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The Old Vicarage

Inspection report

Vicarage Lane
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Grange Over Sands
Cumbria
LA11 7QN

Tel: 01539533703

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20 July 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

We carried out this unannounced inspection on 19 and 20 July 2018.

In June 2017 the registered provider for the service changed. This was our first inspection of the home since the new provider was registered.

The Old Vicarage 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 home provides accommodation and personal care for up to 19 older people and people who are living with dementia. At the time of our inspection there were 14 people living in the home.

The home is a large period property, set in its own grounds, that has been adapted for its present use. The home has thirteen single bedrooms and three double rooms that two people can choose to share. Communal space is provided in the form of a sitting room, dining room and conservatory.

The registered provider was an individual who also managed the service on a day-to-day basis. Registered providers 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.

People told us this was a good home and said they would recommend it. The staff knew people well and treated people in a kind and caring way.

People were safe and protected from abuse and avoidable harm. Hazards to people's safety had been identified and managed. The staff gave people guidance about maintaining their safety in the home and while attending activities in the community.

There were enough trained and competent staff to provide the support people required. The staff were attentive to people and provided the support they needed in a timely manner.

The registered provider carried out checks on new staff to ensure they were suitable to work in the home.

People were provided with meals and drinks they enjoyed. Where people required support from staff to enjoy their meals this was provided discreetly and as they needed.

The registered provider and staff in the home were knowledgeable about their responsibilities under the Mental Capacity Act 2005 and people's rights were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care was planned and delivered to meet people's needs. People received the support they required to maintain their mental and physical health. The registered provider worked with appropriate services to ensure people continued to receive the support they required if their needs changed and when they were approaching the end of life.

Visitors were made welcome in the home and people could see their friends and families as they wished.

The registered provider had a procedure for receiving and responding to complaints about the service. Where concerns were shared with the registered provider action was taken to further improve the service.

There were arrangements in place to ensure the effective management of the home. The registered provider was supported by a care manager and senior care staff. People knew the registered provider and were confident approaching him as they needed.

The registered provider was committed to providing a good quality service. People who lived in the home and their families were asked for their views and action was taken in response to their comments. The registered provider carried out checks on the service to ensure people continued to receive good care.

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.

People were protected from abuse and given guidance about maintaining their safety.

There were enough staff to provide the support people required.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

The staff were trained and skilled to provide people's care.

Appropriate specialist services had been included in assessing people's needs and planning their support.

People enjoyed the meals and drinks provided.

The principles of the Mental Capacity Act 2005 were followed and people's rights were respected.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people. People enjoyed laughing and joking with the staff in the home.

People were given prompt support if they felt anxious.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and provided to meet people's needs.

Visitors were made welcome in the home and people could

maintain relationships that were important to them.

The registered provider had a procedure for receiving and responding to concerns. Where concerns were raised action was taken to further improve the service provided.

Is the service well-led?

The service was well-led.

There were arrangements in place to ensure the effective management of the service. The registered provider was supported by a care manager and senior care staff.

People knew the registered provider and were confident speaking to him as they wished.

People who lived in the home and their relatives were asked for their views and action was taken in response to their feedback.

Good ●

The Old Vicarage

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.

The inspection took place on 19 and 20 July 2018. Our visit on 19 July 2018 was unannounced and focused on speaking to people who lived in the home, their visitors and the staff on duty. We also observed how the staff interacted with people and looked at care records for three people. We arranged to return to the home on 20 July 2018 to look at records related the management of the service.

The inspection was carried out by one adult social care inspector.

There were 14 people living in the home when we carried out our inspection. We spoke with eight people who lived in the home, four visitors to the home, four members of the care team, two ancillary staff and the registered provider of the service. We also spoke with a health care professional who supported people who lived in the home.

During the inspection we looked at care records for three people and recruitment and training records for three staff. We also looked at records relating to how the registered provider assessed the quality and safety of the service.

