

SRJ Care Home Limited

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Old Vicarage is a nursing home providing personal and nursing care for up to 30 people. The service provides support to older people, people with physical disabilities and people with mental health needs including those with dementia. At the time of our inspection there were 20 people using the service. The home is split over three floors, with people's bedrooms located on each. There are communal lounges and dining spaces.

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

People did not always receive their medicines as prescribed. We found some people had missed their required medicines and accurate medicine administration records (MAR's) were not always maintained. Systems in place to calculate safe staffing levels were not always effective. Lessons were not learned when things went wrong. Improvements were required to ensure policies were followed and records of accidents, incidents and safeguarding concerns contained the necessary information. Overall, the home was clean, and staff were observed to follow safe Personal protective Equipment (PPE) practice, however cleaning schedules were not always completed to evidence required cleaning to reduce the risk of infection had been carried out.

Oversight was not always effective. Legible, complete and accurate documentation was not always maintained. Action to mitigate risks was not always taken. People and their relatives were not supported to feedback into the running of the service and improvements were required to ensure people were supported to achieve good outcomes. There was a new management team in place since the last inspection and staff reflected positively on this and felt supported in their roles. The service worked collaboratively with a range of professionals.

People's risk assessments were not always effectively reviewed after significant events. We found some assessments did not always provide consistent guidance for staff. Staff were suitably trained and supported in their roles. People were supported to maintain a healthy weight and have plenty to eat and drink. Referrals to relevant professionals were made when concerns were identified.

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 CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 20 May 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, governance, staff training and consent to care and treatment. At this inspection we found the provider had

made some improvements and were no longer in breach of some regulations, however remained in breach of regulations relating to safety and governance.

Why we inspected

We carried out an unannounced focused inspection of this service on 30 March 2022. Breaches of legal requirements were found.

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, effective and well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service is inadequate. This is based on the findings at this inspection.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety, governance and staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

The Old Vicarage

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector, a specialist nurse advisor 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a new manager in post, but they were not registered with CQC. They told us they plan to register with us.

Notice of inspection

This inspection was unannounced.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and nine relatives or friends of people who used the service. We spoke with eight members of staff including the manager, area manager, nurses, care assistants, domestic staff and kitchen staff. We completed observations of communal areas. We reviewed a range of records including seven people's care records, medication administration records and some records relating to the management of the service were reviewed.

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 inadequate. At this inspection the rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- People's care plans and risk assessments were not always accurately updated after significant events. For example, accident records showed one person had fallen the previous month, but a review of their assessment said they had not fallen. Whilst reviewed monthly these were not always accurately completed. This meant staff did not have accurate information in order to provide safe care.
- Documentation was not always legible. Many care plans and risk assessments were poorly handwritten and therefore guidance was not always clear for staff to follow. This placed people at risk of receiving inappropriate care for their needs.
- Daily records of people's care were not always completed. We reviewed records for one person who had no entries in their daily notes for two days and we found missing records of repositioning on two occasions for another person. Whilst no one came to any harm, it was unclear if people received care according to their needs during this time.
- Records relating to the management of diabetes were not always kept. Some people at the service required their blood glucose levels monitoring but we found these were not always recorded. People's care plans did not identify what was a normal range for them, meaning it was not always clear when the person would be experiencing abnormal blood glucose levels.
- Personal Emergency Evacuation Plans (PEEP's) were not up to date. For example, they had the incorrect room number, or did not accurately reflect people's level of mobility. These documents contain key information to support a safe evacuation in the event of an emergency. This placed people at risk of harm.

Using medicines safely; Learning lessons when things go wrong

- People did not always receive their medicines as prescribed. For example, one person was prescribed paracetamol every six hours, we reviewed their medicine administration record (MAR) and found there was not always at least six hours between administration. This placed them at risk of overdose.
- Medicine records were not always completed. For example, we found several missing signatures within people's MAR's and inaccurate recordings of medicine stocks. This meant people may not have received their prescribed medicines.

- Lessons were not learned when things went wrong. Action to prevent further risk was not effective. For example, we reviewed an accident form which stated the action was for staff to continue documenting accurately what had happened. This had not been effective as we found documentation was not always completed.
- Some people using the service were prescribed pain relief via a transdermal patch. We reviewed the MAR for one person and found this had been administered four days late, meaning they were without their pain relief patch during this time. Whilst this was reported by the nurse, effective action had not been taken to ensure a thorough investigation was completed and risk was mitigated.
- Poor records were kept of accidents and incidents. We found many reports were not fully completed or missing key details such as dates and names. This meant thorough investigations could not be completed, placing people at risk of further accidents or incidents.
- The manager completed a monthly overview of accidents and incidents within the service. We found this overview did not contain all accidents and incidents from the month and therefore opportunities for learning or making necessary improvements were not always identified.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They told us action had been taken to improve medicines within the service, PEEP's had been updated and accidents and incidents were being reviewed.

