Care Quality Commission

Royal Bay Care Homes Ltd

The Old Vicarage

Inspection report

Weekley Village
Northants
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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?	**Requires improvement**

Overall summary

This unannounced inspection took place on the 27 July 2015.

The Old Vicarage accommodates and provides care for up to 38 older people, the majority of whom have nursing care needs. There were 32 people in residence during this inspection.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were cared for by sufficient numbers of staff were experienced and trained to meet their needs. Recruitment procedures were robust and protected people from receiving care from staff unsuited to the job.

Summary of findings

People received individualised care that suited their needs. The staff team understood and acted upon their individual responsibilities and knew what was expected of them when caring for older people. Staff were attentive and compassionate.

People's care needs had been assessed prior to admission and thereafter their care plans were regularly reviewed. Care plans were individualised to reflect their current needs so that staff had the necessary information and guidance to meet these needs. People benefited from receiving care from staff that listened to and acted upon what they said, including the views of their relatives, friends, or significant others.

People's health and wellbeing needs were met by staff that were supported by community based healthcare professionals as and when required. The advice of healthcare professionals was acted upon by staff and people's prescribed treatments were provided in a timely way.

People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People had enough to eat and drink, and the choice of foods available took into account people's tastes, preferences and cultural backgrounds. People's individual nutritional needs were assessed, monitored and met. People who needed support with eating and drinking received the help they required. They enjoyed a varied and balanced diet to meet their nutritional needs.

People were assured that if they, or their representatives, were dissatisfied with the quality of the service they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction. People knew how and who to complain to.

People's service was effectively quality assured by the audits regularly conducted by the provider.

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?
The service was safe.

People received their care and treatment from sufficient numbers of staff that had the experience and knowledge to provide safe care.

People's care needs and any associated risks were assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People's medicines were competently administered and securely stored.

Good

Is the service effective?
The service was effective.

People received care from staff that had the training and acquired skills they needed to provide good care.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

Staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

People were supported to make choices about how they preferred to receive their care. Staff respected people's preferences and the decisions they made about their care.

People were treated kindly, their dignity was assured and their privacy respected.

People received their care from staff that engaged with them, encouraging and enabling them to be as independent as their capabilities allowed.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed prior to admission and reviewed regularly so that they received the timely care they needed.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others. People were supported to maintain their links with family and friends.

Good

Summary of findings

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Requires improvement

The service was not always well-led.

A registered manager was not in post when we inspected.

People, however, benefited from being supported by staff, including the new manager, that had a good understanding of what constituted good care.

People's quality of care was monitored by the systems in place and timely action was taken if improvements were required.

People benefited from receiving care from staff that were motivated to provide them with good care.

The Old Vicarage

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 unannounced inspection was carried out by an inspector and took place on the 27 of July 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say about their service. We undertook general observations in the communal areas of the home, including interactions between staff and people. We viewed four people's bedrooms by agreement.

During this inspection we spoke with five people who used the service, as well as a visitor to the home. We looked at the care records of five people. We spoke with the new manager, and five care staff, including the nurse-in-charge of the shift. We looked at five records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider.

Good

Is the service safe?

Our findings

People's care needs were safely met by sufficient numbers of experienced and trained staff on duty. We saw staff were appropriately deployed in sufficient numbers around the home. The staff were attentive to people who required their timely support, whether in the communal lounges or in people's own bedrooms. People said there was always enough staff on duty to make sure they received the care they needed.

People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by care staff to ensure people's continued safety.

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. Care staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed or suspected ill treatment or poor practice. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults team.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by staff that had received appropriate training.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People were assured that regular maintenance safety checks were made on safety equipment, such as the fire alarm, smoke detectors and emergency lighting. Other equipment used to support care staff with people's personal care or nursing needs was regularly serviced to ensure safe operation.

Good

Is the service effective?

Our findings

People received care and support from care staff that had acquired the experiential skills as well training they needed to care for older people, including caring for people with nursing needs. Newly recruited staff had received a thorough induction that prepared them for working at the home. Staff confirmed their induction provided them with the essential knowledge they needed before they took up their care duties.

