

SVP Health Care Limited

The Old Vicarage Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 1 and 5 December 2016. The visit on the 1 December was unannounced. This meant that the provider and staff did not know we would be visiting. The Old Vicarage provides accommodation, care and support for up to 36 people. There were 31 people living at the home at the time of the inspection.

At our last comprehensive inspection of the service, in March 2015, we found the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Good Governance. We returned to the service in September 2015 and found the provider had made improvements to meet legal requirements.

A registered manager was 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.

People and their relatives told us they felt safe living at the home. Staff had undertaken training in how to respond to safeguarding issues and concerns and were able to describe to us the correct processes to follow. We saw where concerns had been raised these had been shared promptly with the local authority safeguarding team.

Accidents and incidents had been monitored and analysed. Risks had been assessed and where possible action had been taken to reduce the likelihood of the risks occurring again.

People, their relatives and staff told us there were enough staff to meet people's needs. We saw staff were able to respond to people's requests quickly. Robust recruitment procedures had been followed.

Medicines were managed appropriately.

Staff training was up to date. The manager monitored essential training to ensure any refresher courses were booked before training expired.

The principles of Mental Capacity Act 2005 (MCA) were not always followed. Some people had capacity assessments completed which were not decision specific. Where decisions had been made on people's behalf, documentation had not been completed to evidence that their capacity had been assessed or that the decision was in the person's best interests.

Where restrictions on people's liberty were in place to keep them safe, applications had been made to the local authority to grant Deprivation of Liberty Safeguards.

People told us the food on offer was plentiful. A choice of food was available at every meal and food was on offer throughout the day. However, we found records relating to people's nutritional needs and food and fluid intake had not always been completed.

People spoke highly of the staff team. Through our observations we saw staff were friendly and treated people with respect.

Care records were personalised and contained specific information so staff could provide people with consistent care.

People's needs and their plans of care were regularly assessed, however, we noted on some occasions advice from healthcare professionals had not been incorporated into care plans.

People provided us with mixed feedback about the activities on offer. We observed people enjoying a reminiscence session, but one person told us they would like to go on more trips out of the home. The registered manager told us she was trialling different staff shifts so staff had more time to focus on activities.

People and staff were positive about the leadership in the home. Staff described the improvements they had seen in the home. Staff told us they were proud to work at The Old Vicarage.

The provider did not have a robust system in place to monitor the quality of the service provided. Whilst a schedule of audits was carried out regularly, they had not identified or addressed the shortfalls which our inspection highlighted.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the need for consent and good governance. You can see the action we have told the provider to take at the back of the full version of this report.

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.

Staff had received safeguarding training and knew the correct process to follow to protect people if they had any concerns.

There were enough staff to meet people's needs and recruitment checks were in place.

Accidents and incidents were monitored and steps had been taken to minimise the risk of harm to people.

Medicines were managed appropriately.

Is the service effective?

Requires Improvement 

The service was not always effective.

The principles of Mental Capacity Act 2005 were not always followed. Capacity assessments were not decision specific. Documentation was not in place where 'best interests' decisions had been made to show the processes that had been followed.

Staff training was up to date. Staff undertook a range of training including training specific to people's needs.

People were satisfied with the food at the home. A choice of food was available at every meal and food was on offer throughout the day.

Is the service caring?

Good 

The service was caring.

People told us that staff treated them well. We saw staff engaged with people, shared jokes and asked people how they were. Relatives told us they always felt welcome.

People were encouraged to be independent and they were treated with respect.

Is the service responsive?

The service was responsive.

People's needs had been assessed and care plans were in place to meet those needs.

Care plans were specific, detailed and personalised to the individual.

Care plans had not always been updated when people's needs changed, but staff were aware of people's needs.

The complaints policy had been followed and complaints were monitored.

Good 

Is the service well-led?

The service was not always well led.

The systems in place to monitor the quality of the service had not identified the shortfalls we had found during our inspection, in relation to mental capacity, and care planning.

Some records, in relation to people's food and fluid intake had not been completed.

People, their relatives and professionals spoke highly of the registered manager.

Feedback had been sought from people, staff and professionals about their views on the service.

Requires Improvement 

The Old Vicarage Care Home

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 was planned to check 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 1 and 5 December 2016 and was unannounced. The inspection was carried out by one inspector.

