

Hewitt-Hill Limited

The Old Vicarage

Inspection report

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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

About the service: The Old Vicarage in Ludham is a residential care home for up to 29 older people. It is one of three services owned by Hewitt-Hill Limited (Ashley Care Group).

People's experience of using this service:

The service had made improvements since our last inspection and there were no breaches of regulations.

Risks to people's health and safety had been identified and people felt safe and well looked after. Staff administered medicines as prescribed.

Staff were kind, respectful and caring. They supported people to be as independent as possible.

There were activities and trips outs available for people, and they received care as they preferred.

Staff asked for consent before delivering care. People had access to healthcare professionals when required, and staff followed recommendations when needed.

Staff knew how to care for people and received training in their roles, and support from the management team. Staff supported people to have a range of healthy balanced meals and enough to drink.

The registered manager had clear oversight of the service and supported an effective staff team, who communicated well. The registered manager was approachable and available to people and staff. We found the service had improved and met the characteristics of a "Good" rating in all areas.

More information is available in the full report.

Rating at last inspection: Requires improvement (published 22 May 2018). This service has been rated Requires Improvement at the last two inspections. At the last inspection, there were three breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected: This was a planned inspection based on the period since the last report was published by CQC. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good. They sent us an action plan with this information.

Follow up: We will continue to monitor the service according to our schedule for returning to locations rated Good.

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

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.

Service and service type:

The Old vicarage is a 'care home' for up to 29 people. The service supports older people, many of whom are living with dementia. The accommodation comprised of an adapted property. When we inspected, there were 28 people living in the home.

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:

The inspection was unannounced.

What we did:

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also completed 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. We used all this information to inform our inspection.

During the inspection visit, we spoke with six people living in the home and one relative. We observed care

and interactions with people, including those who were not able to communicate with us. We also spoke with six members of staff including an activities coordinator, a general assistant, the care coordinator, a maintenance staff member, a senior carer and the registered manager. In addition, we spoke with a volunteer working with the home.

We looked at three people's care records, a sample of medicines records and records associated with how the service is run.

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 of 5 April 2018, the key question for safe was rated requires improvement. There was a breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 30 April 2019, we found the service had made improvements and were rated Good, and there were no breaches.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Using medicines safely

- We saw improvements in the management of risks, and safe manual handling taking place.
- Risk assessments and care plans contained improved and sufficient guidance for staff on how to mitigate risks to people, for example regarding pressure care, health conditions and falls.
- There were systems in place to ensure the environment, and equipment people used, was kept safe. This included electrical and lifting equipment, water, and fire. Changes to the environment or equipment were appropriately risk assessed.
- There were significant improvements in the recording and administration around topical medicines. There were clear plans in place and they were applied as prescribed.
- Medicines were stored, administered and clearly recorded to a high standard.
- There were clear plans in place for staff on how and when to give 'as required' (PRN) medicines.
- Where people had topical medicines such as creams, body maps were in place and these were administered as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the home.
- Staff we spoke with had a good knowledge of safeguarding and how to recognise and report suspected abuse, and they received training.

Staffing and recruitment

- There were enough staff to meet people's needs. Some people told us they felt they had to wait at times, but that it was not a problem. One person told us, "I need to have somebody to go with me when I go out and they're not always free." However, people said staff were available when needed.
- The volunteer we spoke with said, "If needed there is always somebody available." Staff told us they felt there were enough to meet people's needs.
- There were safe recruitment practices in place to ensure checks were made that suitable staff were employed.

Preventing and controlling infection

- The home was clean and staff used personal protective equipment (PPE) appropriately.
- We had a couple of minor concerns, including some clutter and storage in a communal bathroom and staff dress code, however the registered manager assured us these issues would be addressed immediately.

Learning lessons when things go wrong

- The service had taken action to improve practice and learn from incidents and accidents. There was a system for recording, investigating and taking action from incidents which occurred within the home.

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 of 5 April 2018, the key question for effective was rated requires improvement. At this inspection on 30 April 2019, we found that improvements had been made and the service was rated Good.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- There were improvements in the overall competence of staff and we saw good care practice. People felt the staff were confident, one person saying, "I trust they know what they're doing and it's fine." Staff told us they felt well-trained in their roles. We saw that training included dementia, manual handling and first aid.
- The registered manager had systems in place to check staff competency. This included checking in areas such as care provision at mealtimes, personal care and medicines administration.
- Staff received supervisions, and the registered manager said they were catching up with these as some were behind. However, staff told us they could go to the registered manager at any time for support if needed.
- There was improvement in the provision of support for people to eat and drink. Snacks and drinks were available to people throughout the day.
- We received mixed feedback about the quality of the food. Comments included, "The food is not that great", and, "The sandwiches at teatime are good."
- People were supported to eat and drink enough, and staff spent time with people to encourage them where needed. Where staff supported people with eating their meals, this was provided patiently, sensitively, and with appropriate communication.
- There was a choice of meals, and special diets were catered for. This included fortified and diabetic diets. There were ample snacks and drinks available to people throughout the day.
- Where people were assessed as being at risk of not eating or drinking enough, or losing weight, appropriate action was taken and referrals made.

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

- People who were coming into the home had an assessment of all their needs and preferences, which allowed the home to assess whether they could meet people's needs. This assessment also informed the initial creation of a care plan.

