

Mauricare Limited

# Old Vicarage Care Home

## Inspection report

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Date of inspection visit:  
28 April 2022

Date of publication:  
30 June 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Old Vicarage care home is a residential care home providing personal and nursing care to up to 38 people. The service provides support to older people. The Old Vicarage consists of an adapted building which has also been extended with purpose-built facilities. At the time of our inspection there were 24 people using the service.

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

People lived in a care home which was generally clean, but infection control arrangements were negatively affected by the need for some areas of the care home to be refurbished.

Although people received the necessary support, the provider's records did not always contain details of the repositioning, and regular continence care, checks carried out by staff to reduce people's risk of skin breakdown.

We have made a recommendation about ensuring the repositioning and continence checks of people are recorded.

People told us they felt safe in the care home and care staff had received the necessary safeguarding training. There were enough suitably trained staff to meet people's assessed care needs. People's prescribed medicines were safely managed, and the provider had improved their medicines audit processes.

People who needed help to move did not always have the correct hoist sling equipment available. However, this was addressed by the registered manager during the inspection.

Care plans, on the provider's electronic care record system, were not yet fully in place, and staff did not always use the electronic record system effectively. People received appropriate care, but the provider's care records did not effectively evidence that.

We have made a recommendation about ensuring care records of all the support provided to people by staff are accurate and complete.

People gave us mixed feedback about the meals. We saw they were appetising and well presented, but the provider was in the process of reviewing their menu to take account of people's preferences.

Refurbishment was underway, and the provider had a plan for this, but some areas of the care home were not in good decorative condition.

People's care plans were in the process of being transferred onto a new electronic care record system and did not always contain evidence of involvement by people or their relatives in planning the care they

received.

People were treated with kindness and compassion by the care staff. Personal care was delivered with due regard for privacy and dignity. People told us the staff were friendly towards them.

Call bell devices were not always accessible to people. However, this was addressed by the registered manager during the inspection.

People told us they enjoyed the activities which were available to them and relatives told us they had seen an improvement in the range of available activities.

Contact with families had been maintained during the COVID-19 pandemic, as far as possible. Formal complaints were rare and were responded to appropriately. However, relatives told they had ongoing concerns about the management of people's laundry which had not been effectively addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service, under the previous provider, was Good; published on 14 September 2018. The new provider registered with us on 19 December 2020, and this is the first inspection since the new provider took over the service.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. 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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# 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. 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 prevention and control 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

The inspection team consisted of 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. The Expert by Experience did not visit the care home but supported the inspection by telephoning a sample of relatives of the people who live in the care home; and obtained feedback about their experience of the service.

#### Service and service type

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. 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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 seven people who used the service and a person's relative. We also spoke with seven staff members including, registered manager, carer, activity worker, catering staff, admin worker and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also observed interactions between staff and people. We reviewed a range of records. This included two people's care records (in whole or in part), risk assessments and multiple medication records. We looked at three staff files in relation to recruitment and pre-employment checks.

## After the inspection

The Expert by Experience spoke on the telephone with 12 relatives of people who used the service. We received feedback on the service, by email or phone, from 16 members of the Old Vicarage staff team. A variety of records relating to the management of the service, including policies and procedures, were also reviewed. We reviewed care plans, looked at training and quality assurance data, and continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were protected from the risk of developing pressure ulcers. Staff understood the importance of repositioning people who had been assessed as being at risk of skin breakdown. However, the provider's care records did not always show the frequency with which people had been regularly repositioned by staff.
- People's continence support needs were met. For example, the provider had assessed a person as requiring regular checks to see if their continence pad needed changing. Staff understood this regular checking was required to reduce the identified risk of skin deterioration, but the provider's care records did not always show the frequency with which regular checking was being carried out.
- We found no evidence that anyone had been harmed. The registered manager assured us the issue was with the recording of repositioning and checking activities, that repositioning and checks were happening, and that their new electronic record system would enable more accurate records to be available.

We recommend the provider seek advice and guidance, from a reputable source, about best practice in managing support for people's skin integrity; and take action to update their records of people's repositioning and skin checks accordingly.

