Healthcare Homes Group Limited

The Old Vicarage Care Home

Inspection report

The Old Vicarage
Leigh
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Dorset
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21 February 2019

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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 a residential care home registered to provide care for up to 41 older people who require personal care. Some of the people were living with dementia. The home does not provide nursing care. At the time of inspection there were 36 people living in the home.

People's experience of using this service:
People did not always have their rights protected under the Mental Capacity Act 2005 (MCA). MCA assessments were not carried out to each individual decision. Consent was not always sought from those who had the legal authority to do so. We told the registered manager and they worked to correct this during the inspection.

The home was displaying the 'outstanding' rating from the previous provider in three places at the home's entrance. We told the registered manager to remove this as it may be misleading to the public. The registered manager arranged for this to be removed during the inspection.

People told us they felt safe and were happy living at The Old Vicarage Care Home. The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

People were supported to maintain contact with those important to them including friends, family and other people living at the home. Staff understood the importance of these contacts for people's health and well-being. Staff and people were observed enjoying warm and mutually beneficial interactions. Staff knew people well and what made them individuals.

The management of the home were respected. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work and flexibility.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the home could continually improve. Audits helped identify areas for improvement and this learning was shared with staff.

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

Why we inspected:
This was the first scheduled comprehensive inspection of this service.

Follow up:

We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 Care Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out 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. This persons experience was with older people and those living with dementia.

Service and service type:
The Old Vicarage Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:
This inspection was unannounced and took place on 20 and 21 February 2019.

What we did:
Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used the information the provider sent us

in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 11 people who used the service and three relatives. We spoke with the registered manager, regional director, two care managers, two keyworkers, two care assistants, acting activity co-ordinator, activity assistant, laundry manager, cook and kitchen assistant. We received feedback from one health and social care professional who worked with the service. We reviewed four people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at two staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

• People and their relatives told us they felt safe and happy living at The Old Vicarage Care Home. One person said, "I do feel safe here". A relative told us, "My loved one is safe here as there are no hazards for them".

• Staff has received safeguarding training and demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally.

• The home had effective arrangements in place for reviewing and referring safeguarding concerns. Staff felt confident their concerns would be acted upon.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

• Risk assessments were in place for each person for all aspects of their care and support. The risk assessments were reviewed monthly and earlier if things needed to change.

• Risk assessments were detailed and included clear instructions for staff on how to minimise the risks for people. An example was where a person had been assessed as of a high risk of falls, measures for safety were to lower the bed at night and use a sensor mat to alert staff that they may need support.

• General risk assessments for the home were in place to ensure a safe environment for people, staff and visitors. These assessments included: fire systems and equipment, water safety and electrical appliances. People had Personal Emergency Evacuation Plans (PEEPS) which guided staff on how to help people to safely in an emergency.

• Accidents and incidents were recorded and analysed monthly by the registered manager. This meant that they could identify trends in events such as falls within the home. The registered manager had identified there was a higher occurrence of falls following meal times. They were able to rearrange the staffing to ensure a member of staff was always present in the dining room until people were safely in their bedrooms or chairs.

• Learning was shared with the staff through handovers and meetings. There was an alert put onto the electronic care planning system for staff to be aware of accidents that had occurred while they were off duty.

Staffing and recruitment

• People told us there were enough staff on duty. The registered manager was able to adjust staffing as the needs of the people living at the home changed. There was flexibility for staff with hours of work and the registered manager said that they tried not to use agency staff as this was not ideal for people living at the home. Staff told us they all liked to help out with extra shifts when they can.

• Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Using medicines safely

• People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were trained and had their competency assessed by the registered manager.

• Medicine Administration Records (MAR) had a photograph of the person and their allergies along with information about how they like to take their medicines. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited.

• Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

• Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. A relative told us, "I think it's very clean and tidy".

• There were gloves, aprons and hand sanitiser supplies in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day. There were notices around the home reminding everyone to wash their hands.

