

Mrs R Elango & Mr P Elango

The Old Vicarage

Inspection report

Vicarage Lane
Tilmanstone
Deal
Kent
CT14 0JG

Date of inspection visit:
03 June 2019

Date of publication:
18 June 2019

Tel: 01304611241

Website: www.oldvicaragecarehome.co.uk

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?	Good ●

Summary of findings

Overall summary

About the service: The Old Vicarage is a service for older people which can support up to 39 people. There were 34 people at the service when we inspected, some of whom are living with dementia.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People and their loved ones told us they were happy living at the service. Staff were kind and compassionate, they knew people well and had a good understanding of their support needs. Staff had the training and support they needed to carry out their roles. A relative told us, "Staff have a great understanding of dementia and that means I know my loved on is safe."

The provider visited the service regularly and spoke to people and their loved ones to ascertain if there were any concerns. Action was taken to address any issues raised and resolve any complaints. Regular audits were completed by the manager and provider to monitor the quality of care. Incidents were not reviewed to identify themes or trends, this is an area for improvement.

People's care plans and risk assessments were detailed. They gave staff the guidance they needed to meet people's needs safely and in the way they preferred. The provider and manager told us they were going to develop the care plans to ensure they were as person centred as possible. Some care plans would benefit from additional details about people's lifestyle choices.

People told us the food was nice and they always had a choice. Food was prepared in a way which met people's health needs. Medical professionals were contacted as necessary if people became unwell. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to give feedback and suggest new activities or meals for the menu. These suggestions were taken on board. Members of the local church visited regularly and activities designed for those living with dementia were offered.

Rating at last inspection: Good (Published 09 December 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the service.

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 good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

The Old Vicarage

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The Old Vicarage is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post and an application had been submitted to CQC and was being processed.

Notice of inspection: The inspection was unannounced.

What we did:

Before the inspection we reviewed the information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We reviewed the information we require providers to send us to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we reviewed a range of records including:

Notifications we received from the service, completed surveys from people who used the service, relatives and professionals. Three care plans, care records, staff files, records of accidents and incidents. Audits and quality assurance reports. We spoke with three people who use the service. We spoke with the manager, the

provider, and three staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

At the last inspection in November 2016 we found that medicines were not managed safely. Some protocols for as and when required medicines were not in place and medicine administration records were not completed in line with good practice. At this inspection improvements had been made.

- People were supported to have their medicines by staff who were trained and assessed as competent. Staff wore red tabards to let people know they were administering medicines and to ask people not to disturb them.
- Records relating to medicines were complete and accurate.
- People's medicines records had details of how people preferred to take their medicines.
- If medicines errors occurred, staff were prevented from administering medicines until they had completed training and had their capacity reassessed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and that staff reassured them if they were concerned or worried. One person said, "I always feel safe I know if I call they come. A relative said, "I don't need to worry about my loved ones safety here, I can relax knowing they are safe."
- Staff understood their responsibility in relation to keeping people safe. Staff could describe different types of abuse and what they would do if they had any concerns.
- Any concerns had been reported to the local authority as required and action had been taken to safeguard people.

Assessing risk, safety monitoring and management

- Risks to people and the environment were assessed and plans were in place to mitigate risks.
- Risk assessments contained clear guidance for staff about how to minimise risks. When people needed to be supported to move using a hoist guidance was detailed and we saw people being moved in line with the information in their care plan.
- One relative told us, "They have to move my loved one using a hoist and I know they do it safely because I often watch."
- Staff encouraged people to use mobility aids such as walking frames and reminded them how to use them appropriately to move safely.

Staffing and recruitment

- People's level of dependency was reviewed every month or if their needs changed. This was used to identify the level of staffing needed.
- People told us there were enough staff and that they came quickly when called. A relative told us, "The

recruitment here is excellent I never have to worry about the quality of staff, in almost four years there has not been one staff member who worried me."

- Staff were recruited using safe procedures including references from previous employers and checks relating to their suitability to work with vulnerable people. Two staff did not have full employment histories recorded. The manager resolved this on the day of inspection.

Preventing and controlling infection

- Staff had received training in infection control and could tell us why it was important.
- Staff used personal protective equipment such as gloves and aprons when appropriate. Staff changed gloves when moving to support another person.

Learning lessons when things go wrong

- Accidents were reviewed for learning. Actions were taken to minimise the risk of reoccurrence, such as using sensor mats to let staff know when a person at risk of falls had got out of their bed or chair.
- When there was an incident relating to foot plates on a wheelchair being used incorrectly, all staff had additional training about how to use them safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the service. There was a monthly review of people's needs and any changes were recorded in their care plans.
- Assessments used nationally recognised tools such as the Waterlow assessment for people's risk to skin integrity and MUST score for risks relating to people's nutrition and hydration.
- Assessments took into account protected characteristics under the Equality Act (2010) such as religion or disability.

Staff support: induction, training, skills and experience

- People and their loved ones told us that staff had the skills needed to meet people's needs. One person said, "They certainly know what they are doing, I have no worries about that at all."
- Staff told us that they had regular training and that this helped them to support people well. Training covered care subjects and subjects specific to people's needs such as dementia training.
- Staff had regular one to one meetings with their line manager and annual appraisals, which helped them to review their performance and identify training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their loved ones told us there was a choice of meals and that they were good to eat. One person said, "There is always choices and if I don't like what is on offer they make something else."
- Lunch was a social occasion with people choosing who to sit with and chatting together.
- When people needed support to eat staff did this in a social way, chatting to people and taking their time. Staff encouraged people to eat their meals and offered alternatives if they did not appear to be eating well.
- Food was prepared in a way which met people's needs. There were sugar free puddings available for those living with diabetes. Other people had food in a soft or pureed consistency in line with guidance from speech and language therapists.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff used hand over times to communicate any changes in people's needs or health.
- People's care plans detailed their healthcare needs and how their condition affected them. There was guidance for staff about when to seek advice and records showed that staff had contacted health professionals and followed their advice.
- One person had arrived at the service with a pressure sore. Staff had worked with the district nurses and

followed their guidance. The person's skin was now healthy again.