- The provider carried out regular health, safety, and hygiene audits. This helped ensure the living environment was generally safe for people. However, we found some minor maintenance issues which had not been resolved. The inspector raised these with the registered manager who told us they would arrange for the issues to be rectified.

### Preventing and controlling infection

- The provider's hygiene arrangements were affected by the need for some areas of the care home to be refurbished. For example, we found areas of the care home flooring were not able to be effectively cleaned due to damage or missing sealant. These issues were raised with the registered manager who told us they would arrange for them to be rectified.
- 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's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

- The provider supported visits to the care home in line with the government guidance in place at the time of the inspection.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the care home. For example, a person told us, "It's nice enough here. I feel safe and the staff are nice."
- The provider had arrangements in place to ensure staff received safeguarding training. Staff understood how to raise safeguarding concerns to the provider or to external statutory agencies.
- The provider's safeguarding policies and procedures were available for staff to refer to. This helped to ensure staff were aware of their individual responsibilities to report safeguarding issues.

#### Staffing and recruitment

- People were supported by staff who were safely recruited. The provider had an effective recruitment policy and procedure, and pre-employment checks were routinely carried out.
- We found minor deficiencies in some staff previous employment history records held by the provider. However, the issues did not impact on the staff members' suitability to work with vulnerable people. The provider's governance systems had previously identified these shortfalls, but they had not all been corrected by the time we inspected. The inspector discussed this with the registered manager and provided guidance on the information required. The registered manager addressed the issues immediately.
- People were supported by enough staff to meet their assessed care needs. The registered manager decided staffing levels by using a dependency assessment tool and took account of the layout of the care home. This process identified the numbers of staff required to meet the needs of the specific people residing in the care home at the time of the inspection.

#### Using medicines safely

- Medicines were safely managed. The provider's medicines audits had improved and routinely identified any minor issues which the provider's Quality Assurance and Compliance Manager then addressed with the staff team. Although we found two minor medicines recording errors, we were satisfied they would have been identified and addressed by the provider during their next routine quality audit, and any lessons learned shared with the staff team.
- The provider had introduced a new medicines administration competency assessment and increased the frequency and detail of medicines audits. Staff also told us the management of people's prescribed medicines had improved in recent months.

#### Learning lessons when things go wrong

- The provider was introducing electronic care records which could enable the registered manager to use the data to better identify when improvements were needed in the care people received. This system was not fully embedded at the time of the inspection and the provider had potentially underestimated the disruption caused by, and support needed with, the introduction of a new care record system.
- However, the provider has since told us further training has been provided to staff and the implementation of the electronic care record system continues. The provider also has a Quality Assurance and Compliance Manager assigned to the service to provide additional support to the registered manager during this implementation process.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- A person did not always have their individually identified hoist sling available and their care plan did not clearly identify which type of sling they required. The inspector raised this with the registered manager who immediately ensured people's individual slings were located. After the inspection, the provider told us each person now had their own identified hoist sling available, if they needed one.
- People's care plans and risk assessments did not always contain accurate details of their current care needs. Staff did not always have access to accurate written care information to guide them. However, care staff understood people's current care needs and we saw people received appropriate support.
- Staff were not always using the provider's electronic care record system appropriately. The provider was in the process of moving from a paper based to an electronic care record system. The inspector discussed this with the registered manager, and, after the inspection, the provider told us all staff had received additional training on how to use the electronic record system.

Staff support: induction, training, skills and experience

- Staff told us they did not always feel supported by the provider. For example, a staff member told us, "We do not get enough praise or recognition for the hard work we do", and another staff member told us, "Some days I feel I can't approach [the managers] if I have a question."
- However, other staff also told us they could see things had improved over recent months. A staff member told us, "I love working for this care home we have some good staff."
- The provider had arrangements in place to provide staff with an induction to the service, training, and ongoing supervision.
- With the exception of the use of the electronic care record system, the provider's training records evidenced staff had received the necessary training. We observed staff putting their training into practice when they supported people.