We did not request a provider information return (PIR) in advance of this inspection. A PIR 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.

Before the inspection we reviewed all of the information we held about the service. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We reviewed information we had received from third parties. We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch team. We used the information that they provided us with to inform the planning of this inspection. We also spoke with a member of the challenging behaviour team who was visiting the service at the time of our inspection and after the inspection spoke with a dietitian who supported people in the home.

During the inspection we spoke with six people who used the service and three people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. With consent, we looked in three people's bedrooms.

We spoke with the registered manager and four care workers. We reviewed four people's care records including their medicines administration records. We looked at four staff personnel files and a range of records related to the management of the service.

Is the service safe?

Our findings

We spoke with six people who used the service. People told us they thought the home was a safe place to live. One person said, "Oh yes, I'd say we are safe." Another person said, "I'm as safe as I'd be anywhere." A relative told us, "[My relative] seems to be safe."

Staff had undertaken training in identifying and responding to safeguarding concerns. A safeguarding procedure was available to staff to access at any time, which described the steps they should follow if they had any concerns over a person's safety or wellbeing. This information detailed that staff should share any concerns with the registered manager, but also explained that staff should contact the local authority if the manager was unavailable. Leaflets for people who used the service or their relatives regarding abuse and how to report it, that had been produced by the local authority, were available in the reception area. Staff we spoke with were able to tell us the different types of abuse which may occur, potential signs that a person may be at risk, and the appropriate steps they would take if they had concerns. All staff told us they felt any concerns raised would be acted upon by the registered manager of the home. Safeguarding records were well organised, recording the actions which had been taken, and the outside agencies which had been contacted. We saw records had been updated with any outcomes or investigations which had been carried out. This meant effective systems were in place to minimise the risk of potential abuse.

Accidents and incidents were reviewed and monitored by the registered manager, to determine if staff had responded appropriately to accidents or incidents and if any additional action needed to be taken. This information was analysed monthly, with details such as the location in the home and the times accidents had occurred. This was to monitor for any trends. We saw action had been taken in response to this analysis, such as making referrals to health professionals.

Risks to people's safety and welfare had been assessed. Care records showed assessments had been undertaken, to determine any risks people may be subject to when living in the home and receiving care. For example, risks associated with moving and handling people, the likelihood of them tripping over, or choking on food. Where a risk was identified, information was provided to staff about how to mitigate the risk.

Contingency plans were in place and contained information about procedures to follow in an emergency, for example, telephone numbers and temporary accommodation details if people needed to move out due to an emergency situation. A personal evacuation plan was within each of the care records we checked. These contained information about people's mobility and communication needs, should they need to be evacuated from the building in an emergency.

None of the people, relatives or staff we spoke with raised any concerns over the number of staff working in the home. One staff member said, "Today is a typical day. It never feels too busy on the floor. I think we have enough staff." The registered manager advised us staff numbers were determined by an assessment of people's dependency needs. She showed us that she had recently increased the number of staff on duty as some people had moved into the home, and told us she was trialling different shift patterns, so more staff could be available to support people during mealtimes and activities. During our inspection we saw staff

were able to quickly respond to any requests people had, such as if they wanted a drink, or help to move to another part of the home. Staff were always available in the communal areas, and a health professional, who visited the home regularly told us staff were always available to speak to them whenever they visited.

Recruitment procedures had been followed. We viewed four staff files. Files contained application forms, interview questions and proof of identity checks. Staff had been subject to two references, at least one of which was from a previous employer. In addition Disclosure and Barring (DBS) checks had been carried out before new staff started in their roles. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. This meant appropriate vetting checks had been carried out to determine that staff were of good character before they started working within the home.

Medicines were managed appropriately. Staff who dispensed medicines had undertaken yearly training and competency assessments, including observations and knowledge checks, to make sure they were able to administer medicines safely. We watched staff administer medicines. People were told what their medicines were before they were given them, and offered a drink of their choice. Where people were prescribed 'as required' medicines a personalised protocol was in place so staff had information about when this medicine should be given. We looked at four people's medicine administration records (MAR). We saw these were generally completed well, staff had signed when they had administered medicine, or if it had not been given, the reason had been documented. We did note records were not complete for one person who received medicine via a patch on their skin. Staff were required to record where they placed the patch to ensure it was not put on the same area of skin for 14 days to minimise the risk of skin irritation. We noted a number of occasions where staff had not recorded the placement of the patch. We fed this back to the manager who advised us they would address this issue with staff. We checked a random sample of medicines, and found that the amounts in stock matched records. Processes were in place for the safe disposal of medicines which had not been administered or were no longer required.

