

SRJ Care Home Limited

The Old Vicarage

Inspection report

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Date of inspection visit:
07 February 2023

Date of publication:
06 March 2023

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Old Vicarage is a residential care home providing personal and nursing care to up to 30 people. The service provides support to people with physical disabilities, mental health support needs and older people, including those living with dementia. At the time of our inspection there were 15 people using the service. The home accommodates people over 3 floors, however, only 2 were being used at the time of inspection.

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

Significant improvements had been made in the service since our last inspection which reflected positively on people's experience. The management acknowledged further improvements were required to ensure these improvements were embedded and sustained.

A new manager had been in post since November 2022. We received consistent positive feedback on the management of the service and that improvements were ongoing. The provider demonstrated a commitment to continuous learning and was working towards an improvement plan, sharing progress with relevant stakeholders. Effective monitoring systems and quality checks were now being completed. Where action was required to improve people's safety and experience at the service, this was carried out. People and staff had opportunities to be engaged in the running of the service and felt listened to.

Medicines were safely stored, administered and managed. People received their medicines as prescribed and staff followed best practice guidance for safe administration. Risks to people were assessed and there was enough guidance for staff to support people safely. There were enough staff to meet people's needs, and spend time engaging with them. People felt safe using the service because the manager and staff understood how to recognise, report and investigate potential abuse. Lessons were learned when things went wrong, and effective action was taken to keep people safe.

People's holistic needs were comprehensively assessed and regularly reviewed using evidence-based tools. Staff worked well together and referred to relevant health care professionals appropriately, so people achieved good outcomes in relation to their health and well-being. Staff were suitably trained to carry out their role. The premises and equipment were safe and met people's needs.

People were supported to have maximum choice and control of their lives and staff 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

Rating at last inspection and update

The last rating for this service was inadequate (published 12 October 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and

by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 12 May 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 30 March 2022 and there were breaches of regulation. CQC issued the provider with warning notices in relation to regulation 12 (safe care and treatment) and regulation 17 (good governance). We followed up with an unannounced focused inspection on 16 August 2022 to check whether the warning notices had been met and found the provider remained in breach of legal requirements. We met with the provider after the last inspection and they completed an action plan to show what they would do and by when to improve safe care and treatment, staffing and governance.

We undertook this focused inspection to check whether the warning notices we previously served in relation to regulation 12 and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked whether the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Vicarage on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

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

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 Health and Social Care Act 2008.

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

This inspection was carried out by 2 inspectors and a specialist nurse advisor.

Service and service type

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

Registered Manager

The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for just over 2 months and told us they were planning to submit an application to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and a relative of a person who used the service. We spoke with 6 members of staff including the manager, area manager, nurses, care assistants, and kitchen staff. We completed observations of communal areas. We reviewed a range of records including 4 people's care records, medication administration records and some records relating to the management of the service were reviewed.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, people did not always receive safe care. This was because risks were not always assessed or reviewed and guidance to support people safely was inconsistent, or not always followed. At this inspection, people were protected from risks associated with their care and support.
- At our last inspection, records relating to the management of diabetes were not always kept. Detailed and up to date care plans and risk assessments were now in place for people with diabetes. These contained clear guidance for staff on what action that should be taken if there should be a hypo or hyper glycaemic event.
- Information within people's care plans and risk assessments was clear, consistent and regularly updated so staff knew how to support them safely. For example, one person's care plan identified they needed 15-minute observations following a recent fall. Their corresponding risk assessment had been reviewed and also noted 15-minute observations were required due to the person being high risk of falls. Daily notes were completed and demonstrated care was being provided in line with their care records.
- People received safe catheter care. Guidance to support staff in managing catheter care was comprehensive and effective. For example, staff had quickly identified one person's catheter as blocked as they'd observed a reduced urine output, the catheter was then changed.
- Care records and risk assessments were now reviewed and updated following significant events. For example, one person had epilepsy and their care records had been updated following a seizure. This meant staff were aware of any changes in people's care and support needs.
- Personal Emergency Evacuation Plans (PEEP's) were not kept up to date at our last inspection. We found these now accurately reflected people's support needs and were kept up to date. This information helps to support a safe evacuation in the event of an emergency.