Before the inspection, we reviewed the information we held about the service. We also contacted local health and social care commissioning teams to gather their views of the service. We used the information we gathered to plan our inspection.

Is the service safe?

Our findings

Everyone we spoke with told us people were safe living in the home. One person told us, "Oh yes, I feel safe. Certainly I do." A visitor told us they were confident their relative was safe in the home. They told us, "I went on holiday and knew I didn't have to worry [about my relative]."

The staff we spoke with confirmed people were safe in the home. One staff member told us, "I'm happy people are safe here."

The staff who worked in the home had completed training in how to identify and report abuse. All the staff we spoke with told us they would be confident reporting any concerns to a senior staff member or a member of the home's management team

Hazards to people's safety had been identified and actions taken to manage or reduce risks. We saw the staff gave people guidance about maintaining their safety in the home and as they attended activities in the local community.

People told us there were enough staff to provide the support they needed. We saw the staff were patient and unhurried when supporting people. Visitors to the home and a health care professional we spoke with commented that the staff were always "very attentive" to people. We also observed this during our inspection. Throughout our inspection we saw the staff provided timely support as people needed.

Checks were carried out on all new staff before they were employed to work in the home. New staff had to provide evidence of their good character and conduct in previous employment. They were also checked against records held by the Disclosure and Barring Service. This checked they had not been barred from working in care services. People could be confident robust systems were used to check new staff were suitable to work in the home.

People told us the staff supported them as they needed with managing their medicines. People who wished to could handle their own medicines. The staff supported people as they required to ensure they could manage their own medicines safely.

All staff who handled medicines had been trained to do so safely. We observed how the staff handled medicines and saw they followed safe systems. Medicines were stored securely to prevent their misuse. Clear and accurate records were kept of the medicines staff had given to people. This helped the registered provider to check people had received their medicines safely and as their doctors had prescribed.

The staff understood how to carry out their roles safely. Throughout our inspection we saw the staff followed safe working practices to protect them and people who lived in the home from harm. The staff told us they had completed training in how to provide people's support safely. This was confirmed by the training records we looked at. The staff had completed training including infection control, food safety and safe moving and handling.

The premises were safe for people to use. Windows on the upper floor of the home had appropriate fittings to restrict their opening to protect people from the risk of falling from them. Water temperatures were controlled to protect people from scalds. The registered provider and staff in the home carried out regular checks on the premises and equipment to ensure they remained safe for people to use.

The registered provider had also arranged for specific aspects of the safety of the home and equipment to be checked by appropriate specialist companies.

The registered provider had systems to analyse and learn from incidents and accidents in the home. Issues identified were shared with the staff team as appropriate to ensure shared learning to protect people from harm.

Is the service effective?

Our findings

People who lived in the home told us they liked the staff employed and said they were good at their jobs. They told us the staff were skilled and provided a high quality of care. One person told us, "The staff are all very good." Visitors we spoke with confirmed the staff were trained and competent. One visitor told us, "The staff are very competent. I'd say they were well trained."

All the staff we spoke with told us they had completed a range of training to ensure they had the skills and knowledge to provide people's care. One staff member told us, "I've done lots of training."

Records we looked at showed the staff completed induction training when they were employed to work in the home. They also completed training in how to provide care safely and to meet people's specific needs. This included training in equality and inclusion, palliative care and supporting people living with diabetes. The registered provider had also arranged for the staff to complete a specialist training programme in supporting people living with dementia and qualifications relevant to their roles. People received good quality care because the staff were well trained and skilled.

The staff told us they felt very well supported by the registered provider, care manager and senior care staff. They said everyone employed in the home worked together to ensure people received good care.

Some people who lived in the home were supported by specialist services to support their mental and physical health. We saw advice given by specialist services had been used to plan and deliver people's care. This helped to make sure care was provided in line with best practice to meet people's needs.

Everyone we spoke with told us the meals provided in the home were of a high quality. People who lived in the home said they had a choice of meals and drinks. People told us they enjoyed the meals provided. One person told us the meals were "outstanding." Another person said they enjoyed "lovely meals, all home cooked."