The registered provider had arrangements in place for the on-going maintenance of the building and routine safety checks were carried out. We saw evidence that specialists had assessed the electrical installations, and risk of legionella or asbestos. All were deemed satisfactory. Records were kept which detailed the dates that hoists, lifts and boilers had been serviced to ensure they remained safe for use and met safety requirements.

The home was clean and there were no malodours. Staff wore appropriate disposable protective clothing when they were delivering aspects of personal care, to minimise the risk of infection. An infection control audit was carried out regularly to identify any areas for improvement.

Is the service effective?

Our findings

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.

We reviewed records in relation to the MCA and found that in some cases the principles of the MCA had been followed. Some decisions had been made on people's behalf, such as attaching bed rails to a person's bed to prevent them from falling, or putting a pressure alarm in place, but the service could not evidence the MCA had been followed and who had been involved in this decision making. Assessments were in place which were not decision specific. People had been assessed as not having the capacity for 'health and wellbeing' but did not explain why people did not have capacity to make certain choices regarding their care, such as whether they wanted to accept personal care. This meant people's rights were not upheld.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Need for Consent

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider acted in accordance with DoLS. Where necessary they had made timely applications to the local authority to grant DoLS authorisation. Staff were aware which people did not have capacity to leave the home unaccompanied. We observed one person with a DoLS in place told staff they wanted to leave the home. Staff were patient and distracted the person by offering them a cup of tea. Where people did not require DoLS they were able to come and go from the home as they wished. During our inspection we saw some people left the home to access the local community.

Whilst we found evidence that the MCA had not always been followed, we saw from observations and records that choice was promoted. People were asked what meals they would like, where they would like to spend their time and if they wanted to accept their medicines. Care records instructed staff to respect people's wishes.

People told us they felt staff were able to meet their needs. One person said, "Things are fine here. They (staff) do their best." Another person said, "They (staff) are efficient."

We looked at the training overview for all staff in the home. We saw staff had undertaken a wide range of training. All staff were up to date in training required for their role, such as moving and handling, health and safety and safeguarding. The registered manager monitored training dates to ensure required training was kept up to date. Some of the people who used the service were living with dementia. The registered manager told us that she had identified that staff would benefit from more in-depth training in this area. She

said she had arranged for all staff to undertake dementia awareness training which provided staff with an understanding about the needs people living with dementia may have. Records showed approximately two thirds of staff had completed this training the month prior to our inspection visit.

New staff undertook induction training. This consisted of reading policies, shadowing experienced staff and a range of training. The induction incorporated the Care Certificate. The Care Certificate is a set of minimum standards for care workers and requires staff to complete competency assessments and reflect on their learning.

At our last comprehensive inspection in March 2015 we found staff had not received regular supervision sessions with their line manager or an annual appraisal. At this inspection we found staff were meeting with their supervisor, or the registered manager regularly. The registered manager kept an overview of all of these meetings, so she could monitor that staff had adequate opportunities to discuss their performance and any development needs. Staff confirmed that they attended these meetings. One staff member said, "I have supervisions every 3 months with [Name of supervisor], but to be honest, I can go and see them whenever I want."

People told us they enjoyed the food served to them. One person said, "The food is very good." Another person said, "There is always something I like on the menu." Two people fed back that the meals were often cold, and we passed on this feedback to the registered manager. People who were cared for in their bedrooms and needed support to eat, were given their lunch last. This meant one person had waited five hours since their breakfast without being offered any snacks. The registered manager told us they were trialling a new order for serving people, and that people did not normally have such long gaps. She showed us records which evidenced this.

Kitchen staff kept information about people's dietary needs, but where they had changed, for example if they subsequently required a fortified diet they had not always been updated. The registered manager assured us that the kitchen staff were aware of people's up to date needs, but as the kitchen staff were not on duty during our inspection visits we were unable to check. We saw from records of people's weights that most people had put on weight since being admitted to the home. Where people had lost weight prompt referrals had been made to dietitians. We spoke with a dietitian about the home. They told us they had no concerns about people's nutritional support.

