

Aegis Residential Care Homes Limited

The Old Vicarage Care Home

Inspection report

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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 Care Home is a residential care home providing personal care to up to 35 people. At the time of the inspection there were 16 people living in the home. The home is over two floors and there is a lift and stairs to the first floor. There is a lounge, dining room and visiting pod on the ground floor.

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

Since our last inspection, a new registered manager had begun working at the service. They had driven improvements to the culture of the service and provided leadership and better organisation. The provider had invested in making improvements to the premises. Governance systems had improved, which enabled the provider to have better oversight of risk within the service. We received positive feedback from everyone we spoke with in relation to how the service had improved.

Staff managed people's medicines well and kept the home clean and tidy. Staff managed risks well and had plans to follow in case of emergencies. The service had systems to protect people from the risk of abuse and improper treatment. Staff were recruited safely and there were enough staff on duty to meet people's needs. The premises were clean, tidy and safe.

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.

The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences. Staff supported people with their healthcare needs and worked well with external healthcare professionals. People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively, following good practice guidance.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion.

The service put people at the heart of the care they received. Staff used detailed assessments to identify people's needs and preferences and worked to ensure people were happy with the care they received. The service made sure people were supported to communicate and planned activities to enhance people's wellbeing.

The registered manager had fostered a culture that was open and inclusive, and put people at the centre of the care they received. Staff understood their roles and responsibilities and worked well with external agencies to meet people's needs. The provider monitored the quality of the service using a range of systems.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 25 August 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 25 August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Recommendations

We have made a recommendation to the provider about gaining references from candidates' previous employers, and about recording of best interests decision making.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

The Old Vicarage is a 'care home' without nursing care. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with 3 people who used the service. We also spoke with 2 people's relatives on site and gained feedback from three relatives on the telephone. We spoke with 8 staff, including the registered manager and regional support manager. Following the inspection visit, we gained feedback from an external professional about their experience of working with service.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 6 people's care documentation and multiple medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, staff training data and quality assurance systems.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found effective procedures were not in place to protect people from abuse. Referrals were not made as required to keep people safe. This was a breach of regulation 13 (Safeguarding service users from abuse or improper treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse. People and relatives told us they felt the service was safe. Comments we received included, "I feel safe. All the staff are very nice." And, "[Family member] is definitely safe and well looked after."
- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.

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

At our last inspection we found an effective system to assess, record and manage risks was not in place. This was breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 12.

- The provider used external contractors to assess risks related to fire safety, the premises and equipment. This helped to ensure these risks were thoroughly assessed and managed. The registered manager ensured equipment was inspected and serviced when it needed to be and had plans to keep people safe in the event of an emergency.
- Staff managed risks to people's safety. They assessed and regularly reviewed risks to people, to manage any identified risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans. In some cases, staff knew more about people than was included in care plans. The registered manager explained this was an area they were working on to further improve the safety of the service.

Staffing and recruitment

At our last inspection we found there were not enough suitably trained and competent staff to meet the needs of people living in the home. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Additionally, we were not assured safe recruitment practices had been followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 18 or regulation 19.

- The provider took a systematic approach to ensure staffing levels met people's needs safely. The registered manager used information about people and their needs to determine how many staff were required to be on duty at any time. Comments we received from people and their relatives about staffing included, "Always enough staff. She treats the staff as family rather than carers." And, "Yes, there seems to be [enough staff]. Always someone around."
- Consistency of staffing had improved. The registered manager had recruited more permanent staff and relied less on agency staff to cover care shifts. A relative told us, "Mostly the same staff now. Sometimes agency. But they are all brilliant. Can't fault them at all. Never any issues. They are really nice."
- Staff were recruited safely. The registered manager followed robust processes to ensure only suitable staff were employed to work at the service. This included criminal records checks and references from previous employers. However, references were not always sought from previous employers in the Health and Social Care sector.

We recommend the provider reviews their processes around gaining references to help them satisfy themselves of the conduct of the candidate in previous relevant roles.

Using medicines safely

At our last inspection we found procedures were not in place to ensure people received their medicines safely, as prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 12.

- Medicines were managed safely and properly. Staff received training and their competency to administer medicines had been assessed. Records we reviewed were up to date and accurate, and medicines had been dated on opening.
- Where people required their medicines covertly (hidden in food or drink), or where people were prescribed medicines for use 'when required', written instructions were provided to guide staff on their safe use. Night staff were trained to administer medicines, should people need them overnight.

