

Restcare Services (SW) Limited

The Old Vicarage

Inspection report

The Old Vicarage
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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service:

The Old Vicarage is located in the Somerset countryside and is a residential care home that can accommodate up to 26 people. The service was providing personal care to 23 older people at the time of our inspection.

People's experience of using this service:

People were safe and protected from the risk of harm and abuse. Staff had received safeguarding training and there were policies and procedures to guide staff on what to do if they had concerns. Staff were recruited safely and there were sufficient staff to meet people's needs. People received their medicines as prescribed. The service was clean and tidy but some infection control arrangements needed reviewing.

The provider acted within the law when people lacked capacity to make their own decisions or when they were deprived of their liberty. Staff were unclear as to people's legal rights. People's health and nutritional needs, including religious observances, were met and understood by staff. Staff received induction, training and supervision to ensure they understood people's care needs.

People and their relatives described staff as kind and caring. We saw staff were patient and friendly, and people's privacy and dignity was maintained. Staff supported people to communicate their needs effectively. Staff were aware of the need for confidentiality and personal records were held securely.

People had their needs assessed and care plans developed to guide staff in providing people with the care and support they wanted. The initial assessments required more detail to be recorded. The care plans were updated when people's needs changed. The care plans highlighted what people could do for themselves and included a social profile, which indicated their important relationships, previous interests and work. People could remain at The Old vicarage for end of life care. The provider was responsive to complaints and concerns.

The service was well-led; there was an open and supportive culture. People who used the service and their relatives knew the registered manager's name and found them very approachable. There was a quality monitoring system to ensure any shortfalls in the service were identified and improved. People could make suggestions in meetings and surveys. The management team had developed good working relationships with other people and agencies.

The service met the characteristics of good in all areas; more information is in the full report.

Rating at last inspection:

At our last inspection, the service was rated "good." Our last report was published on 1 September 2016.

Why we inspected:

This inspection was part of our scheduled plan of inspection to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive high quality care. Further inspections will be planned in line with our scheduled programme of inspections.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

Our inspection was completed by 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.

Service and service type:

The Old Vicarage is a residential care home. People living in care homes receive accommodation and nursing or personal care which are both regulated by the Care Quality Commission. Both areas were looked at during this inspection.

Notice of inspection:

Our inspection was unannounced and the inspection was completed on 27 and 28 February 2019.

What we did:

Our inspection was prepared using information we already held about the service, for example, previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with nine people who used the service and six of their relatives. We spoke with the registered manager, four care staff, the cook and a visiting health professional.

We looked at a range of documentation such as care files for five people and medication records for eight people. We looked at other records relating to the management of the service such as staff recruitment, training and supervision, quality monitoring, complaints management and safety checks. We went around and looked at most of the areas in the home including several people's bedrooms.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Systems and processes

- People living in the service told us they were safe. One person said, "I am safe here, during the day the staff come around all of the time, at night they come into my bedroom to make sure everything is okay."
- Staff knew how to recognise signs of abuse and act upon these, including referring any incidents to the local authority.
- Staff had safeguarding training. The training was completed by new staff during induction and then updated annually.
- Staff were aware of whistleblowing if the provider had not satisfactorily dealt with any concerns about a person's safety.

Assessing risk, safety monitoring and management

- People's individual needs were risk assessed. These covered areas such as falls, supporting mobility, nutrition, medication and people's skin integrity.
- People had personal emergency evacuation plans, which identified the support they required to exit the building in an emergency.
- Accidents, incidents and falls were analysed so that lessons could be learnt and prevent the same incident reoccurring.
- The service was well-maintained and appropriate checks were made on equipment to ensure it was safe to use.

Staffing and recruitment.

- The provider had a safe staff recruitment process. Full employment checks were completed before staff started working in the service.
- There were sufficient staff deployed to meet people's needs. One person's relative told us, "There is always enough staff to look after my mum" and a member of staff said, "Yes, enough staff here; quite often I am the spare member of staff."

Using medicines safely.