- Regular maintenance checks on the environment were completed to ensure premises and equipment were safe.
- Protocol's for administering 'as required' medicines were in place. They provided sufficient guidance for staff when offering this medicine.

Staffing and recruitment

- The provider's dependency tool which helped determine staffing levels was not effectively used. People's individual dependencies were assessed monthly, however we found these did not always accurately reflect people's level of needs. For example, some people who required two staff to support them with moving and handling needs as they were hoisted were assessed as medium dependency. The tool considered these people 'may require assistance', and did not take into consideration the requirement for two staff to support them. This increased the risk of not enough staff being on duty to support people's needs.
- Individual dependency assessments did not inform staffing levels. A separate tool was then used to calculate hours and minutes of support required. This tool did not consider supervision of communal areas, the layout of the home or additional support required to meet people's emotional needs.
- Staffing levels were not effectively reviewed following accidents and incidents. We reviewed two accident and incident forms which referred to unsupervised communal areas. One report stated the lounge where someone had fallen was on intermittent observations due to staffing levels, another report stated an accident could have been prevented if staff were supervising the communal lounge. Staffing levels had not been increased following these falls and therefore risk of reoccurrence was not mitigated.
- During our inspection, staff were visible around the home. However, relatives told us they did not always feel there were enough staff, one said, "When I go in and [relative] needs turning, I press the buzzer and it takes ages for them to respond." Another told us, "There could be more staff because the alarms keep going off and someone has to run out of the room and go to answer them." Another said, "They [staff] do seem a bit stressed sometimes."

The provider failed to ensure an effective system was in place to calculate and review safe staffing levels. placed people at risk of harm. This was a continued breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. This included seeking references, full employment history and completing Disclosure and Barring Service (DBS) checks prior to staff commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place; however, these were not consistently followed. For example, improvements were required to ensure accurate records were kept of safeguarding concerns. We found some documentation missing key information such as dates, names or specific details of concerns.
- Safeguarding referrals were made to the local authority where required. We saw the manager communicated with safeguarding professionals regarding any concerns.
- Staff had received safeguarding training and understood how to raise concerns about abuse. People and their relatives told us they felt the service was safe.

Preventing and controlling infection

- The home was observed to be clean. However, night time cleaning schedules were not always completed to evidence required cleaning, including increased cleaning of high touch points to prevent infection, had been completed. The manager told us they would remind staff to complete them.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was supporting people to receive visits in line with current government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support and training to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18(2) 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 18(2).

- Staff were suitably trained. We reviewed the provider's training matrix which showed all staff had completed mandatory training. Staff confirmed they had received and completed this training.
- Staff were observed to provide safe moving and handling support. This demonstrated staff had received appropriate moving and handling training.
- Staff fed back the training provided prepared them for the role, and they were supported to complete training. One staff member said, "We've definitely had more training, the training is good quality and the support is there if staff need it."
- Staff received an induction when they started their role. This included shadowing and support from experienced staff members.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to act in accordance with the requirements of the MCA. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) 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 11.

- 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. Any conditions related to DoLS authorisations were being met.
- MCA and best interest decisions were completed. We reviewed documentation and found capacity assessments and best interest decisions were in place for people who required them.
- DoLS authorisations had been completed. The manager completed a matrix which ensured they had oversight of DoLS applications and any conditions on DoLS.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service did not consistently act on issues identified. For example, in relation to diabetes management, advice was not always sought when people's blood glucose levels were recorded as significantly high. This meant there was a risk their health could deteriorate.
- Records did not always show healthcare advice was followed. For example, following a fall a person needed 24-hour observations, however the observation form had only been completed for two hours.
- The service was supported by a regular visiting advanced nurse practitioner. Appropriate referrals were made to speech and language therapists and dieticians. Relatives told us they were kept informed when people needed to see a doctor.
- We observed registered nursing staff to take time to help people understand their health and treatment options. One person had complained about pain, we saw the registered nurse on duty to explain the different ways they could help them with the pain.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed. However, we found some information within people's care records was not always consistent. For example, one assessment in a person's care file had recorded they needed 15-minute observations, another assessment had recorded they needed 30-minute observations. This meant staff did not always have clear and consistent guidance to support people's needs.
- Nationally recognised tools were used to assess people's needs. These were reviewed monthly and helped to identify any additional support for people. These included the Malnutrition Universal Screening Tool (MUST) helped to identify risk of malnutrition and the Waterlow score, which reviewed the risk of developing pressure sores.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. We observed people to have plenty of drinks and snacks offered throughout the day. One relative told us, "There's always a drink on their tray and staff come around with tea and coffee."
- Mealtimes were calm and relaxed. People received a good portion of food and were given choices of what they wanted to eat and drink. For example, we observed staff ask one person where they wanted them to

put their condiments on their plate.