Preventing and controlling infection

At our last inspection we found procedures designed to keep people safe from infection and cross contamination were not followed or implemented. This put people at risk and is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 12.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider had made significant improvements to laundry arrangements. Significant improvement had also been made to the premises and furniture, so they could be cleaned more effectively and easily.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider facilitated safe visiting, in line with government guidance. People were able to receive visitors in their bedrooms, the communal areas and a visiting pod was also available for visitors who did not want to enter the home.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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 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.

At our last inspection of this key question in November 2019 and at our focussed inspection in May and June 2022, we found the provider was not following the principles of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 11.

- The registered manager sought legal authorisation where people were subject to any restrictions for their safety. Where DoLS authorisations were granted, we saw the service ensured any conditions were met.
- Staff assessed people's capacity to consent to and make decisions about their care. Where people lacked capacity, staff followed the MCA code of practice to ensure any decisions made on their behalf were in their best interests. Staff continued to offer people as much choice and control as possible over their care. However, it was not always evident from records how decisions were reached and who was consulted.

We recommend the provider reviews their process around recording best interests decision making.

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

- The registered manager used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights.
- Staff assessed people's needs regularly and involved them, or others acting on their behalf, in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person, those that knew them well and professionals involved in their care to create written plans of care for staff to follow. Staff knew people's individual needs and preferences well which helped them provide effective care.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. People who lived at the home and their relatives all gave us positive feedback about how staff supported people. A relative told us, "The staff know what they are doing. They are very good."
- Staff were well supported by senior staff and the registered manager. Staff told us they felt the support they received had improved greatly since the registered manager started in post. They were supported through day to day contact, regular supervision and appraisals of their performance. Staff had opportunity to discuss any concerns, issues, work performance and development with the registered manager. Comments from staff included, "It's changed immensely. [Registered manager] has brought teamwork back in. It's improved a lot." And, "The main thing is management being there and working with you. We are getting regular supervisions now."

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

- Staff supported people to ensure they received a balanced diet and sufficient fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. We saw professional guidance was used in care planning to help ensure people's nutritional needs were met effectively.
- The mealtime experience was pleasant, and people's individual needs were met. We saw people were well supported by staff when needed. The food looked and smelled appetising. The chef prepared meals from fresh ingredients each day. They ensured food was prepared which met people's needs, for example if they required a soft diet or low sugar foods. One person told us, "All the meals are perfect, 100%. Especially now with the new chef. Different menu going on, choice of two meals a day. Having pancakes for tea."

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

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. We saw the service worked closely with services such as people's GPs and specialists. Staff incorporated professional guidance into people's care plans.
- The service supported people to live healthier lives. Staff supported people to access healthcare services and provided information, for example around healthier choices for people who were living with diabetes.

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

- The service was designed to be safe, accessible, comfortable and homely. Corridors were wide enough to accommodate people who used a wheelchair and lift access was available to the upper floor.
- The provider had refurbished parts of the home including the lounge and dining areas. Communal areas provided space for people to relax and were homely in character. The provider continued with an ongoing plan of refurbishment and ensured the premises were maintained.
- The registered manager had considered best practice guidance around environments for people living with dementia and, for example, provided signage to help people to find bathroom and toilet facilities.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 treated with respect, compassion and kindness by staff. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences. We received positive comments from people who lived at the home and their relatives about the approach of the staff team. One told us, "Happy with the staff. Very friendly and very caring." Another said, "Staff are respectful and caring and seem to know what they are doing."

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

- Staff involved people, as far as possible, in decisions about their care and how the service was run and invited people to share their views. Some people who lived at the home were living with dementia in various stages. This sometimes made it very difficult for staff to obtain their views in detail. Where people were unable to express their views, staff involved people who knew them well and other professionals, to ensure decisions were made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and offered compassionate support. It was clear staff knew people well and were patient and compassionate when helping people.
- Staff respected people's privacy. People shared communal areas in their home but also had private bedrooms. We observed staff knocked on people's doors and identified themselves before entering.
- The service protected people's private information. Information was stored securely and was not left visible, for example on desks or noticeboards.
- Staff promoted people's independence as far as possible. Staff supported people to make choices and to do what they could for themselves. For example, prompting people to support them with personal care or eating, rather than taking over and doing the task for them.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection of this key question in November 2019, we found care records did not contain important information to enable staff to recognise when people's health condition changed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 17.

