Craigdale Care Limited

# The Old Vicarage Residential Home

## Inspection report

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01 May 2018

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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

This inspection was completed on 30 April and 1 May 2108 and was unannounced.

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

The Old Vicarage accommodates up to 37 people in one adapted building. There were 33 people at The Old Vicarage at the time of the inspection.

The previous inspection was completed in July 2015 and the service was rated Good overall. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had not protected people against the risk of unsafe or inappropriate care arising from a lack of proper information about them. At this inspection we found improvements had been made and the provider met the requirement of this regulation. At this inspection the service remained Good.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, action had been taken to ensure the on-going safety of the person.

Staff had received training appropriate to their role. Staff had received training around safeguarding and was confident to raise any concerns relating to potential abuse or neglect. The administration and management of medicines was safe. There were sufficient numbers of staff working at the Old Vicarage. There was a robust recruitment process to ensure suitable staff were recruited.

People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities. People were supported in an individualised way that encouraged them to be as independent as possible.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they like to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care.

The service was well led. Quality assurance checks were in place and identified actions to improve the service. Staff and relatives spoke positively about the management team.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# The Old Vicarage Residential Home

**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.  his was a comprehensive inspection.

The inspection took place on 30 April and 1 May 2018 and was unannounced. It was completed by one adult social care inspector.

Before the inspection visit we reviewed all the information we held about the home since the last inspection in January 2016. This included all statutory notifications and the Provider Information Return (PIR). Statutory notifications must, by law, be sent to us by the provider. These inform us of important and significant events which have happened in the home. We used information the provider sent us in the PIR to help plan the inspection. This is information we require providers to send us at least once annually, to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service and eight relatives. We looked at five personnel files, organisational records, staff rotas and other records relating to the management of the service. We reviewed the care records of four people. These included information collected about their life history, support plans, risk assessments and other care and treatment related information. We also spoke with the registered and area manager, five members of care staff and a Director of the registered provider. We sought the views of commissioners of the service and three health care professionals.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt safe. One person said, "I like it here. They are good and look after us all so well. I prefer to stay in my room but they check on me a lot." One relative said, They are brilliant. My relative is so safe and I wouldn't want them to be anywhere else."

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Senior staff shared appropriate information with other agencies who also had a responsibility to safeguard people.

The number of staff needed for each shift was calculated based on the number of people using the service and their support requirements. There were enough staff in number, experience and skills to support people. This was confirmed in discussion with relative's visiting the home and the care staff on shift on the day of the inspection. One staff member said, "We are a good team. We cover shifts so that we don't have agency workers. We all know the people who live here well, which is better for them."

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, choking and moving and handling safety. The risk assessments had been regularly reviewed and kept up to date. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. For example, risks of falling, developing pressure ulcers and choking were known to the staff.

Staff ensured people were appropriately referred to health care professionals if their risks changed. This enabled people's health needs to be assessed and equipment sourced promptly to keep people safe. One relative said, "Staff will take people to hospital if required. That's really great."

People's medicines were managed safely. Staff received training in how to administer medicines and their competency in this task was checked. Medicine records were well maintained and showed that people received their medicines as prescribed. We saw that people who used specific creams for their skin did not have lockable cupboards for them in their bed rooms. We discussed this with the provider and registered manager who told us these would be installed immediately. People's allergies were recorded but were not as prominent as they could be. On the second day of our inspection the registered manager had ensured people's allergies were on the front of people's care plans and on the front page of their medical folders.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Checks were completed on the environment, such as the fire system by external contractors. Fire equipment

had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency. Although these were in place we discussed the need for people with high risk areas such as; mobility or communication needs to be more prominent. On the second day of our inspection people had been highlighted in the evacuation plan with colours to show who would require more support in the event of an emergency.

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections. Staff told us they had received appropriate training in their induction and had fully understood the training that had been provided. Monthly infection control audits were completed by the registered manager.

Good

# Is the service effective?

## Our findings

People and relatives we spoke with told us they felt well looked after and their health needs were addressed. Relatives told us staff made them aware of any changes in their relative's health. One relative said, "They keep in contact and we have no concerns."

People were supported by staff who had the skills and knowledge to meet their needs. Training systems were in place to deliver induction training which included the care certificate to new staff, proceeding to nationally recognised social care qualifications. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff had received training in core areas such as; adult safeguarding, first aid, manual handling, Mental Capacity Act (MCA) and DoLS. Other training courses were provided such as; dementia and end of life. Staff told us they felt adequately trained to do their job effectively. One staff member said, "We are always training and learning."

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them.