People received timely healthcare treatment and staff acted upon the advice of other professionals that had a role in people's treatment. Suitable arrangements were in place for people to consult their GP and receive treatment from other healthcare professionals.

The new manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care.

People's needs were met by care staff that were effectively supervised. Care staff had their work performance regularly appraised at regular intervals throughout the year by senior staff. Care staff participated in 'supervision' meetings and staff confirmed that the senior staff and new manager were readily approachable for advice and guidance.

People's nutritional needs were met. People had enough to eat and drink. Care workers acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements. We saw that portions of food served at lunchtime were ample and suited people's individual appetites. Where people were unable to express a preference the kitchen staff used information they had about the person's likes and dislikes. People that needed assistance with eating or drinking received the help they needed and were not rushed and had the time they needed to savour their food. Hot and cold drinks were readily available and care workers prompted people to drink, particularly people whose dementia had compromised their ability to communicate verbally.

Good

Is the service caring?

Our findings

People received their care and support from care staff that were compassionate, kind and respectful. Care staff used people's preferred name when conversing with them. Their manner and tone of voice was confident, they used words of encouragement and took time to explain what they were doing when they assisted people. One person said, "They [care staff] are all so gentle and friendly."

People's dignity and right to privacy was protected by care staff. People were treated in a dignified way. Care staff made sure that toilet and bathroom doors were kept closed when they attended to people's personal care needs.

People were kept comfortable by care staff that were mindful of their needs. Care staff enabled people to take a pride in their personal appearance by helping them make choices about what they wanted to wear. One of the care staff said, "Having your hair done or choosing something nice to wear brightens their day." A visitor said, "[Relative] always looks well turned out. That shows they care for [relative] because [relative] can't do a lot now."

Care staff responded promptly when people needed help or reassurance. They were able to tell us about the signs they looked for that signalled if people whose verbal communication was impaired were in discomfort and needed their attention. One person said, "If I'm in a bit of pain they [the nurse] always gives me something to sort that out. I'm not just left feeling bad. They keep me comfortable."

People's visitors were made welcome. Relatives and friends were encouraged to visit whenever they pleased and were only required to be mindful of people's right to choose whether to receive visitors. People were enabled to meet with their visitors in private or in communal areas around the home.

People's bedrooms were personalised with their belongings, such as family photographs and other mementos that contributed towards them feeling that they were in familiar surroundings and retained a connection with their past.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to their admission to the home. Their preferences for how they wished to receive their care and treatment, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives.

People were encouraged to make everyday choices about their care and how they preferred to spend their time. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice

People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs.

People that were able to make decisions about their care had been involved in planning and reviewing their care. If a person's ability to share their views had been compromised then significant others were consulted.

People that were nursed in bed or that preferred to keep their own company were protected from isolation because care staff made an effort to engage with them individually.

People, or their representatives, were provided with the verbal and written information they needed about what do if they had a complaint.

Requires improvement

Is the service well-led?

Our findings

A registered manager was not in post when we inspected. Although a manager was in situ and had applied to the Care Quality Commission (CQC) for registration this application was still being assessed. A rating of 'requires improvement' is required in such circumstances.

Care staff said the manager was very approachable and they felt confident that if they witnessed poor practice they could go directly to them, or to the provider, and that timely action would be taken. They had also been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

Care workers confirmed that the manager or other senior staff were always available if they needed guidance or support. We saw there was always a senior member of staff 'on call' when night care staff were on duty.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Staff meetings were regularly held and provided an opportunity for all staff to be constructively outspoken about the quality of the service provided.

People's care records were fit for purpose and had been reviewed on a regular basis. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored in the manager's office to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been updated when required.

People's entitlement to a quality service was monitored by the audits regularly carried out by the manager and by the provider. These audits included analysing satisfaction surveys and collating feedback from service users, from staff, as well as from comments from visitors to the home including relatives and other healthcare professionals.