Since our last inspection, communication within the home had improved. The registered manager had introduced a communication book to detail any information staff needed to be aware of. Where action was required, this was recorded clearly, and an assigned member of staff had been noted who was responsible for carrying out the action, such as making a GP appointment. Staff told us this new system was working well, and explained all staff designations were responsible for reviewing the communications book to ensure actions were followed out as they should be.

Records showed people had access to support from health care professionals, such as GPs, district nurses, physiotherapists, the speech and language team, specialist dementia team and the behaviour team. A member of staff from the behaviour team was visiting the home on one of the days of our inspection. They told us staff were proactive in making referrals and that when they provided advice, staff took this on board and put changes into place. Staff said they supported people to attend appointments whenever required.

The home had recently been refurbished, each person had their own en-suite toilet, and aids and adaptations were provided to meet people's needs.

Is the service caring?

Our findings

People we spoke with told us The Old Vicarage was a warm and homely environment. One person said, "They [staff] do their best for the patients. They work well and they do a good job. They are always kind. They treat us like their parents. They are kind and they help us.". Another person said, "The staff do their best. I have no complaints." A healthcare professional commented, "The staff seem to know people well. They seem happy."

Throughout our inspection we observed that staff were caring and friendly towards people. Staff shared jokes with people, talked about their local areas, and enquired how people were. During our visit we noted one person became upset. Staff were reassuring. They held the person's hand and quietly asked what was wrong. We saw staff spent time with this person, and sat down with them until they were feeling better.

Staff treated people with dignity and respect. Staff gave us examples of how they delivered care to achieve this aim. For example, they told us how they were mindful of people's dignity when they provided them with personal care such as covering people with a towel whenever possible. We saw staff knocked on people's bedroom doors and waited for permission before they entered. Records showed that all staff had undertaken training in 'dignity in care'.

People's independence was promoted. We saw a risk assessment in place for one person for using the kitchen. The registered manager told us this person enjoyed keeping busy and liked to help with the dishes. The risk assessment showed that steps had been taken to make sure the kitchen was safe so that the person could take part in this activity.

There was a good level of detail within care records as to people's personal preferences. Records stated people's preferences around food, drinks, the time that they liked to go to bed and get up, the type of clothes they liked to wear and their preference for male or female staff. Entries within records were personal and written with warmth. For example one record said, "[Name of person] can be described as a quiet, placid gentleman."

Relatives we spoke with told us they always felt welcome at the home. One relative said, "Oh yes I can come anytime I want. There would never be a problem with that." Another person said, "The staff have been very good, with [Name of relative] but also with us. It's been quite a lot to take in, but they've made it as good as it can be."

The registered manager told us that at the time of our inspection no one was accessing an advocate. Advocates represent the views of people who are not able to express their wishes themselves.

People had been asked whether they wanted to make plans in advance about how they would like to be cared for at the end of their lives. These plans included information such as where the person would like to be cared for, at the home, or in hospital, and who they would like to be present.

Is the service responsive?

Our findings

People we spoke with told us staff were responsive to their needs. One person said, "It's canny. They are doing a fair job." Another person said, "The staff are always just around the corner. If I call they will come. I've never asked for something and not got it." One person's relative told us they felt staff were not responsive enough to their family member's continence needs. We fed this back to the manager who advised us they would speak with this relative and investigate.

At our last inspection comprehensive inspection, in March 2015 we had found the level of detail in records varied. At this inspection we saw improvements had been made. Records had been audited and care plans were generally detailed and personalised. For example, we saw an entry within a care plan which described how staff should meet the person's communication needs. This read, "[Person's name] is responsive to a smiley expression. Staff are to be respectful and communicate to [person's name] explaining the reasons behind what they wish (person's name) to do, giving [person's name] time to process the information and respond."

Some people who used the service sometimes displayed anxiety and agitation. In these cases we saw staff had engaged with the challenging behaviour teams, and written care plans which included any potential triggers and personalised information about the best way to respond to the person to make them feel calmer and at ease.

Whilst people's plans of care were evaluated on a monthly basis, they had not always been updated with advice from healthcare professionals. One person had been under the care of the dietician and a letter stated they should receive a fortified diet and additional snacks. This information had not been put into the care plan, but staff we spoke with were aware of this person's needs and told us they were receiving nutritious snacks and fortified drinks. We fed this back to the registered manager who immediately contacted the dietician, and arranged for the person's care plan to be rewritten.

