Care People Private Limited

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	Requires Improvement
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

We inspected the service on 22 April 2015. This was an unannounced inspection.

The Old Vicarage is a care home which can provide care for up to 28 older people. When we visited there were 12 people living there.

The service did not have a registered manager in place and there had been no registered manager since October 2014. 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 provider informed us that someone was applying to be registered manager. We checked and saw that the application had not yet been processed. We were concerned that we had not been told when the previous manager had left and have asked the provider to ensure that we are updated.

Summary of findings

People were not safe because repairs and maintenance to the premises were not always done in a timely way. People felt safe and there were enough staff to support them. People's medicines were given and managed safely.

People were encouraged to make their own decisions but staff were not fully aware of the legislation to protect people who found decision making difficult. The principles of the Mental Capacity Act 2005 (MCA) were therefore not always followed.

People's nutrition was monitored and people had enough to eat and drink. People were supported by staff who were kind and caring.

People were not always supported to maintain hobbies and interests. People's care was not always provided in a consistent way as concerns about the quality of the service were not always identified and acted on in a timely way.

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 not always safe.

People were not safe because repairs and maintenance to the premises were not always done in a timely way.

People felt safe as there were enough staff to support them.

People's medicines were given and managed safely.

Requires Improvement

Is the service effective?
The service was not always effective.

People were not always supported to make decisions as procedures to protect people using the MCA were not always followed.

People were supported to eat a range of nutritional food and had plenty to drink.

Requires Improvement

Is the service caring?
The service was caring.

People were supported by staff in a kind and patient way kindly and patiently.

People's privacy and dignity were supported.

Good

Is the service responsive?
The service was not always responsive.

People were not always supported to maintain hobbies and interests.

People were listened to if they had complaints but did not have sufficient information or support to express their concerns.

People were involved in saying how they preferred their care but records required updating.

Requires Improvement

Is the service well-led?
The service was not always well-led.

There was no registered manager and there had been a gap for over six months.

Systems to monitor and improve the quality of the service were in place but the provider had not always acted in a timely way to maintain the quality of care.

People and their relatives were confident to approach staff if they had a concern.

Requires Improvement

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.

We inspected the service on 22 April 2015. This was an unannounced inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This includes previous inspection reports, information received from the Clinical Commissioning Group which is a health organisation, and the local authority. We also checked statutory notifications sent to the Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law.

During the visit 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 communicate their views verbally. We spoke with four people who use the service, four relatives, two care staff, one senior member of staff, two domestic staff and the acting manager. We looked at the care records of three people who used the service, the medicine records for three people, staff training records, as well as a range of records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

Prior to our visit health and social care professionals had raised concerns about the maintenance of the home. We observed that there were several areas which had not been maintained and required immediate attention to ensure people's safety. Examples included loose toilet grab rails and hand rails in the corridor. We raised these issues with the manager and the provider who told us they would repair these immediately and we saw that the repairs were carried out.

Staff told us that the premises and equipment were maintained on a regular basis and that parts of the building were being refurbished and improved. However we saw that repairs listed in the maintenance log were not being carried out in a timely way. The provider was working to update and improve the environment. Environmental risk assessments, fire safety records and most maintenance records were in place. The systems to ensure all repairs were completed following safety checks was not working well and this meant that people were not always protected from harm.

Staff told us they were trained to use equipment. We saw two staff supporting a person to be transferred using a hoist and they did not appear confident. A hoist is a piece of equipment that staff use to move people safely. The person was transferred safely and reassurance was given by the staff. The manager told us that staff had been trained although refresher training on using equipment was due. However staff told us they had not received all of the updated training due to an issue with the training provider the home had been using. The provider had identified this gap and was in the process of arranging refresher training for staff.

People we spoke to told us they felt safe. One person said, "Safe? Oh yes, no problem there." Relatives told us they thought people were looked after safely. A relative said, "Staff do their best."

