

SVP Health Care Limited

# The Old Vicarage Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Old Vicarage is registered to provide accommodation and personal care to a maximum of 36 older people, including people who live with dementia. At the time of the inspection there were 32 people living at the home.

### People's experience of using this service and what we found

People's care plans were in place and up to date but needed more person-centred detail to make them more effective. Systems and procedures were not always consistent in identifying areas for required improvement, particularly in medicines administration and recording.

Some medicines recording practices needed improvement and the provider responded to feedback immediately.

Audits had not identified all of the issues we found on inspection and systems were not fully in place to robustly analyse all aspects of the service. We have made a recommendation about this.

There were enough staff to support people and staff had received appropriate training. People were kept safe from the risk of abuse. The provider managed infection prevention and control safely.

Governance and auditing arrangements had not identified the service as a closed culture. Previously staff had felt unable to speak up, although recognised the positive work done by the provider to improve the culture recently.

The service had no registered manager at the time of inspection. The provider had recruited a new manager and they planned to register with CQC. They were completing relevant training.

The manager and staff demonstrated a strong understanding of the service and people who used it.

Staff worked hard to ensure people's needs were met and they felt comfortable and safe.

The provider had reviewed safeguarding and whistleblowing policies and procedures to ensure they were understood. Staff now knew they could raise any concerns they had. The provider had worked well recently with external partners to ensure people's safety when concerns were raised.

The environment was well maintained and clean. The new manager had responded well to advice from infection prevention and control specialists. Utilities, safety and fire equipment were regularly checked.

Staff were recruited safely. There were competence assessments and themed supervisions in place to support the safe delivery of care. Staff worked hard to ensure the service did not rely on agency staff,

meaning people received a continuity of care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 21 June 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Old Vicarage Care Home

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 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.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post. The new manager planned to register with CQC and the provider was supporting them to do so.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

## During the inspection

We spoke with 7 people, 1 relative and 6 staff, including the manager, director, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted 2 external professionals via email.

We observed interactions between staff and people. We reviewed a range of records. This included 4 people's care records and medication records. We looked at 2 staff files. We reviewed a variety of records relating to the management of the service, including policies and procedures, training records, meeting minutes.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments were not always as person centred as they could be. The provider recognised this and their ongoing action plan included this as an action. Risk assessments were in place for core areas of risk, such as mobility, eating and drinking and pressures. They were reviewed regularly and incorporated external advice when people's needs changed. These assessments were reviewed regularly by senior carers.
- People felt safe. They interacted affectionately and calmly with staff, who reciprocated. One person said, "I had a fall and a new hip and worried about being in here but they are great." People told us they felt relaxed and at home. One relative told us, "We have no concerns." One external professional said, "The staff know people very well, which makes for good, safe care." We observed staff interacting in a supportive and personable way with people throughout the inspection.
- Personalised Emergency Evacuation Plans (PEEPs) were available in people's electronic care plans but not all staff knew where hard copies were stored. The manager took immediate action to ensure all staff knew how to access PEEPs and other emergency information.
- The premises were fit for purpose, clean, safe and well maintained. Servicing of utilities, lifting and safety equipment was all up to date.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Governance and auditing arrangements had not identified areas for improvements in medicines recording, or the fact the service had previously become a closed culture. The provider had made a range of recent improvements to address this, working with local partners and relatives.
- Staff now felt more comfortable speaking up. People were confident in raising any concerns they had. One person said, "I know who to go to if there is a problem." Safeguarding incidents and accidents were recorded on people's individual care records. The provider shared information openly with relevant external partners.
- Staff had received recent refresher safeguarding competence checks as well as core training. People and their relatives felt able to raise any concerns with the manager or other staff.

### Using medicines safely

- Some areas of medicines management were not in line with best practice. Where people were prescribed medicines 'when required,' information was not always detailed enough regarding how and when these should be administered. Where creams were prescribed, it was not clear in documentation where on a person to apply the cream. The manager made immediate improvements to medicines recording. The risks of these two areas of poor medicines practice were reduced by the fact staff knew people's medicines needs well.
- The provider had introduced improved audits to oversee medicines administration and improve practice.

These needed further work to ensure they provided rigorous oversight that analysed medicines records and practices.

#### Staffing and recruitment

- There were sufficient staff to meet people's needs safely. One person said, "There is always someone to help me walk." People and relatives felt there were enough staff to meet their needs, though some felt more time was needed to provide support with activities. The provider stated they planned to employ a further senior carer to help with this.
- Rotas were well planned. Staff worked hard and covered shifts when needed – the service did not rely on agency staff and this had a positive impact on people's wellbeing.
- Staff were recruited safely. There were pre-employment checks to reduce the risk of unsuitable people working with vulnerable people.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives were able to visit loved ones, in line with current guidance. Staff were patient and supportive with relatives.

#### 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had prioritised a review of capacity assessments to ensure they were up to date and in line with the principles of the MCA. DoLS were applied for where necessary.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff had not always been empowered to take responsibility or accountability, particularly senior staff. This had led in part to the service becoming a closed culture. This meant people had been at higher risk of poorer care or abuse due to a lack of openness in the culture. The provider had taken initial steps to address this and to change the culture. This work needed further time and ongoing review.
- There was no registered manager in place at the time of inspection. The provider had supported the manager to lead the service during this transitional phase. External professionals had confidence in how the manager and provider had responded to recent challenges.
- The atmosphere was relaxed and welcoming; people enjoyed the company of staff, each other, and regular visitors.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Auditing and governance systems had not always been effective in identifying areas for improvement or areas of concern. For instance, we identified some areas of medicines practice and safety procedures that should have been identified by the provider. The provider had recently implemented new auditing processes. This had yet to make significant improvements to the service.

We recommend the provider reviews medicines audits to ensure they incorporate checks of whether best practise is being followed.

- The provider was responsive to feedback. They ensured a representative had started attending a regular provider forum, where good practice could be discussed. They had begun to introduce 'champion' roles so staff could take on more responsibility and contribute more. At the time of inspection, only one champion was in place but the provider hoped to have champions in dementia, infection prevention and control, and activities.
- The majority of records were up to date and people's care needs were met safely by staff who knew them well. There were checks in place to ensure the premises and equipment were safe.
- Staff worked well together. They felt supported by the manager and provider.
- The provider was in the process of reviewing policies, procedures and guidance to ensure they were fit for purpose and adequately supported people. They were responsive to feedback in this regard.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in their day to day care and choices and their opinions respected by staff. Residents and relatives meetings had yet to restart following the pandemic, but the manager confirmed these were planned for December.
- Staff worked well with health and social care professionals to ensure people received the right care in a timely way. Feedback was good from these partners. One said, "They communicate appropriately with us and provide good and personalised care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had made appropriate notifications to CQC and understood their responsibilities. They had worked openly with other agencies.