues arose such as complaints or whistleblowing.

Relatives told us that the manager had made improvements within the home and that the service was running well. One relative told us, "They bend over backwards to try and get it right."

Information we received from the manager prior to this inspection told us that daily observations took place by management who walked around the home and talked to people and staff to monitor the day to day service provided. We were told meetings with staff were held

regularly and that the manager had an open door policy for all people living in the home and their families to ensure their needs and values were being met. We discussed this pre inspection information with people who lived in the home, their relatives and staff. They all confirmed that the management ensured the home was supporting people correctly and that meetings for discussing the development of the home did take place regularly.

Some staff told us they had regular one to one support meeting with management and had an annual appraisal. The manager told us they were working on a planner to improve this so that all staff, regardless of the hours worked, would receive regular planned support. Staff told us they felt fully supported and could ask for further support if they required it.

The home had just employed a training officer who was supporting the home with future training. Although the training was not fully up to date clear plans were seen on how this would be improved upon.

At the last inspection audit processes for monitoring the services were not in place. At this inspection a number of processes had been established to monitor the service such as cleaning schedules, equipment servicing, infection control audits and medication audits. However, some methods of auditing the service were still to be included. These had been identified by the manager who was in the process of completing this programme supported by a company manager. We saw records that were in progress and those that had already been completed. The manager told us a regular programme of management checks were now planned with the company manager.

People involved in the home had been sent questionnaires to ask their views on the quality of the service earlier in 2014. We read the results that had been gathered and saw an action plan had been acted upon on the findings. People were listened to and action was taken on ideas and suggestions for improvements to the quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Suitable arrangements were not in place to ensure people who could not consent were supported appropriately.