We saw people chose where to have their meals and were discreetly provided with support, as they needed, to enjoy their meals.

The registered provider had invested in a range of technology to improve people's experience of living in the home. He had ensured broadband internet was available throughout all areas of the home and had purchased equipment to boost television reception to ensure people had good reception in their rooms. The home also had an account to make video and voice calls using the internet which people could use to contact families or friends as they wished.

The home provided support to some people who were living with the dementia. There were appropriate signs around the home to assist people to identify their own rooms, communal areas and toilets.

The registered provider had arranged for a local organisation that provided guidance and support to people

living with dementia, their families and staff supporting them to hold a dementia awareness session and feedback meeting at the home. This had provided families with information about how to support their relatives who were living with dementia. People were also given the opportunity to share their views about the home with an organisation that was independent of the registered provider. A relative we spoke with told us they had attended the awareness session and feedback meeting. They said they had appreciated the session being provided and the opportunity to share their views of the service.

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. 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Throughout our inspection we saw people were given choices about their support and their lives in the home. The staff asked for people's agreement before providing their care and respected the decisions people made. The staff were skilled at giving people information in a way they could understand and gave people the time they needed to make and express their choices.

The registered provider and staff in the home were knowledgeable about their responsibilities under the MCA. The registered provider had identified that one person required restrictions on their liberty to ensure their safety. He was applying to the local authority, as the appropriate supervisory body, for a DoLS. People were supported to make decisions about their care and lives and their rights were respected.

Is the service caring?

Our findings

Everyone we spoke with told us the staff in the home treated people in a kind and caring way. One person who lived in the home told us, "All the staff are lovely." Another person said, "All the staff are very kind and caring."

People commented that the atmosphere was "homely" and said this was important to them. One person said, "It [the home] just feels like a home." The staff we spoke with confirmed, "It feels like a big family home" and told us the service provided was "all about the individual."

People told us the staff were considerate and helpful. One person said, "The staff go the extra mile." Another person told us, "Nothing is too much trouble [for the staff]."

A visiting health care professional we spoke with told us the staff provided "good care" to people. Visitors we spoke with told us people were always well cared for in the home. They said the staff were consistently, caring and they were confident people received a good quality of care.

People told us the staff knew them well and knew the things that were important to them in their lives. We saw the staff used their knowledge of people to engage them in conversation. We observed people enjoyed laughing and joking with the staff and saw this promoted people's wellbeing.

Some people who lived in the home could experience anxiety. The staff identified if people were anxious and gave them prompt and sensitive reassurance.

We asked people if the staff in the home treated them with respect and protected their privacy and dignity. People confirmed this. One person told us, "I have no worries on that score, everything is done right." Another person told us the staff were "very careful" about protecting their dignity. We observed the staff asked people discreetly if they wanted support with their care and ensured this was provided in private.

People were supported to maintain their independence. The staff knew any items of equipment people needed to move independently around the home and ensured these were available as they required. We saw that the staff gave people the time and any guidance they needed to carry out tasks themselves and to move independently around the home.

Most people told us they would speak to their families or friends if they required support to express their views. They told us the staff and registered provider asked for their views and if they were happy with the care provided. We also observed this during our inspection.

Relatives we spoke with said they were also asked for their views about their family members' care. One told us, "Communication is very good. The staff always keep us informed and ask if we're happy with [relative's] care."

The registered provider knew how to contact local advocacy services if they identified an individual would benefit from independent support to express their views or wishes.

Is the service responsive?

Our findings

People told us the service provided was responsive to their needs and wishes. They told us they had been asked what support they needed and this was provided as they wished.

Each person who lived in the home had a care plan which gave guidance for the staff about the support they required and their preferences about how they wanted their care to be provided.

The care plans were reviewed regularly and as people's needs changed to ensure they remained accurate and gave up-to-date guidance for the care staff. People who lived in the home and the relatives we spoke with told us they had been included in reviewing the care plans. A relative told us the staff in the home had carried out a recent review of their family members care and said the registered provider had "adapted the care to suit [relative]."

