Southwest Care Limited

Vicarage House Nursing Home

Inspection report

The Old Vicarage, Hambridge,
Langport, Somerset, TA10 0BG
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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection was unannounced and took place on 30 September and 05 October 2015.

There was not registered manager in post, the new manager had been in post since May 2015 and had sent his application to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of the home was carried out in April 2014. During that inspection we found records of people's care were not always sufficiently accurate and appropriate to ensure people were protected from the risks of unsafe or inappropriate care and treatment. Improvements were also required to the records of staff

Summary of findings

recruitment and other records relating to the running of the home. We did not receive an action plan from the provider detailing how and when they would make the improvements. At this inspection we found changes had been made to the way records were kept and maintained. Care plans were up to date and accurately reflected the changing care needs of people in the home. Staff records were well maintained and contained all the information required by the regulations. Minutes of meetings showed issues had been discussed and action taken.

Before the inspection concerns had be raised about the lack of clinical and management experience of the new manager. At this inspection we found the manager had 20 years' experience within management and a management qualification. They had also worked alongside the previous registered manager before they left. The manager was also supported by a qualified nurse who took the clinical lead role in the home. This meant people benefited from a team with both managerial and clinical skills.

People, staff and relatives told us there had been a lot of changes in the home since the new manager had taken up the post. They all said they felt the changes had all been for the better. One person told us they now enjoyed regular activities and entertainment and had enjoyed the recent quiz. A relative told us they had had their reservations about the changes but they were very happy and felt the home was more cheerful and relaxed.

The manager's vision was for people to be involved in their care and the running of the home. They had implemented changes to care plans and had carried out care reviews with people and their relatives when necessary. This meant people were beginning to have a say in the way their care was provided. The manager had also looked at the way they could start resident and relative meetings with people making decisions about the way the home would be run. A customer satisfaction survey had been introduced and the manager confirmed once they had received all the responses they would develope an action plan to discuss with people relatives and staff. However this was all recently implemented and it was too soon to judge if the changes could be maintained consistently.

Staff confirmed they all had a very good knowledge of people's specific needs and would be attending training updates once it was rolled out. The manager confirmed all staff needed their training up dated. A training programme had been arranged with a local college and dates had been booked for all staff to attend. Arrangements had also been made with a qualified nurse to carry out regular visits to the home to assess staff competence and provide training on specific areas such as diabetes.

The provider had a robust recruitment procedure which minimised the risks of abuse to people. Staff said they knew how to report any concerns and people who lived at the home said they would be comfortable to discuss any worries or concerns with the manager.

Everybody told us they felt safe living in the home, one person said, "Safe as houses." Whilst another person said they felt very safe when being cared for by the staff. Everybody was relaxed with staff and there was a friendly atmosphere on both days we were in the home. Relatives said they were always made welcome and one relative said, "Home from home I visit that often."

People were supported by sufficient staff to meet their needs. People spoken with said they felt there were enough staff working in the home. One person said, "I think they have enough staff they have time to sit and chat with you so not rushed off their feet."

Records showed there were adequate staffing levels on each shift. The manager confirmed staffing levels could be flexible to meet the care needs of people and to support other staff with activities. We observed staff took the time to chat and socialise with people and call bells were answered promptly.

People saw healthcare professionals such as the GP, district nurse, chiropodist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical wellbeing, such as changes in weight or mobility, effective measures were put in place to address any issues.

Everybody spoken with told us they enjoyed the food, they all said the food was good. People were offered choices and the food was nutritious and well presented. People who needed assistance with eating were supported in a dignified and unhurried manner. People were able to choose were they ate and some people preferred to remain in their own room.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There was a robust recruitment procedure which minimised the risks of abuse to people.

People received their medicines safely from staff who had received specific training to carry out the task.

People were safe because the provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

People who lived at the home received effective care and support from a stable staff team who had a good understanding of their individual needs.

However staff training was not up to date, records showed all training had been planned with dates booked.

People received meals in line with their needs and preferences.

Staff made sure people's legal rights were protected if they were unable to make a decision for themselves.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respected people's diverse needs recognising their cultural and social differences.

People's privacy and dignity was respected and they were able to make choices about how their care was provided.