- People were supported to maintain a healthy weight. Records showed people were weighed regularly and action was taken when people had lost weight, this included providing higher calorie options and referrals to relevant professionals such as dieticians and speech and language therapists.
- Kitchen staff were knowledgeable on people's dietary requirements. For example, they were able to tell us how they modified food to support people to gain weight where risk of malnutrition had been identified.
- Modified diets and fluids were made safely for people who required them. Staff had appropriate guidance and understood how to thicken drinks to the correct consistency depending on people's needs.

Adapting service, design, decoration to meet people's needs

- People's personal spaces were personalised. For example, people had photographs and items special to them in their rooms and with them in communal areas.
- Specialist equipment was available and well-maintained. For example, moving and handling equipment was observed to be accessed quickly by staff when needed. This helped promote people's dignity.
- The provider had implemented an action plan to refurbish some areas within the home. We found areas in the home which were in use to be accessible and safe for people.

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 inadequate. At this inspection the rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. This 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Audits were not always completed. We reviewed a monthly quality control audit for the previous month which had been started but not completed. This meant there was ineffective oversight of risk for this month.
- Audits were not effective in identifying areas for improvement. For example, care plan audits failed to identify inconsistencies within people's care plans.
- Action was not always taken to drive improvement. For example, audits had identified night cleaning schedules had not been completed over the past three months, however effective action had not been taken to address this issue as we found them to still not be completed during our inspection.
- Action plans did not always clearly assign required actions. Some did not identify timeframes or evidence the required action had been completed. Therefore, it was not always clear how the provider was addressing any identified risks or areas for improvement.
- Accurate, legible and complete records in relation to the care and treatment of people using the service were not always kept. We found many handwritten documents were not easy to read. Key information was missing from documentation, for example dates and names. This meant there was not always a clear audit trail.
- Paperwork was not always stored appropriately or organised. During our inspection, current documents being completed by staff were not kept in folders and were piled in the staff room. Some documents were ripped. The manager was not aware this was where documents were being stored. Lack of oversight and effective organisation increased the risk of information going missing which placed people at risk of harm.

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

- People were not provided with opportunities to feedback. There were no residents' meetings or survey's for people. This meant people who required support to share their views were not able to be involved in the running of the service.
- Relatives were not asked for their feedback on the service. One relative told us, "I don't feel what I say will make a difference, things will carry on just as it is doing." Another said, "No one has ever asked me if I am satisfied with the care they are providing or if there is anything they can do."
- The provider had not been transparent with people and relatives following the findings at our last inspection. There were no systems in place to communicate with relatives on how improvements were being made.
- The provider did not always understand their responsibilities under duty of candour. There was no evidence of apologies for harm caused as part of lessons learned following accidents and incidents. However, relatives told us they were kept informed of any incidents. One relative told us, "If I wanted to have a word with them I could. They have got a nurse there and when [relative] had a little trip, they phoned me up."

The provider failed to ensure documentation was complete and legible. Governance systems to identify and manage risks and drive improvement were ineffective. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt engaged in the service. Staff had regular supervisions and meetings to keep updated on current service issues. Staff told us they felt supported in their roles and listened to.
- Whilst no recent complaints had been received, there was an up to date complaints policy and procedure in place. Relatives told us they were confident to raise any complaints with the manager.

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

- Since our last inspection, policies had been reviewed and updated to reflect best practice guidance. Further improvements were required to ensure these were consistently followed to promote good outcomes for people. For example, in relation to accurate record keeping.
- Relatives did not always feel there was an open culture within the service. One told us, "I used to have peace of mind, but I don't have that now. There is definitely a breakdown in communication." Another said, "A couple of times I have rang up and asked how my [relative] is and they apologised and said they would find out and ring me back, but they never did."
- Since our last inspection, there was a new manager in post. Staff reflected positively on changes within management and the impact this has had on the service. One said, "I believe [manager] is what the home needs, they are firm but fair, they genuinely care about the staff and residents. They are approachable and hands on. They have researched all the residents and started to build relationships with us."
- We observed staff to treat people with kindness and respected their equality characteristics. Staff spoke warmly about people, one told us "We genuinely care, I don't think we would be in this job if we didn't."

Working in partnership with others

- The service worked collaboratively with a range of external stakeholders and agencies. This included the local authority, commissioners and health and social care professionals. We saw effective sharing of information where appropriate.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service placing them at risk of harm. Medicines were not managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure documentation was complete and legible. Governance systems to identify and manage risks and drive improvement were ineffective placing people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure an effective system was implemented to ensure safe staffing levels. This placed people at risk of harm.