Supervisions were used to monitor and improve staff performance. Supervisions are one to one meetings that a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. All staff we spoke with said their managers were supportive. Annual appraisals were being completed to monitor staff development. One staff member who had recently had their supervision said, "I had an issue last week and now it's dealt with. It's off my shoulders."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where required, the registered manager had ensured people's mental capacity had been assessed. From reading the assessments; it was evident that these were decision specific and had been reviewed at regular intervals. Where people were assessed as lacking mental capacity, we saw evidence that the service had worked closely with the person's representatives and relevant professionals to ensure decisions were made in their best interests. The registered manager had ensured that where people's liberty was being deprived, a DoLS application had been made to the local authority.

People and their relatives spoke positively about the food provided at the service. One person said "It is fine. There are options if we don't like what's on the menu". Another person said "The food is lovely". Staff told us people were supported to eat a healthy diet and drink plenty of fluids. We observed people's lunchtime dining experience on the first day of our inspection and saw people being supported to eat appropriately. Staff were not rushed and supported people with dignity and respect. People's dietary and fluid needs were

assessed and known by staff. If people were at risk of malnutrition or dehydration the service monitored their food and fluid intake. We looked at the menu and found there was a varied choice of meals available to people. The chef told us there was always an alternative option available to people if they did not like what was on the menu. Relatives we spoke with told us they felt the meals served at the home were of good quality and people had a good choice of meals.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals. In each care and support plan, support needs were clearly recorded for staff to follow with regards to attending appointments and specific information for keeping healthy. People at risk of weight loss were weighed every month and more frequently if required. One visiting nurse told us, "If someone needs us, they are pro-active. They will sort things out immediately." A doctor from the local GP surgery was visiting the home on the second day of our inspection and said, "We have good relationships with the home, there are people living here with high dependency needs but I feel they are well looked after and cared for. Communication is good and staff appear kind and caring."

People had access to communal areas and we saw people socialising in the area which had views on to the well-kept gardens. The service had an on-going maintenance plan to ensure inside and outside areas were serviceable and maintained to a high standard. One relative said, "It's nice and bright here and well decorated."

Good

# Is the service caring?

## Our findings

We observed people being treated with kindness, respect and compassion. One person said, "They are lovely. They get me whatever I need to be comfortable." A relative said, "No concerns whatsoever. They are all so so kind." We observed people reacting positively to the encouragement and reassurance staff provided. One health professional said, "No concerns here. People do have high dependency needs but they appear well looked after and cared for. The staff are kind."

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff team. One person said, "They really are truly amazing. They will do anything you ask and treat us all so well". Staff commented on how they worked well as a team and were keen to support each other in their roles. One staff member said, "I've left a few times but I keep coming back. I love working here. We all do what's best for the residents and we know them very well."

Relatives and friends were welcomed and seen as integral to helping people maintain their wellbeing. One relative said, "We are always so welcomed. We get a cup of tea and are treated like part of the family." People were supported to maintain relationships which were important to them. Support was provided to allow people to remain as independent as possible. One person who preferred to stay in their room at mealtimes was supported by staff to eat their meal. We saw staff collecting the dishes from outside the person's room. This person told us this was how they liked things and it meant they were not disturbed but were able to contribute to being somewhat independent and helpful.

People and their relatives were provided with opportunities to give feedback regarding their experience of the service. The service had received a number of positive comments from relatives of people who used the service. For example, one relative said, "Staff are super, always a welcoming atmosphere and friendly environment." Another relative had written about their loved one who had sadly passed away, 'We can't thank you enough for all you have done for us. You have all been so supportive and understanding throughout our journey. You allowed [The person] grace and dignity. Leaving him in your care was hard. You were all amazing and I couldn't have asked for a better place.'

People's privacy and dignity was maintained. For example, when people required support to use the toilet, this was offered and provided discreetly and respectfully. Personal care was provided behind closed doors and people's care needs discussed in private. Information about people's care was kept confidential and only shared appropriately with people's permission. One health professional said, "I have observed the wishes of families and residents being managed well, with difficult behaviours being managed with dignity and respect for people and for those with whom they live."

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. All of the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care. People were supported in an individualised way that encouraged them to be as independent as possible. People's protected characteristics under the Equality Act were promoted. Staff

had access to training in Equality and Diversity.

The registered manager told us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to their service being set up. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care and support plans, in relation to their day to day needs. One health professional said, "I always get an appropriate update about people I am seeing such as, a change in mobility or skin complaints. I always find the staff friendly and welcoming."

Good

# Is the service responsive?

## Our findings

At our previous inspection in July 2015, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had not protected people against the risk of unsafe or inappropriate care arising from a lack of proper information about their individual needs. At this inspection we found improvements had been made and the provider met the requirement of this regulation.

We saw that each person had a care and support plan to record and review their care and support needs and provided guidance on how staff were to support them. Each care and support plan covered areas such as; communication, cultural and religious preferences, nutrition, mobility, night care, medication and psychological needs. A summary page of people's likes, dislikes and care and support needs provided staff with information about people. People's preferred routine was also recorded to show how people liked things to be done. For example, one person's care plan stated they liked to have a hot chocolate before retiring to bed between 19.00pm and 22.00pm. People's care plans were person centred and gave staff relevant information on their life stories and what was important to them. One person's care plan stated they enjoyed walking their dogs when they were younger. This helped staff to initiate conversation with people.