People told us they enjoyed a range of activities in the home and the local community. During the first day of our inspection an activity provider had visited the home to provide a session of armchair ballet. People who had chosen to take part in the activity told us they had enjoyed it. People also told us they enjoyed Tai Chi, singing sessions, crafts and a range of visiting entertainers.

Activities were provided to take account of individuals' interests. Some people chose to attend an activity in the local church and one person was supported to attend an activity in the community that they enjoyed.

The home had two cats. People told us they liked having the pets in the home. One relative told us, "I think it's good that they have the cats, it's nice for people."

The activities provided had been discussed with people who lived in the home and their relatives and had been revised to take account of their feedback and views. Some people enjoyed gardening and the registered provider had arranged for raised flower beds to be created so people could continue to enjoy gardening in comfort. They had also created a sensory garden which people who had reduced vision could enjoy.

Relatives we spoke with said they were always made to feel welcome when they visited the home. One visitor told us, "I can visit anytime. I am always made welcome and offered a drink." A relative we spoke with told us they had become friends with other people who lived in the home. They said, "I'd come to see the other residents and staff even if I didn't have a relative here." People could see their visitors as they wished and were supported to maintain relationships that were important to them.

The registered provider had a procedure for receiving and responding to complaints about the service. They told us they had received one complaint which they were in the process of addressing. They had arranged for improvements to the driveway and parking area at the front of the property. They told us some people who used mobility aids had found the material used to improve the ground cover was not easy for them to cross. The registered provider was arranging for accessible pathways to be put in place to assist people. This showed the registered provider acted in response to concerns raised.

The home provided care to people up to the end of their lives. People had been asked to share their wishes about how they wanted to be supported if their needs changed. People's wishes and preferences had been recorded so they could be shared with other agencies that would support them.

The care staff had received training in how to support people reaching the end of their lives and worked with local health and specialist services to ensure people were comfortable as they reached the end of life.

Is the service well-led?

Our findings

People told us this was a good home and a nice place to live. One person told us, "It's marvellous here." A visitor we spoke with told us, "This is a lovely home. We liked the feel of it from the moment we came." Another relative told us the service provided was "perfect" and said, "This is a very good home, I'd recommend it." A visiting health care professional told us the home was "lovely."

The staff we spoke with told us this was a good service and said they would recommend it to their own families. One staff member told us, "I would recommend this home and I'd be happy for a family member to come here."

The home was owned and run by the registered provider. He was supported in the day-to-day management of the service by a care manager and senior care staff. Everyone we spoke with knew the members of the management team and told us they were good at their jobs. We also saw people knew the registered provider and were comfortable and confident approaching him as they wished.

The registered provider worked in the home alongside the staff, this meant he had oversight of the quality of the service and people's experiences of living in the home.

The registered provider asked people who lived in the home and their families for their views using formal and informal methods. Meetings had been held with people who lived in the home and their relatives where the service, activities and meals provided had been discussed. The registered provider had also arranged for an external organisation to hold a meeting with relatives to gather their views. We saw action had been taken in response to people's views including changes to the activities provided.

We also saw that the registered provider and care staff asked people for their views as they worked in the home. People were asked if they had enjoyed their meals and the activities provided.

The staff we spoke with told us the registered provider set high standards. The registered provider was committed to providing good quality care and to the continuous improvement of the service. He carried out checks on the safety and quality of the service to ensure good standards were maintained.

Providers of health and social care services are required by law to notify us of significant events that occur in their services such as serious injuries to people and allegations of abuse. The registered provider of the home was knowledgeable about the events that must be reported and had ensured these were notified promptly. This meant we could check appropriate actions had been taken.

The registered provider worked with local health and social care agencies to ensure people received the support they required if their needs changed. Advice from health and social care professionals had been included in people's care plans to ensure they continued to receive the support they needed.