• The service had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Good

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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

• The home did not always meet the requirements of the MCA. Assessments had been carried out to determine people's general capacity. However, these did not relate to making individual decisions such as, having support with their personal care or medicines. The person's best interests had been considered within the assessments but not in relation to those specific decisions and aspects of their care. This meant that in some cases people's rights were not fully protected. We spoke with the registered manager and they told us they would carry out the necessary assessments immediately.

• Consent to care was sought by the home for different aspects of their care such as to receive support with their care and for photographs. However, in some cases consent was given on the persons behalf by a family member who did not possess the legal authority to do so. We spoke with the registered manager who immediately undertook a MCA assessment for this person. They told us they would check the legal paperwork for all others who consented on people's behalf to check they had the authority to do so.

• 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). Where people had authorised DoLS in place conditions were being met.

• People and their relatives told us staff asked their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection in particular in relation to medicines. One person told us, "They always ask me before they do anything if it's alright with me".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

• People had pre-admission assessments completed before they moved into the home. These assessments formed the basis of their care plans. These were then reviewed once the person had moved into the home.

• Peoples outcomes were identified and guidance on how staff met them was detailed.

• Record and staff practices demonstrated plans had been created using evidenced based practices. This was in relation to moving and handling, nutrition and pressure area care.

Staff support: induction, training, skills and experience

• The home had an induction for all new staff to follow which included external training, shadow shifts and practical competency checks within the home in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

• Staff received the training and support needed to carry out their role effectively, they told us they felt confident. Staff received training on subjects such as safeguarding, dementia, infection control and fire safety. A staff member told us, "We have training online and face to face, more practical training for moving and handling and medicines".

• Staff told us they had regular supervisions and annual appraisals. The registered manager gave staff a pre appraisal letter which gave the staff member an opportunity to plan for the meeting and reflect on their practice. Staff told us that supervision was regular and a two way process and they felt supported and appreciated.

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

• People were supported to have enough to eat and drink. We received positive comments about the food and they included; "The food here is good". "The food is very good here and there are some very good cooks here". "The food here is excellent".

• People could choose an alternative if they didn't want what was on the menu. The cook told us, "We can cater for all different needs. An example is that a person is lactose intolerant so we adjust the recipes to use their special milk". A person told us, "We do get regular drinks throughout the day and a snack if we want something between meals". Records showed input from dieticians and speech and language therapists (SALT) where required.

• The home held monthly nutrition meetings where they discussed each person and their weight, dietary needs and risk level. The cook and keyworker staff were included so they could all ensure they were following guidance and monitoring people's well being in regards food and drink.

• We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. The dining room had two laid tables with drinks, napkins and condiments. People used the dining room, lounges or their bedrooms to have their meal. Food looked appetising and plentiful. A selection of drinks were available, both alcoholic and non-alcoholic, these were offered to people throughout their meal.

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

• The home was accessed by people across a ground level and had been adapted to ensure people could

use different areas of the home safely and as independently as possible. The home had rear seating areas and gardens for people to enjoy.

• All outside areas had slopes to enable people to access with walking aids. All bedrooms had views of the countryside or courtyard. People told us they enjoyed the surroundings of the home.

• The registered manager told us that people were encouraged to bring their personal belongings with them. Communal areas were decorated with photographs of recent activities along with notice boards which informed people of the day's events.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

• People were supported to receive health care services within the home. All records seen showed evidence of regular health care appointments and medical or specialist involvement. The registered manager said they worked well with medical professionals and was comfortable seeking their input when needed.

• Records showed that instructions from health professionals were carried out. A health professional told us that staff at the home always contacted them in a timely manner and appropriately. They told us, "Instructions are followed, relating to medical care".

• The registered manager told us that people could be supported to attend appointments outside of the home for an additional charge. The home had access to vehicles and would be subject to staff availability to provide the support. This meant people could continue to visit their own health professionals if they chose to.