Staff told us they understood how to report any concerns about people's safety to the manager. They understood safeguarding procedures and told us about their responsibilities to protect people. The manager knew what should be reported if people were at risk and what to do to if anyone was abused. We saw that safeguarding referrals had been made to the local authority and the manager was supported by the provider to deal with any issues to keep people safe. This meant there were systems in place to protect people from the risk of abuse. We saw there had been an incident in the service and the information had been shared appropriately with the local authority and steps taken to reduce the risk of the incident recurring.

One relative and staff members we spoke to were concerned that if there were more people living in the service, staff would struggle to provide care safely. However we observed people were given care promptly during our visit. We saw that staffing had increased recently and the provider showed us the plan to increase staffing further as numbers of people living in the service increased.

Staff told us there were checks made to ensure they had the right skills and were fit to work with people before they started work. We saw recruitment and selection policies were followed and new staff were supported in their new role through training and shadowing more experienced staff. The manager was supported by a consultant to develop staff in relation to training and had identified priorities to improve consistent safe care.

People were assisted with their prescribed medicines. People told us they had their medicines when they needed them. One relative said their relative was supported to take their medicines when they should have them. Staff told us they were trained to support people with medicines safely and accompanied more experienced staff before giving medicines on their own. The manager told us they were improving the training and the systems for giving medicines through a different company and we saw that this hand over had started.

We saw that medicines were stored in a locked room and cupboards and checked daily. For example medicines that needed to be kept at a certain temperature were checked. Stocks were controlled and out of date medicines were returned to the chemist in labelled bags.

Requires Improvement

Is the service effective?

Our findings

One person said, "I think they (staff) know what they are doing. They come and talk to us."

Staff told us they were trained and that some of it had been really good. The provider was reviewing the training provision to ensure all staff benefitted. The manager told us the provider had agreed to pay for additional training that had been identified and this was being arranged. We saw training was provided to ensure staff knew their responsibilities and were competent to provide care.

Staff told us they were supported by senior staff and had regular supervision to discuss their responsibilities and to ensure their practice was up to date. We saw that staff were receiving supervision from senior staff so that practice and any development needs were identified and supported.

People told us they were asked how they wanted their care to be provided and had choices about what they did. One person said," I can get up and go to bed when I want." Another person told us, "Once I'm asleep, they let me sleep."

One member of staff told us that some people chose to stay in their rooms during the day. Staff told us if people found it difficult to make a decision about an aspect of their care the decision was made on their behalf and in their best interests. We saw people's choices being supported for instance preferring to sit in a certain place or moving to another area of the home. We found in the care plans some assessments were recorded but these were not always in line with the Mental Capacity Act 2005 (MCA). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. The manager told us that staff required further training and we saw this was planned. The provider was also improving and updating care plans to ensure that people were supported to make decisions.

The manager was clear about their responsibility to complete Deprivation of Liberty Safeguards (DoLS) applications when required. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. Staff told us they supported people in the least restrictive way possible. We saw people were assisted, for instance if they required support to go out into the enclosed garden. Staff told us it was difficult to respect people's choices at times, for instance, as to where they wanted to be because of the lay out of the building and staff numbers. Some people were reliant on staff being available when they wanted to go from one area to another as there were keypads on the doors between some of the communal areas. The manager told us the provider had recognised the internal keypads were not necessary and they were being removed so that people were not restricted. The manager had recently identified when additional DoLS applications were required and we saw these were being processed.

People were supported and encouraged to enjoy varied food and drinks to maintain good health**.** All the people we spoke to were complimentary about the food. One person said, "Yes, I do like the food." Another person told us, "Yes, there is enough choice. I like spaghetti – they get it in for me, and they'll cook a curry for me." A relative said, "My relative is happy with the food and they're quite fussy." We saw people enjoying lunch at tables set for small groups or individually as people preferred. Most people ate enthusiastically and everyone was given plenty of time to eat. There was a menu with clearly displayed choices and food was appetising, warm and plentiful. People were given a choice of hot or cold drinks.