- When people were at risk of skin breakdown, staff arranged for them to have pressure relieving equipment such as mattresses or cushions.
- Staff worked with an occupational therapist to review the needs of each person at the service and identify any equipment which could help them.

Adapting service, design, decoration to meet people's needs

- The service was adapted to allow people to move around freely using walking aids or wheelchairs.
- People could access the garden independently and it was secure to keep people safe.
- People's rooms were personalised and contained their own items such as photos of loved ones.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. <In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Assessments had been carried out relating to people's mental capacity.
- Staff told us they always assumed people had capacity and tried to find different ways for them to understand a decision. When people lacked capacity, decisions had been made in their best interest. For example, when people needed treatment for health conditions, health professionals and family members were involved in making decisions about the best treatment for the person.
- DoLS had been applied for when appropriate and when people had lasting power of attorney in place this was clearly recorded.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their loved ones told us that staff were kind and compassionate.
- One relative told us, "They know my loved one so well and they always treat them with care. They support us too as a family. We feel very welcome and part of the family."
- People and staff laughed with each other and showed genuine affection to each other.
- One person became distressed and began shouting. The manager approached the person and knelt down beside them holding their hand. They spoke to the person gently and asked what was wrong.

Supporting people to express their views and be involved in making decisions about their care

- People and their loved ones told us they were involved in planning their care.
- One person told us, "I tell the staff what I want, and they listen. They know I like to spend time in my room and they respect that."
- Staff knew people well and used their knowledge to support people to make choices and reassure them as needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff spoke to people discreetly about using the bathroom and redirected them gently when they approached areas such as other people's rooms.
- People were supported and encouraged to maintain or regain their independence.
- One person lost their mobility as the result of an illness. They were reluctant to work with health professionals who they did not know. Staff sought guidance from the professionals and worked daily with the person. The person said they trusted the staff and worked with them. The person can now move around the service using a walking frame.
- Staff understood the need for confidentiality, records were stored securely, and staff did not discuss people's needs in communal areas.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care which was based on their needs and preferences.
- People's care plans were developed with them and their loved ones. These were detailed and included people's life histories and who was important to them. Care plans were regularly updated as people's needs changed.
- Areas of the care plan relating to people's lifestyle choices would benefit from more detail. Staff knew people well which limited the impact of this. The manager and provider told us they were in the process of improving their care plans and would ensure more detail was added in this area.
- Activities were arranged for people which took into account their interests and hobbies. These included dementia friendly activities and entertainment such as visiting musicians.
- People and relatives had given ideas for activities which had been put into place.
- One person wanted to go out more often, the manager had arranged for an agency to take them out once a week.
- Regular religious services were held at the service for people to attend if they wished.

Improving care quality in response to complaints or concerns

- Complaints had been responded to in line with the providers policy and to people's satisfaction.
- The provider visited the service once a week and spoke to people and their loved ones about their care and to check if they had any concerns.
- People told us they knew who to speak to if they had any concerns and they felt sure they would be listened to and the issue resolved.

End of life care and support

- No one at the service was in receipt of end of life care.
- People could stay at the service until the end of their life if they wished. The manager was speaking to the local hospice to develop training for staff and ensure that care plans covered end of life well.
- When people had previously passed away when using the service their families had given positive feedback about the support they and their loved one had received.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a system of audits in place to monitor the quality of care, these were completed by the manager and the provider. Action was taken to resolve shortfalls. However incident forms relating to people's behaviour were not always reviewed to identify trends or themes. This is an area for improvement.
- The manager had informed CQC of any notifiable incidents in a timely manner.
- It is a requirement for services to display their rating. The service rating was displayed in the entrance hall and on the provider's website.
- Staff understood their roles and told us they were well supported by the provider and manager.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff told us both the provider and the manager were approachable and would listen to them.
- Staff told us they were welcome to suggest ideas for improvement and that these would be listened to.
- The provider, manager and staff had shared values which focussed on supporting people the way you would want your loved one to be supported.
- The manager regularly spent time with people and alongside staff, role modelling and offering support.
- The manager and provider understood their responsibility in relation to duty of candour. They were open and transparent with people and their loved ones. Sharing any learning and improvements made as the result of concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings were held for people and their relatives. People spoke about the food at the service and activities they would like to take part in. The manager had made changes based on people's requests.
- Surveys were used to capture people's views about the service. Any concerns raised were addressed and a summary of the outcome was available on a notice board in the entrance to the service.
- The provider spoke to people during her weekly visits to check if they were happy and took action to resolve any issues.
- Staff attended regular meetings and were able to give their views on the service and how it could improve.

Continuous learning and improving care

- The provider was a member of an independent group which supports care providers. They attended regular meetings and received email updates in relation to changes in legislation or good practice.
- The provider also communicated with other providers of similar services to share learning.
- The manager attended local registered manager forums which they told us, helped them to keep up to date and gave them ideas about ways to improve the service.

Working in partnership with others

- The manager and staff worked closely with local health professionals such as district nurse team to meet people's needs.
- Local community and church groups were welcomed into the service to speak with people.
- The manager was in regular contact with the local authority to discuss people's changing needs and any concerns.