- The provider had a safe system of medicines management. Medicines were stored safely, stock was controlled and returned appropriately to the dispensing pharmacy when no longer required. Medicine stock was checked monthly, we recommended the provider looked at guidance relating to current best practice and national guidance in managing medicines safely and stock control.
- The medication administration records for people showed they received their medicines as prescribed. Staff received training in medicines management and their competency was assessed.
- There was a protocol used to provide guidance to staff on how to recognise levels of pain for people who

were unable to express if they were in pain. This meant staff were consistent when administering 'as required' medicine for pain relief.

- Lotions and creams used for applying to people's skin were not dated when they were opened. The registered manager was going to remind all staff to date topical medication when they were opened.

Preventing and controlling infection

- People were mostly protected against the risk of infection.
- The service was clean and free from offensive odours.
- Staff received infection control training.
- Staff had access to personal protective equipment such as disposable gloves and aprons.
- Hand hygiene notices were not found in all bathrooms and hand washing facilities. These notices would help everyone to maintain good standards of hygiene.
- Some bedrooms without en-suite facilities contained commodes. The way commodes were emptied and cleaned needed to be reassessed. The registered manager was going to seek professional advice.

Learning lessons when things go wrong

- The registered manager was aware of the need to analyse accidents and incidences for any patterns and to avoid them happening again.
- The registered manager said that lessons from an admission where insufficient information was collected about a person, was reviewed, lessons learnt and changes implemented.

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.

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 care needs were assessed before moving into the service, to ensure that effective care could be planned and delivered.
- We looked at completed assessments and noted a few did not cover all aspects of the person's needs. The missing information was found within the care plans. The registered manager was going to ensure that people's mental capacity was added to the assessment stage and that all questions were asked and recorded in the assessment form.
- People's likes, dislikes and preferences were recorded in their care plans.
- People's diverse needs were detailed in their care plans and met in practice, this included support required in relation to their religion, lifestyle choices and dietary preferences.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.
- Staff assumed that most of the people had full mental capacity with one exception where the service had made a DoLS application for that person, so they could be lawfully cared for by staff. Staff were unclear about the laws which enabled them to provide care to people who were unable to give their permission. The registered manager confirmed that for all new admissions there would be written evidence demonstrating that every person's mental capacity to consent to care was recorded.

Staff skills, knowledge and experience

- Staff training records confirmed there was regular training to ensure staff were able to undertake their role and fulfil their responsibilities. One relative told us, "The staff appear really well trained, they seem to know what they are doing."
- The registered manager monitored the staff training by means of a matrix and ensured all staff completed their training in a timely manner.
- The provider had arrangements in place to provide all new staff with a structured induction programme, which included the care certificate.

- Staff had regular supervisions and felt supported and valued by the registered manager.

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

- People were supported to maintain a healthy diet. We saw that a range of fresh produce was used to cook a variety of meals for people, who could choose what they wanted daily. One person said, "The food is really good here, you can't complain about the food here; it really is very good."
- People's preferences and dietary requirements were recorded in their care plans and observed by staff. The kitchen staff had detailed information about people's likes and dislikes and any allergies.
- We observed the meal time arrangements on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw them supporting people sensitively.
- People who might be at risk, had their weight and nutritional intake monitored and referrals had been made to healthcare professionals, where needed.

Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were met through regular healthcare visits and appointments.
- Care records indicated that other health professionals were involved in the provision of care, such as GPs and chiropodists.
- We spoke with a visiting community professional during the inspection, who told us, "The staff are knowledgeable about people's needs. We work really well together and my colleagues say the same. The staff here respond well to any requests. All the residents love it here."

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

- The service was a converted house and a set of bungalows in the grounds. All floors were accessed by the stair lifts or stairs.
- We looked around the home and found it was appropriate for the care and support provided. Mobility aids and hoists were in place, which met the assessed needs of people with mobility problems. Doorways into communal areas, bedrooms, toilet and bathing facilities were sufficiently wide to allow wheelchair access
- There was a large, well maintained garden which everyone could access.
- Bathrooms had equipment to assist people with their mobility and work had started to refit a bathroom with an adapted shower so that people had a choice between a bath or a shower.

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.

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

Ensuring people are well treated and supported

- People and relatives were complimentary about the care and support received. They felt staff were kind, friendly and attentive to people's needs. People said, "You can't complain about the staff here, they are wonderful" and, "The staff are really good, they all take time to listen to you and find out about you and how you like things done." A relative told us, "I am totally impressed by the staff in this home and my family say they would not have mum anywhere else."