Visitors were made welcome at the home at any time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home. However people were not involved in the day to day running of the home.

People had access to a range of activities which had recently been introduced.

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.

Summary of findings

Is the service well-led?

The service was not always well led.

There was no registered manager in post

There were systems in place to monitor quality and seek people's views; and the management team listened to any suggestions for the continued development of the service provided. However this was all recently implemented and it was too soon to judge if the changes could be maintained consistently.

There was an open and approachable management team in place.

Requires Improvement

Vicarage House Nursing 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 30 September and 05 October 2015 and was unannounced. It was carried out by an adult social care inspector.

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. At the last inspection on 29 April 2014 we found records of people's care were not always sufficiently accurate and appropriate to ensure people were protected from the risks of unsafe or inappropriate care and treatment. Improvements were also required to the records of staff recruitment and other records relating to the running of the home. We did not receive an action plan from the provider detailing how and when they would make the improvements.

Vicarage House Nursing Home provides nursing care for up to 32 older people.

During this inspection we spoke with eight people who lived at the home, five members of staff, two relatives and the acting manager. Throughout the day we observed care practices in communal areas and saw lunch being served.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, three staff personnel files and minutes of meetings.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us, "I am happy here and I feel very safe. I was not safe at home as I kept falling over so this is a good place for me." Another person said, "As safe as houses. Yes I am happy with the home and the staff."

People were protected from harm because staff had received training in recognising and reporting abuse. One staff member told us they had attended the safeguarding training during their induction. Another staff member said, "We have done the training but we are due an update. I know the manager has arranged for [an outside organisation] to come in to do the training." The manager confirmed they had discussed the dates for training with [the outside organisation] emails confirmed dates had been agreed. Staff understood how to recognise the signs that might indicate someone was being abused. They told us they knew who to report to if they had concerns. Staff also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing.

Staff said there was really good communication between themselves, the manager and qualified staff they all said they would be listened to if they raised any concerns. One staff member said, "I would not hesitate to take any concerns to the manager I know he would act immediately and would listen."

Risks to people were minimised because relevant checks had been completed before staff started to work for the home. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. The DBS checks people's criminal history and their suitability to work with vulnerable people. The manager confirmed they had not employed new staff recently but had staff ready to start once their checks had been returned. One staff member confirmed they had not started work until the previous registered manger had obtained all their checks.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. During the inspection we observed staff took time to sit and talk with people. Call bells were answered promptly and nobody appeared rushed. One person said, "I think there are enough staff we never have to wait long when we need help." Another person said, "I never feel rushed, if I want to take my time nobody says anything about not having the time to spend with me." One relative said, "I think they had a spell when they struggled with the number of staff but they have certainly sorted that out and there are plenty around now." The manager confirmed they had reviewed the rota system to meet the changing needs of people in the home.

People's risks were managed well. Care plans contained risks assessments which outlined measures to enable people to take part in activities with minimum risk to themselves and others. For example one person identified as at risk of falling had preventative measures in place such as a pressure mat to alert staff when they moved, so staff could assist them across their room. A best interest decision record showed the appropriate people had been involved in the decision to use the pressure mat. Staff knew the assessment for this person and always ensured the mat was in place. Other risk assessments included the risk of developing pressure ulcers and moving and handling. People at risk of developing pressure ulcers had been assessed and the protective equipment was put in place to reduce the risk. One relative said, "They have looked after my [relative] really well. I am here several days a week and they follow their turning and repositioning charts so my [relative] doesn't develop pressure sores."

People's medicines were administered by registered nurses who had their competency assessed to make sure their practice was safe. The home had recently changed their medicines policy to the use of blister packs. They had been supported by their local pharmacy in making the changes, to their systems and paperwork. The medication administration records (MAR's) were new to the qualified staff, however they all showed a clear understanding of the changes. One staff member told us they felt the new MAR's were a lot easier to read and follow.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines

Good

Is the service safe?

that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared: these detailed what room the person lived in and the support the person would require in the event of a fire.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. These included checks of the fire alarm system, firefighting equipment, fire doors, and hot and cold water temperatures. Specialist baths, passenger lifts and the call bell system had also been serviced and were maintained in good working order. An inspection by Devon and Somerset Fire Service had identified some fire doors which required replacement or adjustment to shut properly. The manager confirmed work had started; we noted the maintenance person was in the process of adjusting door closures to comply with the report.