Using medicines safely

- At our last inspection we identified medicines were not safely managed and people were at risk of harm. At this inspection we found significant improvements to demonstrate proper and safe use of medicines. People received their medicines as prescribed.

- As required medicines were administered safely. Detailed protocols were in place for the administration of these medicines, and records were made on the back of the medicine administration record and the effectiveness of the medication was also recorded. Regular reviews were carried out of the usage and effectiveness of these medicines, and whether these were still required.
- Transdermal patches were now administered and monitored safely. Where people were prescribed pain relief via a transdermal patch, staff recorded the site of application and confirmed removal of the previous patch. Records showed daily checks of the site were being carried out to ensure that the patch remained in place between applications, to ensure people were not experiencing any unnecessary pain.
- People received their medicines from competent staff. People were fully informed on what their medicines were for. Nurses were observed to follow all the principles of safe medicine administration.
- Since our last inspection, weekly medicine audits were introduced. The manager told us this was needed so they could be assured the new systems and processes were fully effective. We found these audits were effective and actions were followed up where identified, for example one audit had found the GP needed contacting about a person's medicine. The most recent audits carried out showed 100% compliance.

Learning lessons when things go wrong

- At our last inspection, poor records were kept of accidents and incidents. This meant an effective analysis, or action to prevent further risk, was not always carried out. At this inspection we found significant improvement in the recording of accidents and incidents, meaning lessons were learned when things went wrong.
- The manager had created an open culture of learning from mistakes. Staff understood and fulfilled their responsibilities to report accidents and incidents. Accident and incident forms were fully completed and provided enough details for an effective analysis.
- The manager regularly reviewed all accidents and incidents to identify themes and trends to improve safety. Actions were followed through where identified, for example increased observations following a fall. Learning was shared with staff, for example through team meetings.

Staffing and recruitment

At our last inspection the provider had failed to ensure an effective system was in place to calculate and review safe staffing levels. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection, people's dependency levels were not appropriately assessed meaning staffing levels did not always meet people's needs safely. At this inspection, we found the manager completed regular assessments of people's dependency levels which was used to inform numbers of staff on shift.
- There were enough staff to meet the needs of people safely. During our inspection, staff did not appear rushed and met people's requests for support quickly. Staff had time to meet people's emotional needs.
- The provider recruited staff safely. This included completing Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had an up to date safeguarding policy in place. Staff had received safeguarding training and knew how to recognise and report abuse.

- The provider worked alongside the local authority to investigate concerns about abuse. They also completed their own internal investigations and completed actions so there was no delay in mitigating risks to people.
- The manager completed a monthly analysis of all safeguarding concerns at the service. This allowed them to monitor any open investigations or outstanding actions.

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.

Visiting in care homes

The service was supporting people to receive visits in line with current government guidance.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink enough. Refreshments were offered throughout the day. One person told us, "We get enough food." Another said, "The food is nice."
- The mealtime experience was relaxed, and food was well presented. People had a choice in what they wanted to eat and drink. Staff were available to support people to eat their meals where required.
- Kitchen staff knew how to prepare food safely. They had a good understanding of people's different dietary requirements and how to modify food to meet these needs. For example, kitchen staff told us, "We have diabetic diets to do in the morning. Staff will let me know how their sugar levels are which determines what I make for people."
- People were supported to maintain a healthy weight. Weights were monitored regularly, and the service referred people to relevant healthcare professionals if there were concerns about someone's weight. Records showed that everyone considered to be at risk of malnutrition had successfully gained weight over the last month.
- People achieved good outcomes in relation to their health and well-being. One person told us, "Got some leg pain and I have a gel on my legs every day, 3 or 4 times a day. It is helping, the pain is getting less and less."
- Healthcare professional advice was sought and followed where appropriate. One person at the service had epilepsy, following a seizure staff contacted the GP and a review of their medication was carried out. Their seizure log showed there were no further seizures.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care;

- Nationally recognised tools were used to assess people's needs and choices. For example, a tool to assess risk to skin integrity was completed monthly. This meant any changes in need were identified and action to prevent skin breakdown could be taken promptly.
- People's care plans were detailed, person centred and considered people's diverse needs. There was evidence of regular reviews including when people's needs changed. For example, we saw in one person's care records following a fall, their risk assessments had been reviewed and updated to reflect additional support required.
- Staff worked effectively as a team, and collaboratively with other agencies. During the daily handover, staff from each department were clearly assigned tasks to support a person's potential discharge from hospital. Nursing staff followed up with the hospital to keep up to date on any changing needs whilst the person was

in hospital This demonstrated a clear strategy to maintain continuity of care and support.

