

The Old Vicarage (Chippenham) Limited

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Old Vicarage is a residential care home providing personal care to up to 21 people in one adapted building. At the time of our inspection there were 18 people using the service. Accommodation is provided on three floors accessed by stairs and lifts. People had their own rooms and access to communal rooms such as a lounge and dining room. People could access a large garden from the ground floor.

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

People, relatives and staff spoke positively about the care received and the management of the home. They appreciated the home was a small, family run service providing people with continuity of care. People and relatives told us there were enough staff available to support them and the staff were caring and helpful.

People's individual risks had been identified and risk assessments were in place. They were regularly reviewed and amended when needed. People had their medicines as prescribed and where safe to do so people were supported to manage their own medicines. Staff had been trained in safeguarding and understood their responsibilities to report any concerns.

People and relatives told us the home and their rooms were cleaned regularly. We observed the home was clean and smelt fresh. Staff were observed to be wearing appropriate personal protective equipment (PPE) and staff told us they had received training on using PPE safely. The provider told us they had plenty of PPE in stock.

Management had kept in touch with local health protection agencies and kept up to date with government guidance on COVID-19. Updated guidance had been cascaded to staff when needed. People, relatives and staff had received communications throughout COVID-19 on changes and guidance for visiting, PPE and testing. Staff were testing regularly for COVID-19 as per the government guidance.

We observed relatives were visiting indoors and wearing PPE as appropriate. The home also had a large garden which could be used for visiting. The provider had made changes to the garden to provide people with a hard, safe path to use so they could walk around the whole garden area. The registered manager told us this had enabled people to exercise during national lockdowns.

Quality monitoring systems were in place. People, relatives and staff knew who the registered manager and owners were and told us all the management were approachable. Feedback and ideas for improvements were encouraged from everyone and listened to. Action was taken to make improvements where appropriate.

The service worked in partnership with a range of professionals. People were supported to see healthcare professionals in the community or at the home if needed. There were good community links which included religious services and visits for people if they wished.

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

Rating at last inspection

The last rating for this service was good (published 2 February 2018).

Why we inspected

This focused inspection was carried out as part of our inspection schedule. 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, 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?

Good ●

The service was safe.

Details are in our safe 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 (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 one inspector.

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 without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 a registered manager in post.

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 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 nine people and two relatives about their experiences of care and support. We spoke with five members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed care plans and risk assessments for four people, medicines administration records, health and safety records, three staff files for recruitment and quality monitoring records.

After the inspection

We continued to validate evidence found. We telephoned a further three members of staff and two relatives. We contacted four professionals for their feedback about the service. We reviewed compliments, various audit records, meeting minutes and various policies and procedures.

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and professionals told us the service was safe. Comments included, "This is a good home, I feel safe here, I sleep well at night" and "I'd be happy for any relative of mine needing care to be looked after there [the service], and I know they would be kept safe and sound."
- Staff had received training on safeguarding and understood what they needed to report. One member of staff told us, "I would report to [registered manager], I am sure she would deal with anything."
- Systems were in place to make sure any concerns would be dealt with in a timely and appropriate way.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and there were detailed management plans in place to give staff guidance. These had been reviewed regularly.
- The provider used national risk management tools such as Waterlow for assessing people's risks of developing pressure ulcers.
- People had an up to date emergency evacuation plan which gave staff and emergency services guidance on people's needs to evacuate the building safely.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed for any action needed to prevent reoccurrence.
- Systems were in place to share learning with staff. The registered manager said, "We use [electronic care plan system] so we can message staff straight away, we don't wait for staff meetings. We can deal with things as they come up."

Staffing and recruitment

- People were supported by sufficient numbers of staff. The registered manager told us they had a low turnover of staff so there was a stable staff team to provide continuity of care. One member of staff said, "Shifts are always covered, either the care manager works them, or we ring round. We never work short [of staff]."
- Staff had been recruited safely. Pre-employment checks had been carried out including a check with the disclosure and barring service (DBS).