• The home worked with an electronic care system which could be updated instantly with changes in a person's medical needs. An example was where a person needed to drink more fluids, extra check up visits could be added to alert the staff to this increased need. The registered manager and the staff told us the system worked well to record input with people.

Good

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.

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

• People and their relatives were involved in their care. Records showed input from the person, their family and professionals. There was a system for review in place and records showed this happened monthly or as things changed. A relative told us, "I am involved in the care plans".

• We observed staff offering choices and asking people what they wished to do regarding their care.

Ensuring people are well treated and supported; equality and diversity

• People and their relatives told us staff were kind and caring. We observed many respectful interactions between people and staff. We overheard one member of staff supporting a person who was unsure of the day and what they were doing. The member of staff was calm and reassuring and spent time with the person until they were happy. One person told us, "They [staff] are kind and caring. They wouldn't be doing the job if they weren't kind". A relative told us, "The staff are very kind".

• People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. Holy communion and prayer meetings were part of the homes activity plans each month.

• Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs. One staff member told us, "I wouldn't treat anyone differently here".

Respecting and promoting people's privacy, dignity and independence

• Staff treated people with dignity and respect. We observed staff speaking with people in a respectful manner, using their name and giving them time to speak. Staff told us they knew how to show dignity and respect to people and it was very important to them. One staff member said, "I respect individuality. I ask them what they want, what they want to be called. I always try and picture myself, treat them like a family member".

• People were supported to be as independent as they could be. We observed staff supporting people to move around the home. Staff were patient and reassuring. One staff member had been supporting a person to feed themselves and told us, "It's so important to keep their independence. I always try and get people to do what they can for themselves".

• People were supported to maintain their relationships with family and friends. People and relatives told us that they could meet with their loved one's at any time in the home. Relatives told us they were able to book rooms in the home and enjoy time as a family.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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

• People received personalised care that was responsive to their needs. Care plans were in place and reviewed monthly. Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Where a person had a specific health condition there was a plan in place for staff to follow giving guidance. An example was diabetes care plan, this gave details of the signs and symptoms of a high or lower blood sugar and what to do.

• People's life histories were in their file. However, some were more detailed than others. The activity staff told us they were working with people one to one to develop these further and complete family trees for people. A person was supported to produce a monthly newsletter report where they gave their review of the activities for that month.

• The home used an electronic care planning system which was used to record people's care. Staff told us that they could add an 'alert' to the system and that would come up as a message for staff to see when they logged in. An example was where a person had fallen and they required extra monitoring, all staff were aware. The registered manager told us they created a printed handover sheet in addition to this alert to ensure all staff would know the correct level of care the person needed.

• People and their relatives told us that there were activities in the home. A relative told us, "There is always something going on". The home had a variety of activities for people to enjoy and the walls in the communal areas and notice boards had photographs of past events. The activity plan was displayed in various places within the home and people were given their own copy. The acting activity co-ordinator told us, "We make sure we go round to everyone to remind them what is on. We provide one to one activities for those who don't want to join the group. This could be just talking to them, whatever they want to do".

• The home had external professionals providing activities throughout the month and volunteers from the local village. Some people attended a lunch club which was held once a month at the local village hall. The activity staff created and held many of the activities themselves. Records were kept for each person and this detailed if they participated and enjoyed the activity. The acting activities co-ordinator told us, "We are keen to use our own initiative with crafts, it's trial and error". Photographs showed people enjoying making and decorating book marks and other crafts. The activities staff said that they tried to come up with new ideas and did this by speaking to each other and researching ideas on the internet.

• The service identified people's individual information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent

approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.

Improving care quality in response to complaints or concerns

• People knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction.

• People were confident that their concerns would be dealt with. Some comments we received about this from people and their relatives were; "I have never had to complain about anything but if I did I would go to the office". "I have complained twice about minor things and I feel happy here". "I would go to the person in charge if I needed to". "I speak to the registered manager [name] if I need to".