People's nutritional needs were assessed and supported. One member of staff told us specialist advice had been sought from a health professional about a person's diet as they had swallowing difficulties. We saw that the advice was followed and staff assisted throughout the meal ensuring the person had time to eat safely and enjoy the meal. Staff told us people's weights, and diets were checked regularly. We saw in the care plans we looked at, people were weighed every month and referrals were made to health professionals when there had been a change.

People who were unwell were referred in a timely way, for instance to the GP or the hospital. People told us they saw the doctor and other health professionals. One person said, "The district nurses come once a week." One relative told us medical attention was always given for their relative and said, "The nurses go in regularly and appointments are followed up." We saw that referrals were made and people's health was monitored and supported.

The manager told us they had recently identified further improvements to people's health care. The provider was increasing the involvement of specialist health professionals to provide advice and information to staff

Requires Improvement

Is the service effective?

and people living in the service. For example we saw the manager had requested a specialist fall's prevention team to reassess people and advise on how to support people's mobility.

Good

Is the service caring?

Our findings

People were supported by staff in a caring manner. One person said, “Yes, they’re all kind and helpful.” Another person said, “ They’re kind, one hundred percent.” A relative said, “I am happy. The carers are all really good. They do the best they can, they’re friendly.”

We saw people were spoken to and assisted with patience and care. For instance someone who required support to go to another room was spoken to by a staff member gently and given reassurance that they had plenty of time and there was no rush.

Staff told us it was important to support people at their own pace and to be treated kindly. They said that they respected what people chose to do and if they wanted to sit quietly or remain in their room that was their right. We saw one member of staff ask one person, “Are you staying down here this afternoon?” and making sure they were comfortable where they were sitting. The manager told us staff knew people very well and always supported people to the best of their ability.

One person said, “I’m allowed to keep my pet here.” They told us there was plenty of space in the garden for the pet to run around. A staff member told us the home was registered with the Cinnamon Trust which is an organisation which supports older people and their pets. We saw staff spending time with people and showing appreciation about the pet. Another person had a personal belonging that they liked to hold as it provided comfort and we saw staff ensured they had it within easy reach.

The provider had highlighted the need for people’s life history to be updated so staff had detailed information about what was important to people. This was in the process of being implemented. One person told us, “They listen to what we say. We’re lucky in a way.” A relative said,” Staff know people well.” Staff we spoke with had a good knowledge of people’s likes and dislikes. We saw people were asked how they wanted their care to be given and this was recorded in care plans, for instance whether people preferred to spend time in their own bedroom or in the communal areas.

Relatives said they weren’t involved in any formal meetings about people’s care but were asked their views on specific issues when needed. One relative told us, “We don’t look at the care plan but we know that we can do. We did look at it once." Staff told us relatives were contacted when there was a change in people’s care. The manager told us they were reviewing the care plans and changes were being made to ensure people’ views and those of their relatives were included.

People told us they had the choice to be private if they wished. Some people chose to spend time in their rooms and had their own keys if they wished to use them. We saw staff observed privacy, for instance knocking on doors. We observed people’s dignity was respected during our visit, for instance responding to people in a discreet way when personal care was required. We saw staff had received some training on dignity and further training was planned to ensure people were cared for in a dignified manner.

Requires Improvement

Is the service responsive?

Our findings

People were not regularly encouraged to be involved in hobbies and activities. One person said, "'I watch telly. I have a greenhouse here. I put some tomato seeds in and some runner beans. There's nobody to help with the digging." Another person told us, "We had a quiz this morning. Sometimes they throw a beach ball about or a singer comes, sometimes with a guitar." A relative said, "'They don't do activities. They've never done them. The hairdresser doesn't come any more and that's a real problem." Staff told us, "'We struggle activity-wise. We had the time this morning. Sometimes it's ok, sometimes not." Staff told us about some of the activities that have taken place, for instance decorating cakes but told us it was difficult to find the time to encourage people to get involved. We saw that staff were limited in how care was provided as it focused on assisting people with everyday tasks and did not encourage activities and hobbies. The provider had identified this gap and had agreed to fund additional staff time so people's interests and wellbeing could be maintained.