Using medicines safely

- People had their medicines as prescribed. One healthcare professional told us, "The medication is looked after and administered safely. I have never had any concern that residents are not getting their medication on time or been worried that there are medication errors".

- Where possible and safe to do so people were supported to manage their own medicines. Appropriate risk assessments were in place and lockable facilities available in people's rooms.
- An electronic system was used to manage medicines. This helped staff make sure people had the right medicines at the correct time. We did not observe any gaps in recording.
- Staff had training to administer medicines and time to shadow more experienced staff. Competence to administer medicines was checked as part of training and as an ongoing safety check.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- During the pandemic the provider had adapted the boathouse in the garden to facilitate safe visiting. Since government guidance had changed visiting was now indoors or outdoors if people preferred.
- Visits were booked in advance so the service could manage numbers in the building.
- Appropriate personal protective equipment (PPE) was provided for visitors to wear. We observed visits taking place during our inspection and observed guidance was being followed.

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 for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The care and culture at the service was person-centred. People, relatives and staff told us they promoted independence and supported people to make their own choices and decisions.
- One healthcare professional told us, "The care home is well known locally for its person-centred care and that is a reputation which I find to be well deserved. The staff know the residents very well and make sure they feel that the care home is their home: the residents have autonomy in as many aspects of their lives as possible".
- The provider told us they used their electronic care planning system to monitor people's mental well-being. This enabled them to identify people's individual emotional trends and take appropriate timely action.
- Staff talked about good teamwork at the home and that they all enjoyed their work. Comments from staff included, "There is good teamwork, and everyone gets on, everyone does their work", "I love working here, everyone is friendly, it is like home from home" and "I do enjoy it, for me when you leave work you feel like you have genuinely helped someone."
- People told us they were being cared for by caring staff. Comments included, "Staff here are very helpful and very friendly", "Staff are good, there are no communication issues" and "There is love in this place, there is love and there is kindness."

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

- There was a registered manager in post. They were aware of their regulatory requirements. Notifications were submitted to CQC when needed.
- Staff were clear about their role and who to report any concern to. All staff knew who the registered manager was and told us they were approachable and a visible presence in the service.
- Comments about the management included, "I think [registered manager] is very good at sorting things out. She is very approachable", "You can always speak to [registered manager], you can always get hold of her. She never once said I am not on call; she tells us to go to her when needed" and "We consistently find the leadership and care there to be of a very high standard."
- Quality monitoring systems were in place to assess and monitor quality and safety in the home. This included audits of areas such as medicines and infection prevention and control.
- The home used an electronic home management system which held care plans, risk assessments, daily notes and quality assessments and records. This enabled the management to access records at any time

and monitor quality and safety in a timely way.

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 registered manager was aware of their responsibility to be open and transparent with people when needed.

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

- People, relatives and staff knew who the management were and felt able to approach them at any time. One person told us, "I know the management, you can say what you want, they listen."
- People had a key worker who they could talk with and share any ideas or concerns. A key worker was a member of staff allocated to individuals to take on additional responsibilities around care and support.
- People were able to attend 'resident meetings' to share their views and discuss events, activities and life in the home. Minutes recorded the discussion and outcomes and were available for all to read.
- Staff told us they had meetings, supervisions and other opportunities to talk with the management team. One member of staff said, "They [management] always look for your opinion. When I first started, they wanted to know as an outsider coming in what could I see that they could not. I always ask questions when I feel like it, no-one ever makes me feel like an inconvenience, everyone is willing to help me."
- Staff were encouraged to share ideas and any suggestions for improvement. One member of staff told us about an idea they suggested to improve communications in the home by using walkie talkies. The registered manager listened and trialled the idea. We observed staff using walkie talkies to communicate with each other during our site visit. Staff told us this had helped them know where each other were in the building and communicate people's wishes to the right department.

Working in partnership with others

- People's health needs were met as the service worked in partnership with local healthcare professionals. During our inspection we observed a local GP visiting to provide people with COVID-19 vaccinations.
- People were able to see various professionals as and when needed. Where people were not able to go out and visit professionals, staff organised for them to be visited at the service. For example, the home had a chiropodist who visited regularly.