End of life care and support

• At the time of inspection one person was receiving end of life care. Records showed the person had regular care and support from staff. Plans were in place to ensure their wishes were known. Family members were supported by the registered manager and staff team. Health professionals were involved and visited the person to provide the necessary support.

• The home had received many compliments about its end of life care. A health professional told us, "Many of my patients have lived happily at the end of their lives in The Old Vicarage and have died peacefully and with dignity there".

• People had end of life care plans and they were called, 'My preferred priorities for end of life care'. People gave different amounts of information and the plans contained information about their final wishes, funeral arrangements and who to contact.

• The home had been involved in an end of life best practice scheme and had received recognition for quality in end of life care.

Good

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

• This was the providers first comprehensive inspection. However, on arrival at the home they were displaying an 'outstanding' rating from the previous provider in three separate places at the home's entrance. We asked that this be removed as this may be misleading to the public. The registered manager arranged for the rating to be taken down.

• Staff felt proud to work at the home. They were complimentary about their colleagues. Some of their comments included; "I think we are a good team". "On the whole we are very good". "Everyone bends over backwards, they are so helpful". "It's a happy home". "Lovely atmosphere, lovely place".

• Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported. The comments included; "I like the registered manager [name] very much, they are marvellous". "All the office staff are very helpful and lovely". "The registered manager is lovely, hardworking and approachable". "I think the registered manager [name] is honest, fair, supportive, they will roll up their sleeves. There is no divide between us and them". "The manager is very hands on". A health professional told us they felt the home was well led by the registered manager.

• The registered manager understood the requirements of the duty of candour. That is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and showed us records. They told us, "We have an open and honest culture here".

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

• There was a registered manager in post. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

• The management and staff understood their roles and responsibilities. The registered manager told us they were supported well by the regional director who visits the home regularly. They told us, "I am proud of my

team".

• Quality assurance systems were in place to monitor the standard of care provided at the home. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. Systems were in place for learning and reflection. The registered manager had completed various audits such as medication, meal time and nutrition, food hygiene, complaints and concerns. In addition, the registered manager completed additional checks by 'walking around' the home and by unannounced spot checks of the home.

• The registered manager had ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and CQC. This is a legal requirement to allow other professionals to monitor the care and keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

• The registered manager told us there had been a lot of changes within the home with staffing and ownership and this had affected everyone. However, they felt that things were improving and settling down. People told us they felt that the home was different now and had changed a lot. A person said, "In the past I was very, very happy here but somehow it is not the same". Another person said, "It's different to when I came here first". A relative told us, "We were assured things wouldn't change but they did. Things are getting better now". We passed this feedback to the registered manager following the inspection.

• The service sought people's feedback and involvement through meetings and minutes of those meetings were made available. There was a comments box in the reception area and people were encouraged to give their feedback. The home used an online care home reviewer to capture feedback.

• Staff meetings were held regularly and minutes of these showed that they were asked for their input and idea's. The registered manager told us they had recently held their first marketing meeting. This meeting involved all staff to give their ideas on how to promote the home and make improvements. They told us, "I am always looking to improve things in the home. Let's see what we can do".

• The home had good, long standing links to the local community. Volunteers from the community provided some activities and supported the home during difficult times. An example was during bad weather a local villager picked staff up from home in their all weather vehicle to make sure people would get their care in the home. The registered manager told us, "The community is brilliant".

• The home is a supporter of many charities and there were collection boxes in the home. The registered manager told us they had recently agreed to work with a local hospice to provide afternoon tea in the gardens of the home in the spring.

• Learning and development was important to the registered manager. They attended regular provider management meetings, registered manager network meetings, learning hubs and had used online guidance and publications to keep updated.

Working in partnership with others

• The service had good working partnerships with health and social care professionals. A health professional told us, "We are mutually supportive, respectful and work well as a team with other agencies".