Requires Improvement

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. However staff training had been identified by the manager as an area that had fallen behind and staff required updates in all areas.

Staff and the manager confirmed the training staff had received was all due to be updated. The manager had liaised with a local college to provide all the training staff required. Emails showed the training planned and dates to start. The manager also confirmed part of the training would include train the trainers in such areas as manual handling so staff could be updated as and when it may be considered necessary. The manager had developed a training matrix which would highlight when training had been completed and when updates were due. However it was too soon to judge whether the improvement in this area would be maintained consistently.

The staff team was stable with many staff having worked in the home for a number of years. This meant people experienced a consistent approach to the care and support they received. For example staff could explain how they looked after each individual and how they preferred to be cared for.

Staff had undergone an induction programme which gave them the basic skills to care for people safely. These included safeguarding vulnerable adults, moving and handling including use of hoists, infection control and health and safety. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for as well as train in areas that might be specific to them. For example stoma care and diabetes awareness. One staff member said, "The induction was good, it covered everything I think I needed to know. Then I worked alongside staff who had been here a while and knew the ropes."

There were always qualified nurses on duty to make sure people's clinical needs were monitored and met. The manager confirmed they also had the support of qualified staff outside of the organisation to provide advice and support. Staff said they felt the support provided by the qualified staff was good. One staff member said, "They are always happy to discuss anything with you and explain the reasons behind things."

Most people who lived in the home were able to make decisions about what care or treatment they received. Staff confirmed people were asked for consent on a daily basis, one staff member said, "It's no good assuming they are going to want the same today as they did yesterday. So it is all about talking to people and asking them what they would prefer then doing it their way." One person told us, "I like a lie in in the mornings and I am never told what to do, they always ask if I am ready to get up and if I say know they respect that." Another person told us, "I prefer to be up and about early and they all know that."

People's health and wellbeing was monitored regularly which meant staff could take appropriate action to ensure people received effective care and support. For example one person who had started to display challenging behaviours had been referred to the community psychiatric team for an assessment. There were regular handover meetings between staff to make sure any information or observations were passed from one staff group to the next.

People told us they saw health care professionals if they needed to. Records showed regular appointments had been made with a chiropodist, optician and a dentist. One visiting healthcare professional said they visited regularly and always found the staff helpful and willing to listen. They had visited to see one person in particular, we observed staff explained who they were clearly to the person and they were then seen in private.

Everybody spoken with said the food in the home was good; One person said, "The meals here are excellent I give them 10 out of 10 for that." Another person added, "I have never had a bad meal here, that's one really good thing, and if you don't like the choice you can ask for something else and no one ever moans." A relative said, "My [relative] has always said the meals were good and I have to say the smells from the kitchen are very appetising." Lunch was observed to be relaxed and a social occasion and nobody was rushed to complete their meal and leave the room. People were able to choose where they ate their meal. People were offered assistance in a supportive and dignified way. Staff sat with them and supported them discreetly. The manager confirmed the produce they used was sourced locally and meals were prepared using fresh

Requires Improvement

Is the service effective?

produce. The kitchen staff were aware of special dietary needs or peoples personal likes and dislikes. People who were identified as at risk of weight loss were referred to their GP and provided with supplements to raise their calorific intake.

Meals were served from the kitchen close to the dining room, therefore was always served hot and fresh. Food taken to people in their rooms was plated up, covered and taken to them straight away.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Most people were able to make decisions about what care or treatment they received. However one person's care plan contained information outlining when a decision had been made in a person's best interests. Information included an assessment of the person's capacity to make a certain decision and the people who had been involved in making a decision in the person's best interests. The manager confirmed training for staff in the mental capacity act was part of the agreement they had arranged with the local college.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager had a good knowledge of this law and was in the process of gaining professional advice and input for one person to be assessed to determine if they required this level of support and protection.

Good

Is the service caring?