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

- One person told us, "If I need to see someone, I only need to ask and they'll organise it for me." People had access to healthcare when they needed, such as GP and district nurse, as well as further services such as

chiropractic.

- Where healthcare professionals such as speech therapists, dieticians, or mental health nurses had been involved in people's treatment, staff followed recommendations accordingly.

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

- The service was adapted to meet the needs of the people living there, with communal lounges and a dining area, as well as communal bathrooms and a lift. There were pleasant communal outdoor areas.
- All the rooms we saw were personalised to people's tastes and some were decorated with personal items such as photographs and ornaments.

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 Act 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 with appropriate legal authority. In care homes, 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found that mental capacity assessments were decision specific, and clearly showed how a best interests decision had been arrived at, and who had been involved. We saw staff asked for consent before delivering any care.
- One person living in the home had an authorised DoLS in place, and we saw this was the least restrictive option to ensure the person's safety.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection of 5 April 2018, the key question for caring was rated requires improvement. At this inspection on 30 April 2019, we found that improvements had been made and it was rated Good in caring.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We saw improvements in the quality of interactions between people and staff, and people being involved in their care. People made positive comments about the caring nature of the staff. These included, "I think they carers are very patient", "Nothing is too much trouble; they are great", and, "There's mutual respect."
- One member of staff said, "I just treat everyone like an individual, just ask people what I can do to help." The volunteer told us, "It's like a family rather than a care home, that nice feeling."
- People told us they were involved in their care. One person said, "We've talked about it and the help I need changes so it's an ongoing discussion really but yes, we've agreed how much help I need."
- The registered manager told us they were planning on carrying out full reviews of the care plans with people and family members imminently.

Respecting and promoting people's privacy, dignity and independence

- We found staff had improved the approach to respecting people's privacy and dignity, as well as promoting their independence.
- Staff supported people to maintain, and where possible, improve their independence. One person said, "At first I needed two carers to help me but as I've improved I only need one." Another person told us the staff supported them to increase their mobility enough to go home. They said, "Without the care I've had here, I don't think I'd be going home."
- We saw without exception that staff respected people's privacy by knocking on doors and waiting to be invited in to people's rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our last inspection of 5 April 2018, the key question for safe was rated requires improvement. There was a breach of Regulation 9: Person-Centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 30 April 2019, we found the service had made improvements and were rated Good, and there were no breaches.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw improvements in the provision of person-centred care, and people told us they received care as they preferred. Preferences and details were recorded in people's care plans with guidance for staff.
- People had access to activities within the home, and trips out using the home's transport, which some people said they were looking forward to. One person said, "There's enough [to do] and I can keep myself occupied." Activities in the home included games, crafts, bingo and quizzes.
- The activities coordinator explained to us how they carried out one to one sessions with some people who preferred to stay in their rooms.
- People were supported to practice their faith. One person told us, "Well I go to church every week but they also have a service, communion, here once a month and for those that want to go, it seems to be enough."

Improving care quality in response to complaints or concerns

- One relative told us they had raised some issues with the home which had been resolved. The service had received a few concerns, rather than formal complaints, which they had investigated and acted upon appropriately.
- One person said, "I've been here about 5 years and I know if something was wrong I could talk to any of the [staff] here." People also felt able to raise concerns by contacting the registered manager.

End of life care and support

- Some members of staff had received training in end of life care, and the development of further detailed care plans in this area was underway. The registered manager had requested details from family members to inform these plans, and some were in place. They included details around what was important to people towards the end of their lives.

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 of 5 April 2018, the key question for well-led was rated requires improvement. There was a breach of Regulation 17: Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 30 April 2019, we found the service had made improvements and were rated Good, and there were no breaches.

Good: 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

- There were significant improvements in leadership and the quality assurance processes in place.
- There was an effective management structure in place and the registered manager, care coordinator, seniors and other staff were aware of their roles and responsibilities.
- There were systems in place to monitor the provision of the service so that any areas for improvement were identified and acted upon. These included audits of care records, medicine administration, and health and safety. Checks were carried out by the management team and maintenance as well as the provider's organisation.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Without exception, staff we spoke with felt they worked well as a team and found their work rewarding. They were positive about the support they received from management.
- The registered manager understood their responsibilities regarding the duty of candour. They contacted family members appropriately if a person was involved in an incident or accident.

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

- One staff member told us, "I know that if I have any issues I can talk to a senior or a manager with no problems, I can talk to the staff, they're all really keen to chip in and help wherever needed."
- Staff meetings and handovers were held. People's needs were communicated and met, and staff had input into the running of the service and discussions about the care provided.
- There were meetings for people living in the home, and we saw that action had been taken following the meeting this year. The registered manager had organised a relatives meeting, however this was not attended by anyone. People were asked for feedback yearly using surveys, and were able to go to the staff or registered manager at any time.

Continuous learning and improving care

- The service had adhered to their action plan they sent us following our last inspection, and made

improvements. We saw from audits that further action was taken to continue to improve the service where shortfalls were found.

- The registered manager had discussed some areas of care with staff in meetings to identify where further improvements were needed.

Working in partnership with others

- The home had created a penpal initiative with some people, where they were writing to other people in a home in Australia.
- The home kept strong links with the local community including the church. The church supported recruitment of a volunteer, and worked inclusively with people of different faiths within the home.
- The service worked in partnership with other organisations to ensure they were following current practice guidelines. These included healthcare professionals.