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

- The registered manager held regular meetings with people and relatives.
- People and relatives were involved in care planning and reviews. We saw that people had signed several sections of their care plan. One relative told us, "I am made to feel very involved in mum's care."

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and confidentiality were respected.
- One person said, "The staff here give you a choice in everything; nothing, and I mean nothing is done without me agreeing to it."
- People's care records showed they were encouraged to maintain their independence by making it clear what they could do for themselves and what they needed staff to support with.
- Personal care took place in people's rooms, staff always knocked on the door before entering a room. One relative said, "When I arrive and staff don't realise I am here, I can still hear them talking to mum in such a nice personal way."
- Staff described how they maintained people's dignity. One staff member said, "I ensure doors and curtains are closed when delivering personal care, and I don't ask personal questions when other people are around."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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.

- Staff completed assessments of people's needs including the identification of risk, and measures needed to minimise the risk.
- Care plans were developed to guide staff in how to deliver care in line with people's needs and preferences. For example, there was information about people's cultural needs, religious requirements, communication methods and general day to day care and support.
- The care plans and risk assessments were updated when people's needs changed.
- Care records were personalised around the person they were written for. And we saw the records were changed in response to people's changing needs.
- Care staff understood the importance of promoting equality and diversity and respecting individual differences. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance.
- People were supported to participate in activities which took place most afternoons. Activities included group activities, visits from outside entertainers and trips out. People told us, "We have things going on here, we play games, people come in to entertain us, and one of the carers brings her dog in" and "I never get bored here, I can do as much or as little as I want; my choice."
- People could be provided information in line with the Accessible Information Standard (AIS) act, for example; providing documents using large print books. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. The registered manager described how one person needed pictorial communication so they could make choices about what they wanted.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints policy and procedure in place. Arrangements for dealing with complaints was included in documentation provided to people when they started to use the service.
- We saw that the registered manager took complaints seriously, ensured the complainant got a meaningful reply and then was action taken to ensure the same issues could be avoided in future.
- People told us they felt able to make complaints. Comments included, "I don't have any complaints about anything here, but if I did I would speak to the manager" and "No complaints about anything or anyone, I am happy and contented here."

End of life care and support.

- The provider had a policy and procedure to guide staff on end of life care.
- End of life care plans were detailed and gave staff full guidance on how to support people. In the care plans we looked at, the person and their relatives had been involved in developing it. The care plans referred to family involvement and which funeral director to contact. There was also information to staff regarding

emergency treatment and pain relief.

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.

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

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

- The registered manager and staff had a clear vision of the service and were committed to delivering person centred care that respected people's dignity and provided a homely atmosphere.
- People knew who the registered manager was and saw her regularly. One person said, "The manager and the owner of the home come around to talk to all of us, they are very nice people, always checking to make sure we're happy" and another said, "We have meetings with the manager, they are friendly, you can put your point of view over, never a bad word."
- All staff spoken with felt well supported in their roles. One staff member said, " The manager is a very nice person and the owner is very good towards the staff" and another said, "The manager is very supportive and very approachable, I have told them I want to develop my career and so they helped me."
- Where necessary, the registered manager worked alongside staff, which helped her maintain a good understanding of people's individual needs.
- The registered manager and staff attended regular team meetings. Meetings were used to discuss any issues related to the service. Staff were encouraged to contribute to the agenda for the meeting and share their ideas with colleagues.
- The registered manager understood the requirements of the duty of candour and described an incident which involved a person's documentation. As soon as an error was identified the registered manager was open and honest with all people involved.

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

- The registered manager had established effective systems to monitor the quality of the service. Comprehensive audits were undertaken by the registered manager, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- We saw that all aspects of the service were checked, including health and safety, staff training and supervision and the environment. We saw that when shortfalls were discovered, improvements were actioned.
- We saw there were organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were knowledgeable about key policies.
- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service.

Working in partnership with others

- The registered manager told us the service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the speech and language therapy team, the district nurses and the GP surgery.
- A scheme had been organised where local school children were in correspondence with individual people in the home. The intention was for different generations to share social information about their own lives. The folder we viewed showed this project was a success.