Our findings

People said they were supported by caring staff, everybody spoken with told us they felt staff were caring and respectful. During the inspection we observed staff were kind, compassionate and treated people with dignity and respect. The atmosphere in the home was cheerful and people appeared relaxed and comfortable with the staff that supported them. One person told us, "It's a really homely atmosphere. I am very happy the staff are cheerful and we have got to know [the manager] very well. He is really good comes for a chat and a laugh." Another person added, "I think they are all really good, we can have a laugh but they are polite and respectful as well." One relative said, "I have only ever seen kind, caring and lovely staff. They look after my [relative] so well."

A visiting healthcare professional said they had always found staff to be caring and friendly. They were able to see the person they were visiting in private. People said they always received personal care in private and they never felt staff put them in embarrassing situations. We observed one person was distressed about where they were sat the staff immediately reassured them and assisted them to move to another part of the communal area.

People told us they were able to have visitors at any time. One relative said they visited several days a week and they were always made to feel welcome. Another relative said they never felt unable to visit and could do so at any time.

People said staff respected their privacy. People told us they could spend time in the privacy of their own room if they wanted to. One person said they preferred their own company but saw staff throughout the day so never felt alone. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way. At the time of the inspection the home did have double rooms however the manager confirmed they were working towards all rooms being single occupancy. Double rooms in use had suitable screens to protect people's privacy.

People were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. Life histories had been recorded in care plans so staff knew what the person liked to talk about, their hobbies and likes and dislikes.

Requires Improvement

Is the service responsive?

Our findings

People received care that was responsive to their needs. People were able to make choices about how their day was planned however the service was not set up in a way that enabled people to make decisions on the day to day running of the home.

The manager confirmed they had introduced some activities for people to attend and a newsletter was now sent to people and their families; however this was new and had not been in place long. One person said, "There have been some really good activities recently, bingo, quizzes and someone who comes in and sings. I have enjoyed them and they are going to be regular events now." The manager also confirmed they were planning to introduce resident and relatives meetings and was approaching relatives to start a friends of Vicarage House group. One relative commented that they would be more than happy to be more involved with day to day issues in the home. The manager was also considering the introduction of a resident's representative. These improvements all meant people would be more involved in the day to day running of the home and decision making. However it was too soon to judge whether the improvement in this area would be maintained consistently.

The manager spoke with people on a daily basis and sought any feedback at the time and took action to address issues raised. One person said, "I can see the manager anytime but he always pops round to see we are ok, I think he listens and you can see he has changed things." Another person said, "There have been plenty of changes recently and all for the better I think. They listen and act which is good." One relative said they felt things they had raised had been taken on board and action had been taken to improve some areas they had felt were not quite right.

Before a person moved into the home their needs were assessed to ensure the home was appropriate to meet the person's needs and expectations. One relative said they had been involved in the choice of home as their relative was unable to visit. However they said they had been given a chance to speak with people and staff.

The manager confirmed they would only take a person into the home if they felt they could meet their needs. They confirmed the assessment would include the person as far as was possible, healthcare professionals and relatives involved in their care. Following the initial assessment care plans were written. At the last inspection it had been noted that some care plans did not accurately reflect the needs of the person. The manager confirmed they had introduced a new care plan system following the comments made at the last inspection. Records showed they had considered people's current and up to date needs. People and relatives were now being involved in reviews to ensure they reflected their true needs. Daily records showed how the person's full day had been and how staff had followed the guidance and information in the care plan. Staff said the care plans contained sufficient information to enable them to meet people's needs.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. However we noted that some details could be included such as if they had preferences for certain products or specific clothing. The manager confirmed these details were included in people's life histories and would be entered into the main part of the care plan. People told us they felt the care they received was what they had agreed with staff. One person said, "They know me as well as I know myself now and they look after me the way I like. But that doesn't mean every day is the same." Another person said, "I don't have any problems with the staff or the care I get it is always good and they always ask."

We asked the manager how they were going to ensure people were consulted and agreed to the care needs written in their care plans. He said his vision was to include people in every aspect of their care and this was work in progress. New style care plans included an area to show people or relatives had been consulted. One care plan showed the person and their relative had been involved in a discussion about what their needs were and how they wanted them met. The relative told us they were impressed by the changes the new manager had made and had no doubt they would continue to be involved.