There was evidence regular reviews of people's care plans were being carried out. The registered manager told us reviews were carried out monthly and more frequently if required. Each person had a care review every six months where relatives were invited to attend. Professionals who visited the service told us they felt staff responded well to people's needs and were proactive in managing their changing needs. One health professional said, "I have worked closely with the registered manager who works very hard to provide an additional level of support which enables me to make decisions with a clearer understanding."

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. The daily notes we inspected were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any issues occurring on shift so that the staff working the next shift were well prepared.

People were supported on a regular basis to participate in meaningful activities. During the inspection we observed daily activities in the mornings and afternoons. When observing these, there was evidence staff involved all the people in the communal area if they indicated a preference to participate in activities. People took part in activities within the home such as; knitting, flower arranging, bingo, chair yoga and exercises, manicures and pets therapy. An external company had recently brought various animals into the home including lambs who people living at the home were encouraged to hold and feed with a milk bottle. Plans were in place for six people to go out for the day with a local trust on a local canal boat trip. One relative told us, "I am here today to do singing with everyone. People seem to love it and it makes them smile. They can choose to take part if they wish."

People living with dementia were cared for by staff who clearly knew them well and were able to support them when anxious or upset. For example, one person seemed disorientated and a staff member guided them back to the lounge with a hand on one shoulder and spoke to them respectfully.

People's spiritual, religious and cultural needs had been identified and details of their preferences were documented within their care and support plans. A catholic priest visited the home to give people communion if they chose to take part.

People told us they were aware of who to speak with and how to raise a concern if they needed to. There had been one recorded complaint in the 2018. No-one we spoke with had concerns at the current time and those that had raised concerns previously told us they were happy with the outcomes. People and their relatives felt that the staff and registered manager would listen to them if they raised anything and that issues would be addressed. A post box for concerns or suggestions was available in the main foyer for anyone to add comments.

After our inspection we received an anonymous letter of concern. We asked the registered manager to investigate the concerns which they did promptly. Although their investigation could not substantiate the concerns they had identified some areas that could improve and was taking action to address these. For example, confidential care files detailing people's names had been moved out of sight of the window, people's dining experience was being more closely monitored, new lockable cupboards were being purchased for people's creams, coloured pens being used for information boards were being changed, the labelling of people's clothes were being changed and a new container for people's daily notes had been purchased.

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people required end of life care, the service sought support and guidance from specialist health professionals. All staff were trained in end of life care and this was an area that the service was looking to make improvements with their documentation and recording of people's wishes.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. People, staff and relatives told us they felt well supported by the registered manager and the provider. One person said, "She is lovely and very approachable." Another person said, "You can always ask the manager. She listens."

The registered manager was responsible for completing regular audits of the service. The audits included analysis of incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. There were robust quality assurance systems in place to ensure every area of the service was being monitored. For example; for people who were at risk of malnutrition or required monitoring with their food and fluid intake an individual report had been produced. This included observations and strategies for staff to monitor and support people appropriately. Each audit completed was checked by the provider on a monthly basis and the registered manager told us they felt fully supported by them. Spot checks were completed in areas such as; bathrooms, infection control procedures, moving and handling and mealtimes. The registered manager told us this was to ensure people were being supported appropriately and that staff were not being complacent.

Staff attended regular team meetings and briefings. Staff explained regular meetings and briefings gave the team consistency and a space to deal with any issues. The team meetings covered areas such as safeguarding and policy updates. We attended a regular Monday meeting on the first day of our inspection which gave us an insight into the outcomes of the meetings. For example, the registered manager discussed each person living at the home and any updates or changes to their care and support needs and asked how people were feeling after the weekend. At some staff meetings themed quizzes were held to ensure staff were knowledgeable about areas such as; dementia and safeguarding.

The provider's policies and procedures were available to all staff. These promoted equal opportunities, respect for people and staffs' diversity and provided guidance. Staff liaised with other professionals who also helped to keep them updated and informed on up to date practice and ideas in adult social care. Other links in the community included those for example, with the local church and local shops. People were supported to visit local shops and events.

The service was actively seeking the views of people using the service, relatives and staff through sending out regular questionnaires and having regular meetings. The registered manager told us this was a way of ensuring everyone involved with the service had a voice. The results of the surveys were analysed and evaluated. All of the people living at the service, relatives and health professionals were satisfied with the service on offer at The old Vicarage Residential Home. The results were summarised and improvement points were recorded. In 2016 the satisfaction survey recorded that more wheelchairs in the home would be beneficial. This had been actioned and six new wheelchairs had been bought taking the total to 17.

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. People who were at risk of falls were monitored and action plans put in place. One health professional said, "In regard to documentation, no concerns have been raised."