We recommend that the provider reviews the evaluation process to ensure any change in people's needs or advice from professionals is captured.

There was a schedule of activities planned for each day, including things like movie night, manicures and playing games. During our inspection we saw staff used laminated cards to engage with people in a reminiscence activity. One of the cards was of a fairground. The staff member said, "This reminds me of Spanish City (a local fair). I loved the dodgems. What rides did you go on." This prompted discussion between people using the service, who became animated discussing their time at the fair.

One person we spoke with told us they would like to get out of the home more. They said, "They're gonna have a sing song now. I get a bit bored because I don't always join in. That isn't really my thing. I'd like a drive up to the coast or something like that." We discussed this with the manager who told us she was taking steps to improve the activities on offer. She told us she had changed staff shifts so there were more staff on duty during the day who could facilitate more activities. The registered manager told us that she tried to

engage people in activities they would be interested in. She told us one person was a keen gardener so she had put some plants at the front of the home which they were tending to.

All of the people and their relatives we spoke with told us they knew how to make a complaint. Comments included, "No complaints" and "I'm happy with how things are." A copy of the complaints procedure was displayed in the reception area of the home and leaflets explaining the procedure were available for people to take away if they wished. We viewed the service's complaints records. Information had been recorded as to the nature of the complaint, any investigations, outcomes and communication with the complainant.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission since February 2016. The registered manager was present during our inspection and assisted us with our enquiries.

The provider had failed to ensure there was adequate governance and oversight to identify and address some of the issues which we identified at our inspection. Systems and processes were not fully in place or operated effectively, to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we found the principles of the Mental Capacity Act 2005 had not always been followed and information from healthcare professionals had not always been incorporated into care plans. Records related to people's food and fluid intake were not completed consistently and these were often undated. The registered manager carried out a number of audits and checks on aspects of the service such as care plan, medicines and infection control audits. However, these had not highlighted the concerns which we found. This meant auditing systems in place had not been effective or driven improvements.

We asked the manager what quality monitoring and assurance was undertaken by the provider. She advised us the provider visited the home regularly, sometimes daily. However, she told us that any assessment of quality or feedback provided to her was done informally. The provider did not carry out any quality monitoring audits or provide her with written feedback following their visits. The registered manager had told us, at a previous focussed inspection in December 2015, that they were creating a way of recording this feedback more formally. However, this piece of work had not been completed. This meant the provider had failed to implement a system to assess, monitor and improve the quality of the services provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Good governance.

We asked people, relatives, staff and healthcare professionals about the leadership at the service. Feedback was positive. People told us the registered manager was a visible presence. One person said, "[Name of Manager] is good. She's got a good head on her shoulders." Relatives told us they could get in touch with the registered manager whenever they needed to and that she was approachable.

The registered manager told us she was well supported by the provider. She said, "[Name of provider] will do anything I ask for, for the people here. If it costs money, then as long as I can justify that it will make a difference to people's lives, he is happy to invest. He cares about people and the staff too."

Staff we spoke with were positive about the changes which had been made since the registered manager had started working at the home. Staff described how they had a common goal to make improvements. One staff member said, "It is non-stop. Once we've got the care plans improved we move on to the activities, then we'll move on to the next. We are all committed to making a change." Another staff member said, "I'm

honestly proud to say I work here. We are a really good team."

Feedback had been sought from people who used the service, staff and visiting professionals. Surveys had been sent out in November 2016 and the registered manager had not yet analysed the results. She advised us that once that had been done, she would discuss people's feedback and any proposed changes with people who used the service and staff. We saw meetings were held monthly with people and their relatives to discuss any upcoming events, menu changes or suggestions for improvement for the service. Staff told us they were able to give feedback through their supervision sessions, staff meetings or by approaching the registered manager directly at any time.

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 11 HSCA RA Regulations 2014 Need for consent Where people were unable to consent because they lacked capacity, the provider had not always acted in accordance with the Mental Capacity Act 2005. Regulation 11(1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place to assess, monitor and improve the quality of the service provided, were not robust enough to identify and address shortfalls. Records were not always an accurate account of the care people received. Regulation 17(1)(2)(a)(c)(f)