People's likes and dislikes were supported. One person said," I can watch what films I like as late as I like." One staff member told us how much one person enjoyed a particular type of food and we saw they were supported to have the meal when they requested. We saw staff responded to people in a way which supported their preferences. For instance one person was encouraged and supported to have the music they liked playing as staff knew the person's favourite tunes.

Staff told us people were supported in the way they preferred. One staff member told us a key worker system had been introduced to ensure people's support was tailored to each individual. Key workers are linked to people and are responsible for updating care plans about people's needs and preferences so care is given to suit that person. We saw staff did know people well and care plans included people's preferences and information about their personal history was being updated.

People felt confident to complain and knew who to speak to. One person said, "I've had no complaints so far. We're well looked after. I'd complain to whoever's in charge for the day." And another person told us, "I'd talk if I had a complaint." Relatives told us they talked to staff when they wanted to raise anything. One relative gave us an example where their complaint had been listened to and dealt with quickly. We checked and we saw that the complaint had been recorded and responded to.

Although information about how to complain was not on display when we visited, the manager told us that the provider was improving the way complaints were dealt with. People and relatives were being encouraged to discuss any concerns and make suggestions to improve the service through meetings. We saw new guidelines and information had been written to ensure people and their families were supported when there were any concerns. This information was being displayed in the service and sent out to relatives.

Requires Improvement

Is the service well-led?

Our findings

There had been no registered manager since October 2014.The provider had failed to notify the Care Quality Commission (CQC) of the absence of the manager. However the provider was aware that the service required support in the absence of a registered manager, and had put in place actions to appoint a new registered manager. When we visited we asked the provider to update us on progress with the appointment of a new registered manager which they agreed to do. We saw that a consultant had been appointed and was working with the temporary manager to ensure any shortcomings were recognised and addressed. We checked the reporting of other significant events, for example safeguarding incidents and saw that these were completed and actions put in place to ensure people were protected from harm.

The systems to monitor and improve care were not working well although the provider was working hard to put things right. Other agencies had raised concerns about the way the environment was managed and the provider was making improvements. We saw that there were several areas of the home where maintenance issues had not been identified. For example a log book was being used but the system to identify where repairs were needed was not effective. This meant some urgent repairs had not been identified and others were not completed in a timely way.

There were internal systems to monitor the quality of the care, but these were inconsistent and issues were not always addressed. There were areas of care which required further attention and management to ensure the quality of care consistently met required standards, for example reviews of people's needs and record keeping.

The provider was working hard to improve the service and we saw other refurbishments, for instance a quiet room and bedrooms and bathrooms which were redecorated. People had been consulted about colour schemes and we saw these had been done.

People and their families were not always encouraged and supported to give their views on the running and development of the service. A member of staff told us that the home did not organise meetings but spoke with people individually. The provider was reviewing ways to improve people's involvement, for instance setting up meetings with people and their families to discuss and gain feedback about the service.

The provider had recognised that people and their families were not always clear or supported on how to complain or raise concerns because the current systems were out of date. We saw a new complaints system was being introduced to ensure that people knew how to raise concerns and the provider could respond and improve the service.

The provider recognised that the service required additional staff to maintain quality of care. Staffing levels had increased recently, for instance care staff and domestic hours. A member of staff told us "It's made a massive difference." The manager and provider showed us the plan to increase staffing further to address gaps in the service, for example lack of activities for people.

The provider recognised there were shortcomings in recent training and so was not always confident that the way care was given to people in the best way to meet their needs. The provider had agreed to fund additional training to support staff and ensure care was based on up to date knowledge and best practice. We saw training was being arranged. Staff told us they received supervision and were supported by senior staff to ensure they were providing safe and effective care. We checked records and staff had regular individual meetings with the manager so their performance could be discussed and any areas for development were addressed.

People told us they knew who senior staff were and we saw the manager interacting with people throughout the day when we visited. Staff told us they felt supported by senior staff and we observed staff enjoying working together as a team to ensure people's care was given.

The provider was using monitoring information from external agencies to improve the service and we saw this was included in their own plan to identify any gaps and develop the service.