Staff support: induction, training, skills and experience

- Staff were suitably trained to carry out their roles. Training records showed staff were up to date with mandatory training. Staff reflected positively on the training provided, one staff member told us "I've also had syringe driver training, wound management, safeguarding, MCA and DOLs. It was difficult to get the time to do these previously."
- Staff completed an induction when they started working at the service. They received ongoing support in the form of supervisions, competency checks and observations of practice. One staff confirmed, "We have regular supervision and more if we need it."
- The provider supported nursing staff to apply for, and maintain, their professional registrations. One staff member told us, "I feel I have developed professionally more in the last 2 months than I had in the previous 8 months."

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

- The provider had refurbished areas within the home. The environment was well-maintained, light, safe and accessible for people. People's bedrooms were personalised.
- Specialist equipment was made available as required for people and kept in good working order. We observed staff quickly access moving and handling equipment for people who needed it. This ensured people's safety and dignity.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- MCA and best interest decisions were completed appropriately. Staff supported people to make choices wherever possible.

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 inadequate. 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 did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure documentation was complete and legible. Governance systems to identify and manage risks and drive improvement were ineffective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since being in post, the new manager ensured monitoring checks to improve standards were completed. Audit systems had been improved to help ensure effective action was taken when issues were identified. As the manager had only been in post since November 2022, we could not be fully assured these systems had been embedded. In time, the embedding and sustaining of effective quality assurance systems would continue to support continuous improvement at the service.
- At our last inspection, written documentation was not always accurate, legible or complete. During this inspection, we found improvements in this area. Staff understood their role and responsibilities, including that to complete documentation, one told us "I know what is expected of me, why I need to do things in a certain way."
- The provider demonstrated accountability and an understanding of the importance and responsibility of their role. They completed regular provider visits and facilitated regular meetings with the management team to review and prioritise the service improvement action plan.
- Since our last inspection, the provider has continued to update CQC and relevant stakeholders on their progress with their service improvement action plan, reflecting openly on what had been working well and what could be done better. This showed a commitment to continuous learning.

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

- The service was led by a dedicated new manager who prioritised safe and high-quality care. They had worked hard to make substantial improvements in the service. They told us, "I stepped up because I had to do something, and I knew I could do it."
- Staff spoke highly of the manager and consistently told us they were happier and able to deliver more high-quality care since the manager had taken over. Comments we received included, "I feel confident in

[manager] that they are turning the home around." And, "[Manager] is doing a fantastic job." Another staff said, "You can go to [manager] with anything...they listen and help you work out how things could be done better."

- There was a positive culture within the service. People enjoyed living at The Old Vicarage. One person told us, "I do like it here, I am really really happy. I get on with everybody." Another said, "I get looked after well."

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

- People were supported to be involved in the running of the service. Regular resident meetings were held. These meetings gave people opportunities to feedback on anything they'd like from the service and to be kept up to date on relevant changes in guidance or practice.

- Staff were encouraged to feedback and share concerns and ideas at regular team meetings. The provider had introduced daily meetings so staff could be kept up to date on the day to day running of the home. Staff felt meetings were useful, one said "The daily morning meetings have really made a difference."

- Staff felt supported and listened to. One staff member told us, "The [regional manager] comes in and provides support fortnightly, but you can pick up the phone whenever." Another told us, "The new manager is really supportive and accessible."

Working in partnership with others

- The provider had good working relationships with a range of external stakeholders.

- Referrals to healthcare professionals were made in a timely manner. Where professionals had made recommendations, these were taken seriously and communicated with staff appropriately.

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 provider understood their responsibilities under duty of candour. One relative felt the provider was honest, telling us "They don't hide anything."

- The provider understood their regulatory responsibilities to submit notifications to CQC when significant events occurred within the service.