- We noted significant improvements in relation to records since our last inspection. Care plans and associated records were generally accurate and up to date, with a good level of person-centred information. This helped to ensure staff had the information they needed to meet people's needs and recognise changes in people's health conditions. The registered manager reviewed risk assessments and care plans regularly to ensure they remained reflective of people's circumstances.
- There were, however, some aspects of information recorded on the care planning system which were conflicting or omitted in different places on the system. For example, the most recent information to support a person was included in the main care plan, but not always on the 'landing page' for that person. The registered manager agreed this had been an oversight and was going to introduce a care plan audit which would identify and address this issue.
- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff involved people and, where appropriate, others acting on their behalf, in regular reviews to ensure planned care continued to meet their needs. A relative told us, "Mum and I recently filled in a care plan. We discussed everything with [registered manager]."

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.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Staff described how

they supported people to communicate. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital.

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

- People were provided with and supported to participate in activities to help maintain their social health. The service employed an activities coordinator who supported people with activities in the home, such as games, quizzes, arts and crafts and reminiscence. Activities were discussed with people and the activity coordinator was planning activities in line with their feedback.
- People were supported to maintain relationships with those close to them. Staff supported people to call relatives on the telephone and relatives we spoke with told us there were no restrictions on when they were able to visit.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received one complaint since the last inspection. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.
- People, their relatives and staff all told us they would have no hesitation in speaking with the registered manager if they had a concern or complaint and were confident any issues would be resolved. They told us one big improvement since the registered manager took over was that their door was 'always open'.

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was supporting one person at the end of their life. The registered manager ensured all relevant support was available to ensure people received the necessary support to remain in their own home.
- The service followed best practice guidance in relation to planning end of life care. The registered manager had recorded people's end of life decisions and had links with appropriate external professionals. People's preferences and spiritual needs were recorded.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found systems were not in place to ensure records accurately reflected people's needs, the lack of effective quality assurance meant it was not known if the service delivered met people's needs and reduced associated risks. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 17.

- Everyone we spoke with told us the service had improved under the registered manager. Staff told us they felt well supported and that the culture had improved significantly. Staff spoke of improved leadership, organisation and teamwork. Handovers at shift changeover had been implemented, which helped ensure staff knew key information about people, any changes or events, and what they needed to do during their shift. Comments included, " Things are brilliant now. Much improved, vastly improved." And, "Biggest improvement would be management, things are much more organised. It feels better. Feels homely as well."
- The registered manager had created a culture that was open, inclusive and put people at the centre of the care and support they received. One person told us, "The manager is very nice. She comes to make sure everything is ok." Another said, "The atmosphere is like it is today, it's friendly, everyone seems content and happy."
- Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. People and their relatives were involved in regular reviews to ensure the care delivered continued to meet their needs.

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

At our last inspection we found systems were not in place to measure the quality of the service provided and assurances could not be acquired that the service was meeting people's needs. This was a breach of regulation 17 (Good governance) of the Health and social Care Act (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 17.

- A new registered manager was appointed shortly after our last inspection. They had provided stability and support to the staff team and, along with a regional manager, had worked to properly implement and embed the provider's systems for governance and quality assurance. This enabled them to monitor key risk areas and to ensure the care people received met their needs.
- The registered manager used a range of methods to assess, monitor and improve the quality of the service provided. They used observation and audits, along with feedback from people and staff to identify areas for improvement and make positive changes to the service people received.
- The registered manager understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability.
- Accurate and up to date records were maintained. This included records related to people's care, the management of the service and staff recruitment.

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

- Since the registered manager started working at the service, engagement had improved significantly. They were available to people, staff and external professionals at any time.
- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings to gain feedback about the service. We saw various topics about the service were discussed in meetings where people were able to influence decision making, for example in relation to menus and activities.
- The service engaged well with people's relatives. A relative told us, "They have meetings and they have a board in the home to say what they've done about the things we talked about." Another told us, "[Registered manager] asks for views, she is keen on finding out what we all think about it."
- The registered manager continually engaged with staff. Staff meetings were held, along with individual meetings. This gave staff the opportunity to influence how the service was delivered to people.

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 had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Working in partnership with others

- The service worked effectively in partnership with a range of external professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.
- Feedback we received from professionals who worked with the service was positive and spoke of improvements under the new registered manager. One professional told us the service was "much improved" and said, "The changes they have made has been beneficial to the residents and improved working relationships with services. They are always keen to engage in training." And, "[They and the team] work collaboratively and they will contact the team appropriately with any concerns or questions."