

Southwest Care Ltd

Vicarage House Nursing Home

Inspection report

The Old Vicarage
Hambridge
Langport
Somerset
TA10 0BG

Tel: 08458692976

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21 April 2016

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16 May 2016

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service responsive?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 21 April 2016. We carried out this inspection to check whether people using the service received care that was safe and responsive to their changing needs following safeguarding concerns which were shared with us about the care and support people received at the home.

The last inspection of the home was carried out on 30 September and 05 October 2015. At that time we found some staff training had not been carried out however dates had been booked. People were not always involved in the day to day running of the home. There was no registered manager in post. We found the new manager had implemented changes which they needed to prove they could maintain consistently. This report only covers our findings in relation to the recent safeguarding concerns we received. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vicarage House Nursing Home on our website at www.cqc.org.uk.

Vicarage House Nursing Home is registered to provide care and accommodation for up to 32 older people. There were 31 people living in the home at the time of the inspection.

There is a registered manager in post. 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 2008 and associated Regulations about how the service is run.

One concern received before this inspection stated staff had not received training in how to safely move people when they were unable to stand or mobilise and used incorrect and unsafe moving techniques. The concerns also stated staff had not received training in the correct use of equipment provided to lift and move people.

At this inspection we found all staff had received training in moving and handling people. Records showed, and staff confirmed, training had been carried out in the correct procedures to follow and the correct use of moving equipment. During the inspection we observed staff using equipment to lift people who were immobile. We saw they followed the correct procedures and used lifting equipment safely and appropriately.

Before this inspection we also received concerns that the changing needs of people had not been noted and as a result a hospital admission was delayed.

At this inspection we found staff were responsive to the changing needs of people in the home. Records showed people's needs were assessed and reviewed regularly with referrals being made to health care professionals when necessary. We found people were referred to specialist clinicians and to the hospital if assessed as needed. People's care plans included advance decisions such as if they wanted to be admitted

to hospital if their health deteriorated and if they wished to be resuscitated in the event of a cardiac failure. Staff were also aware people and relatives had the right to change their minds about any advance decision made.

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.

People were protected from the risks associated with moving and handling.

Staff received training in the correct procedures to follow and the correct use of equipment.

We could not improve the rating for safe from good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Requires Improvement ●

The service was responsive.

People received care and support that was responsive to their changing needs.

Staff understood people's changing needs and made referrals to healthcare professionals when necessary.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Vicarage House Nursing Home

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 30 September and 05 October 2015. After that inspection we received concerns in relation to unsafe moving and handling procedures and lack of training for staff in moving people correctly. As a result we undertook a focused inspection to look into those concerns. We inspected the service against two of the five questions we ask about services: is the service safe, is the service responsive?

This focused inspection took place on 21 April 2016 and was unannounced. It was carried out by an adult social care inspector.

At the last inspection we found some staff training had not been carried out however dates had been booked. People were not always involved in the day to day running of the home. There was no registered manager in post. We found the new manager had implemented changes which they needed to prove they could maintain consistently. This inspection only covered our findings in relation to the recent safeguarding concerns we received.

This inspection was triggered by two concerns which had been brought to our attention. One concern related to a lack of staff training in the moving and handling of people and the correct use of moving and lifting equipment. The other concern related to staff failure to respond to people's changing needs. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

Vicarage House Nursing Home is registered to provide care and accommodation for up to 32 older people. There were 31 people living in the home at the time of the inspection. During the inspection we met with seven people who lived at the home, two visitors, three members of staff, and the registered manager.

We looked at a sample of records relating to the running of the home. These included the care records of four people who lived at the home, staff training records, and the record of complaints received by the registered manager.

Is the service safe?

Our findings

At this focused inspection we only looked at the area in which concerns were raised. We will look at all the key lines of enquiry for this area at our next comprehensive inspection.

Before the inspection we received concerns that staff had not received training in the correct way to move people safely and in the correct use of equipment used to lift and move people. The concern stated staff were not following the correct procedures and used unsafe lifting and moving techniques.

Training records showed, and staff confirmed, all staff working in the home had received up to date moving and handling training. This training included practical demonstrations by a qualified moving and handling train the trainer. Staff were given time to practice the techniques they had been shown. The training also included the correct use of equipment used in the home. One staff member said, "The training here is brilliant never had so much offered before. There is something booked each month." The registered manager said they sourced training from outside companies and then informed staff what was available and when. Staff were then encouraged to select the courses they wished to attend if they were extra to the mandatory training specified by the organisation. This showed staff were trained to safely assist people in the correct manner if they were immobile.

New staff received a full induction before they worked unsupervised. One staff member said, "All new staff receive the training they have to do at the start. This includes moving and handling. They can then shadow senior staff and they are not left unsupervised until the senior staff and they agree they are competent." During the inspection we observed staff moving people on four separate occasions, staff were not aware they were being observed. They followed the correct procedures on each occasion and two different types of lifting/standing equipment were used appropriately.

People's care plans stated clearly if they required assistance with moving and transferring. Care plans told staff what equipment they should use and the correct sling size if appropriate. If different equipment was required for different types of transfers this was clearly recorded. For example, if a person required a hoist to help them into and out of bed and slide sheets to help them move once in bed.

People spoken with confirmed they received assistance to stand and move. However, they did not have the knowledge to comment on the appropriateness of the transfers used. One person said, "I always feel safe and happy so I guess they are doing it right."

Is the service responsive?

Our findings

At the last inspection this area was rated as requires improvement as we found people were not involved in decisions about the running of the home. At this inspection we only looked at the areas raised in the concerns forwarded to us. Therefore, the rating remains 'requires improvement' until the next comprehensive inspection. At that inspection we will look at the key lines of enquiry for this area and the shortfalls noted at the last inspection and make a decision about progress in that area.

Before the inspection we received concerns that people's changing needs were not being responded to in an appropriate manner. This meant staff may not act in a timely manner when a person's health deteriorated.

Care plans showed people's changing needs had been recorded. Care reviews had been carried out and any changes in needs clearly stated. Staff said communication in the home was good and they were always informed at handover of any changes in care plans. Records showed when a person's health deteriorated the GP or other health care professional was informed. For example, we saw when a person had required a review of their eating and swallowing plan the Speech and Language Therapy Team (SALT) had been contacted. The SALT team advise on the best way to protect a person from choking whilst maintaining a nutritional diet. One relative said, "I have every respect for the staff they are really proactive in the care they provide. When [person's name] was very poorly recently they informed the GP and arranged for them to go to hospital. They picked up on the changes so quickly they were only in hospital a couple of days."

Advance planning was agreed with people or their legal representative at an early stage following their move into the home. Records showed people's wishes had been discussed, such as whether they wished to return to hospital if their health deteriorated or if they wanted to be resuscitated in the event of cardiac failure. One staff member explained how they tried to support people's wishes, such as respecting their choice about staying at the home when they were receiving end of life care. However, they also said they had to be open to the fact that people and relatives could change their mind and ask to go into hospital when their health deteriorated.

We also looked at the way the registered manager responded to complaints when received. Records showed one complaint had been received since our last inspection. The complaint had been dealt with in line with the organisations complaints procedure. A meeting with the complainant had been held and issues discussed openly. People said they could talk to the registered manager if they wanted to complain and one visitor said, "I have no complaints at all but I would certainly discuss anything with [registered manager's name] as I know they will listen and act accordingly."