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

- Meals appeared appetising and were well presented, but people gave us mixed feedback about them. For example, one person told us, "The food is alright here. [Staff member] is a good cook", and another person told us, "Excellent food, not short of food here." However, other people told us, "The food can be a bit dull", and "I'm not sure about the food. They have some funny ideas".
- People were encouraged to eat and drink enough. A relative told us, "[Person] never used to eat before, now they do, they are happy." Another relative told us, "[Person] asked for larger portions as they get hungry, so the care home now give them larger portions".

- Some staff told us the menu options needed to be expanded. For example, a staff member told us, "I feel the residents need a wider range of food options, as some residents are fussy eaters and should be able to have the specific food they want."
- The provider's catering team told us they were in the process of reviewing their menus and welcomed feedback from people. The catering team were aware of people's individual preferences and dietary requirements.

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

- External professionals told us the service was continuing to improve. An external social care professional told us they had carried out quality checks at the service and the provider was receptive to feedback about improvements required. The provider's improvement action plan demonstrated improvements had been made as a result of feedback received from external professionals.
- The care home had good links to the local community health teams, and people were supported to access healthcare services when they needed to.
- The provider had established positive communication with community pharmacists and GP's which helped ensure people received the medical care they needed to be healthy.

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

- The provider was in the process of refurbishing the care home. Some communal areas had been completed, but other communal areas still required refurbishment. The provider had a plan in place for this.
- Some people's bedrooms were homely and personalised, other people's bedrooms appeared in need of some minor repair and redecoration.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care plans did not always contain written evidence they had consented to receive care and support from the care home. This was discussed with the provider who told us their new electronic record system would include those essential consent details. We saw that the newer electronic care plans had details of people's consent to receiving care in place.
- The provider had made the necessary applications to the local authority when it had been determined it was in a person's best interests to be deprived of some aspects of their liberty. For example, where it had been identified a person would not be safe if they left the building without being supported.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by staff. People spoke positively to us about the staff who supported them. A person told us, "The staff here are very good, very nice." Another person told us, "It's as nice as it can be. The staff are youngish, but they are very helpful when I need something."
- Staff interacted positively with people. We observed staff communicating with people in a friendly and kind manner.
- People's care needs had been assessed by the provider before they moved into the care home. The provider's electronic care record system contained basic assessment information and included a description of identified equality and diversity support needs.

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

- The provider told us they encouraged people and their relatives to be involved in decisions about their care. A relative told us, "I am involved in decisions and the care home always contact me, they are very welcoming." A person told us, "I tell them how I want them to help me".
- However, the involvement of people and their relatives was not well documented in people's care plans. This was discussed with the provider who assured us the electronic care record system would enable people's, and their relative's, views on the care plans to be better recorded.
- The provider told us that, as COVID-19 visiting restrictions had been eased, they wanted to involve relatives in reviewing people's care plans; and that the electronic care record system would make that easier than it had been previously.
- The provider carried out satisfaction surveys. Relatives were encouraged to give feedback to the provider about the service people received.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained. A relative told us, "They talk to [person] and aren't ignored. [Person] has told me the staff are very caring, kind and considerate to them."
- People's privacy was respected. Care staff knocked on the door before entering people's private bedrooms and doors were closed when personal care support tasks were being carried out.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had staff call bell devices in their bedrooms. However, we found several bedrooms had the call bell units positioned where they could not be easily reached by the person when they were in bed. The inspector raised this with the registered manager who immediately arranged for some people's beds to be repositioned, or longer pull cords to be fitted to the call bell switch, so that people could summon staff assistance more easily.
- The provider's records did not evidence that people were always involved in decisions about their care, treatment and support. There was no written evidence that care reviews routinely involved the person or their relatives. However, people told us staff listened to them.
- The provider's electronic care record system had not been fully implemented, and there was not always documented evidence that personalised support was being provided to people. However, during the inspection, we saw the care staff understood the care needs of the people currently living at the care home and that people were receiving personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication support needs, including details of any sensory impairments, detailed in their care plans. This meant staff had access to information about how to effectively communicate with individual people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities provided by the service. We saw people were free to become involved with those if they wanted. A person told us, "Yes, they are good, we join in the ones we want to do and don't bother with the rest."
- Relatives told us they had seen an improvement in the activities available since the new provider had taken over the care home. For example, a relative told us, "Several years ago initially it wasn't good, but over the past months it has been very good. There weren't enough activities, but that has improved now."
- A person's relatives had built a visiting booth during the COVID-19 pandemic and had presented it to the

