

Macdonald Care Limited

# The Old Vicarage

## Inspection report

Ivy Bank Road  
Bolton  
Lancashire  
BL1 7EQ

Tel: 01204594736

Website: [www.macdonaldcare.co.uk](http://www.macdonaldcare.co.uk)

Date of inspection visit:

29 November 2023

30 November 2023

Date of publication:

17 January 2024

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Old Vicarage is a family run residential care home providing accommodation and personal care for up to 37 people aged 65 and over. The home is located approximately 2 miles from Bolton town centre. At the time of inspection 34 people were living at the home.

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

People felt safe living at The Old Vicarage. They spoke positively about the care they received, telling us staff were well trained, knew them well and how they wanted to be supported. Staff knew how to identify and report safeguarding concerns, though this was rarely required. Enough staff were deployed to meet people's needs and keep them safe. A lot of the staff had worked at the home for many years, which ensured continuity in care. Accidents, incidents and falls had been documented along with actions taken. The home was clean with effective cleaning and infection control processes in place.

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.

People and staff spoke positively about the home and how it was run. Each person we spoke with said they would recommend the home to others. People's views were sought through meetings and annual surveys. A range of systems and processes were used to monitor the quality of the service provided. Action plans were created to help drive improvements. People described the registered manager as "pleasant", "considerate" and "approachable". The registered manager attended a number of local groups and meetings regarding both the home and the wider health and social care market, to help drive improvements. The provider offered placements at the home for trainee therapists and professionals to aid their learning about the home and care process. A range of audits and checks were completed to monitor the home and care provided.

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 was good (published December 2017).

### Why we inspected

We undertook this focused inspection to assess whether the current rating of good was still accurate. This report only covers our findings in relation to the key questions safe and well-led, as these were the only key questions inspected. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings at this inspection.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# The Old Vicarage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an 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.

#### Service and service type

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Old Vicarage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This 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

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us

without delay. We also asked for feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 7 people about the home and the care provided. We also spoke with 11 members of staff, which included the registered manager, general manager, deputy manager, care, activity and ancillary staff. We also spoke with 2 visiting professionals.

We looked at 4 people's care plans and risk assessments. We also looked at medicines and associated records for 6 people. We reviewed a range of documentation which included, safety records and certification, supplementary charts, audit and governance information.

#### After the inspection

We requested and reviewed additional evidence from the provider. This included audit and governance information, staff rotas, evidence of involving people in their care and gathering staff views.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care and were safeguarded from abuse and avoidable harm.
- People told us they felt safe living at The Old Vicarage. Comments included, "I feel safe here. It's a perfect place to live because they look after me and there are no worries" and "I feel safe here and wouldn't like to live anywhere else."
- Staff had completed training in safeguarding and knew how to identify and report any issues or concerns. Safeguarding concerns had been reported in line with local authority guidance, although only 1 issue had needed to be reported in the last 12 months.

Staffing and recruitment

- Enough staff were deployed to keep people safe and meet their needs. The home used a system for working out how many staff were required across the home to provide safe care, with rotas being completed in line with this information.
- People and staff confirmed staffing levels were appropriate. Comments included, "The staff are always there for me when I need them", "It is generally well staffed, they come to see us to ask if we need anything" and "Yes, we have enough staff. Recruitment has been difficult, but all the staff here are brilliant and will help out and cover whatever is needed."
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.
- The provider had adopted a values based recruitment model. In line with this, the probation period for new staff had been extended to 6 months, to ensure any staff employed had the right skills and values to work at the home.

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

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Care documentation contained a range of general and individualised risk assessments, which provided staff with information about how to meet people's needs and keep them safe.
- Falls were documented on an online system with data shared with the local authority. The system provided an overview of all falls, how these occurred and action taken.
- Any other accidents had been documented in an accident book, with additional information recorded in daily notes. We discussed with the provider the benefit of using an overarching log to document all accidents and incidents, which would help with oversight and in identifying patterns and trends more easily.
- Risk assessments of the environment and equipment used within the home had been completed, to

ensure these were fit for purpose and used correctly. Ongoing safety checks had also been completed in line with legislation, with certification in place to confirm compliance.

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.

- DoLS applications had been submitted timely, with systems used to monitor applications, outcomes and ensure reapplications were made in line with guidance.
- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest decision making had taken place.

#### Using medicines safely

- Medicines were managed safely. People received their medicines on time and as prescribed.
- Medicines were kept safely and securely, including medicines requiring additional storage requirements, for example, controlled drugs.
- Information was in place to support staff to safely administer 'when required' medicines. This explained how, why and when these medicines were required, and how to administer them.
- Topical medicines and pain relief patches had been applied and documented in line with guidance.

#### Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place.
- Infection control policies and procedures were up to date and reflected current national guidance.
- People provided positive feedback about the cleanliness of the home and adherence to infection control. One stated, "The home is very clean. The staff always wear gloves and aprons when delivering personal care to me."

# 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 outstanding. 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was heavily involved with a number of health and social care related organisations and professionals. These included continuing to be Chairperson for the Bolton Association of Registered Care Homes, meeting regularly with senior staff at the local hospital to discuss the discharge process to try and drive improvements and offering placements at the home for trainee therapists, to both aid their studies and learn about residential care.
- People could not recall attending meetings or their views being sought. However, we saw minutes from 2 recent resident meetings, held in September and November 2023. The provider also shared results from the last resident survey completed in October 2023, when all 8 respondents had provided positive feedback about the home and care provided.
- The provider had commenced a new process they called 'DigniTea'. This involved people having a 1 to 1 conversation with a staff member over a cup of tea, to discuss their care and make suggestions. For one person this had resulted in a trip to the illuminations being arranged, as this was something they used to do regularly when younger but had not done so for many years.
- Staff provided mixed feedback regarding meetings. Some stated these occurred monthly, others said they did not occur at all. The provider told us they tended to meet with smaller groups of staff, and shared minutes from meetings held in December 2022, April and May 2023.

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

- There was a positive and open culture at the home, with systems and processes in place to ensure good outcomes for people.
- People spoke positively about the home and care provided. One person stated, "The staff try to support our needs to the best of their ability. They don't deny us our rights, which I think is very important." Another stated, "The carers are lovely and all of them treat me with dignity and respect. They seem to go the extra mile to ensure that we're all as happy as possible."
- Staff told us they felt supported and enjoyed working at the home. One stated, "It's good here, one of the best homes I've worked at to be truthful. I feel supported and listened to."
- A visiting professional explained how the home ensured people's need were met. They stated, "If we leave instructions, for example about pressure care, this is done and charts completed consistently. They are good at liaising around end of life care and ensuring everything is in place."

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

- The provider had a range of systems and processes in place to assess the quality and performance of the home and care provided. Audits and checks were completed in line with a schedule, which detailed what was to be completed and how often.
- An improvement plan was in place, which was split into 2 sections, maintenance and care home. However, this read more like a business plan, as was focused on business related improvements, such as implementing a new care planning system and staff recruitment.
- It was not clear where issues or feedback from audits, meetings and surveys was documented, and what actions had been taken to drive improvements.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary.

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 understood their responsibilities under the duty of candour.
- The home and registered manager were reported to be open and honest, and people had no concerns around communication or action taken to address any concerns.