People were supported to maintain contact with friends and family to minimise the risks of social isolation. Most of the people in the home were from the local community and had built up friendships with staff and other people in the home.

We asked people if they knew how to make a complaint, everybody said they knew who to go to and felt they could

Requires Improvement

Is the service responsive?

discuss any concerns with any member of staff. One person said, "I know who to go to, and if I wanted to complain I would, but everything is ok at the moment." One relative said they had received information on how to make a complaint when their relative had moved in. This included the contact details for the local authority and the CQC. This relative confirmed they had spoken with the manager and contacted the CQC with some concerns they had had when the manager first took up post. They said they were happy to say it had all been resolved professionally and they were very happy with the outcome and the way the home was being managed.

There was clear documentation to show a complaint or concern had been received and how it had been managed. Complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt. This showed the service listened to, acted on and learnt from any concerns raised.

Requires Improvement

Is the service well-led?

Our findings

There was a staffing structure in the home which provided clear lines of accountability and responsibility. However there was no registered manager in post the new manager had been in post since May 2015 and had sent his application to the Care Quality Commission to become the registered manager.

At the last inspection we found staff records and other records relevant to the management of the service which contributed to protecting people and improving the service were not always completed. We looked at the records for staff recruitment, staff meetings and the daily records kept by staff we found they were up to date and complete. The manager confirmed they had done a lot of work following the last inspection to ensure all records were maintained correctly.

Before the inspection we had received concerns that the new manager was not clinically qualified and lacked management experience. The manager was able to confirm they had 20 years management experience and had worked alongside the previous registered manager before taking up the post. The manager was supported by a qualified nurse who had taken the role of clinical lead until a permanent clinical lead could be employed. This meant people benefited from an experienced management team that was also clinically led.

Staff members had job descriptions which identified their role and who they were responsible to. Staff rotas showed there was a senior member of staff as well as a qualified nurse on each shift for staff to go to for guidance. Staff members said the manager was always prepared to work on the floor alongside them. They said this meant the manager also understood their roles and ensured care was being carried out in line with people's care plans.

The manager had a clear vision for the home; they wanted to enable people take control and be involved at all times with their care and the running of the home. This meant they had started to consider how they would organise resident and relative meetings when a resident representative would be selected. They had also started to arrange care plan reviews with people so they could be involved in decisions about their care and their needs. Their vision and values were communicated to staff through staff meetings daily contact and discussion, and formal one to one supervisions.

Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. The manager and staff confirmed the supervision programme had started to settle in with senior staff taking the lead for more junior staff. Again this was in its infancy and would need to be judged at a later stage to ensure it was consistent and action continued to be taken from issues raised.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example the changes in care plan records, introduction of a training programme and regular supervision. The manager confirmed it had meant a lot of changes in the four months they had been in post. Staff said they felt the changes had been for the better. One staff member said, "The manager has been brilliant, he saw where change was needed and worked really hard to introduce them. Some staff have left because they didn't like change but there is a brilliant team now and residents and their families have commented on the way the home is alive, cheerful and well run." However this was all recently implemented and it was too soon to judge if the changes could be maintained consistently.

The manager had developed a customer satisfaction survey which was being given to residents and relatives at the time of the inspection. One relative had completed theirs and told us they thought it was a really good approach to involving people in the running of the home and their care. This person said they thought a lot of things had changed for the better in the last few months. They told us, "At first I was sceptical and I must say I was not happy with some of the changes and the way things appeared to be going. However I am really happy with the way things are now. I have told [the manager] and I can honestly say I have absolutely no concerns with the care

Requires Improvement

Is the service well-led?

provided." The manager confirmed that following the survey an action plan would be developed and discussed with people, relatives and staff to drive further improvement.

All accidents and incidents which occurred in the home were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Where concerns with an individual were identified by the analysis appropriate additional support was provided. For example the provision of a pressure mat to alert staff when a person stood so they could be assisted to walk.

The manager confirmed they kept their skills and knowledge up to date with the research they had carried out over the few months they had been in post to implement the changes. They were supported by the regular qualified nurses on a daily basis and had an agreement with another qualified nurse who would visit the home regularly to assess staff competence and provide training in specific areas to ensure their knowledge and skills were up to date.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.