care home. This meant relatives could continue to visit people and helped reduce their social isolation. A relative told us, "I am always kept in the loop, COVID-19 was hard, but we could still have limited visits in a booth, which a resident's family member made, so I was happy about that."

#### Improving care quality in response to complaints or concerns

- The provider had a complaint policy in place and kept a log of formal complaints received. This log included details of action taken in response to the complaint.
- Relatives gave us mixed feedback about the response to complaints. Some relatives told us they had never had cause to complain about the service provided at the care home.
- Some relatives told us they were satisfied with the registered manager's response to their complaints. For example, a relative told us, "We were not happy with the room that [Person] had initially. So, we spoke with the manager about it, and we got a better room as soon as one became available."
- Other relatives told us they were not happy with how their concerns were dealt with. For example, a relative told us, "There is an issue with some of [Person's] clothes going missing in the laundry, and we have mentioned that to the staff." Other relatives told us the laundry arrangements had not improved, and some relatives told us they took clothes home to be washed instead.
- The registered manager told us they were aware of the concerns about people's laundry and had implemented changes to try and resolve things. However, we saw the action had not been effective. There was also no record in the provider's complaint log of laundry concerns being raised. This was a missed opportunity for the provider to monitor whether the care home team were responding to complaints in line with their complaints policy.

#### End of life care and support

- People had end of life care plans in place, where appropriate. These had enough details to guide staff on how the individual people wished to be supported during that difficult time.
- People had Recommended Summary Plan for Emergency Care and Treatment forms (ReSPECT) in place where appropriate. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People appeared to receive appropriate care, which we observed during the inspection, although the provider's records of care delivered did not always evidence that.
- People were supported to achieve good outcomes. For example, a relative told us, "[Person] is happy there. They care for her very well. She has put on weight."

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 provider shared information with people and their relatives when things go wrong. The registered manager was clearly committed to ensuring people and their relatives were notified about any issues and incidents.
- The provider had made all necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.

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

- The provider's electronic care management system was not being used effectively. The provider had not set the system up to generate useful reports which the registered manager could then use to monitor care. At the time of the inspection the provider was relying on a mixture of paper based and electronic records during the transition to the electronic care record system. This resulted in some issues not being identified by the registered manager in a timely way.

We recommend the provider seek advice and guidance, from a reputable source, on the implementation of systems to maintain an accurate, complete and contemporaneous record in respect of each service user; including a record of the care and treatment provided to them.

- The provider had improved their governance systems. Quality audits were more effectively used to identify potential risks to people's health and safety. For example, recent medicines quality audits had identified a wider range of issues which the provider then acted on. This helped reduce the potential risk of harm to people.
- However, as detailed in the Safe section (above), during the inspection we found some issues which had

not been identified by the provider's quality audits, as well as some issues which the provider had identified but which had not been fully rectified by the time of the inspection.

- The provider had a detailed improvement action plan in place which demonstrated the improvements the service had already made, and the further improvements which the provider had identified were still required.

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

- As mentioned previously in the 'Responsive' section of this report, people's relatives were not always involved in shaping people's care plans. Most relatives we spoke with were not aware of people's care plans, which were created by the provider's staff without consultation with the person or their relatives. The provider told us they intended to invite people and their relatives to be involved in care plan reviews once the information had been set up in the new electronic care record system.
- The provider's staff received appropriate equality and diversity policy training in how to ensure people's equality characteristics were considered when providing care to them.
- Details of people's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned.

Working in partnership with others

- The provider worked in partnership with community health care agencies; and had also co-operated with the local authority quality team in identifying areas where improvements were required.