

Sure Care (UK) Limited

Old Vicarage Nursing Home

Inspection report

Station Road
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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:

Old Vicarage Nursing Home is a residential service providing support with personal care or nursing needs for older people. The service can accommodate up to 40 people although at the time of the inspection there were 34 people living there including people living with dementia. The home is an adapted three storey property.

Peoples experience of using the service:

People were cared for by staff in a way that kept them safe and protected them from avoidable harm. Enough staff were available to respond to people's needs in a timely manner. People received their medicines when they needed them, and systems were in place to ensure medicines were stored and administered safely and that adequate supplies were available. Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences. The premises were clean, and staff knew and followed infection control principles.

Peoples needs were assessed and planned and delivered in accordance with legislation and best practise. Staff were well trained and knowledgeable about the needs of the people they supported. Balanced and nutritious meals were served, and people were complimentary about the quality of the food. People were supported to have 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 practise.

People were cared for by staff who were kind and caring, the atmosphere in the home was friendly and relaxed. We observed staff interacting with people as equals. People were involved in making decisions about their care and were supported to maintain their independence.

There were systems to ensure care was responsive. People received care in accordance with their needs and preferences. People were supported to maintain contact with their friends and families. There were opportunities for social stimulation. People felt their concerns and complaints would be listened to and responded to. People had plans relating to end of life care decisions where required.

People gave us positive feedback about the quality of care they received. The feedback on the leadership of the service and the registered manager from people and staff was positive. There were effective governance systems in place to monitor the quality of service and the health, safety of welfare of people.

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

Rating at last inspection:

The last rating for this service was requires Improvement (published March 2019) 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.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme.

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 in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details in the caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details in the responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details in the well led findings below.

Old Vicarage Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection Team

The Inspection was carried out by one inspector

Service and service type:

Old Vicarage Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Old Vicarage Nursing Home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with five people who used the service, to ask about their experience of the care provided and five visiting family members.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether they were comfortable with the support they were provided with. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine members of staff, which included the registered manager, two senior care assistants, 2 nurses, 2 care assistants, a housekeeper and maintenance person.

We reviewed a range of records about people's care and how the service was managed. This included looking at four people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection we saw that parts of the building were in a poor state of repair. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this assessment we saw the property had been decorated and flooring had been replaced throughout. Repairs had also been made to the conservatory roof. The provider also had a plan for further improvements to be made. These Improvements meant the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- The provider had systems in place to protect people from avoidable harm. Risks to people had been identified and risk assessments guided staff about how to reduce identified risks. A person using the service told us, "I feel safe living here."
- Staff were knowledgeable about the risks to the people they supported.
- There was a current fire risk assessment in place and people had personalised emergency evacuation plans written. Regular checks were carried out on the fire alarm, emergency lighting and fire doors.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law.
- Regular 'in-house' checks of, for example, fire bells, fridge/freezer and hot water temperatures were carried out by the maintenance staff.

Using medicines safely

- People received their medicines as they were prescribed by trained staff following a protocol that had been written for each person detailing how they would like their medicines administered. A person using the service told us, "I get my tablets when I need them."
- Where people had been prescribed PRN (as required) medicines, they had a protocol giving information as to when they should be administered.
- Medicines were stored securely and at the correct temperature and records of checks made on the temperatures were kept.
- Records of the administration of medicines were accurately completed with no gaps.
- Audits on the records and stock of medicines were carried out regularly.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- All staff receive training on how to recognise the signs of abuse and how to report them.
- A staff member told us, "If I had any concerns I would report them to management and higher if I wasn't

listened to"

Learning lessons when things go wrong

- The provider had effective systems in place to analyse accidents and incidents to identify trends and whether any action could be taken to prevent them from happening again.
- The registered manager told us that staffing in one area of the building had been increased after analysis identified a greater need to deploy staff in this area to keep people safe from potential injury.

Staffing and recruitment

- People told us there were sufficient staff to meet their needs and help keep them safe. One person said, "carers always come quickly if I need help."
- Throughout our visit we observed a good staff presence and staff responded quickly to any requests for assistance
- Staff were recruited safely, and checks were made to ensure that they were of good character.

Preventing and controlling infection

- The provider had effective infection prevention and control systems in place.
- A person using the service told us, "they have just cleaned my room, they keep it spotless."
- The property was clean and free from malodour.
- Staff received training on infection control and during the inspection we observed good practises which minimised the risks to the people living there.
- Staff were supplied with a range of personal protective equipment to be used when supporting people and we observed staff using them.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider met the requirements of the MCA. MCA assessments had been carried out in relation to care provided which meant people's rights were protected. One person using the service told us, "they offer me choices." Another said, "they respect my wishes."
- Where people lacked capacity to make certain decisions, best interest meetings had been held and carers, family members and professionals had been consulted.
- Records showed that DoLS authorisations were in place for people who lacked capacity to consent to their care and treatment and any conditions set were adhered to. The provider had notified the Care Quality Commission about DoLS authorisations, in line with their legal responsibility to do so.
- Where a person living at the home had passed responsibility for making decision on their behalf to someone else, the home had ensured the correct legal authority was in place.
- We heard staff asking for peoples consent throughout the inspection.
- Staff received training on the MCA and were able to tell us about the principles that underpin it.

Staff support: induction, training, skills and experience

- People were supported by competent and trained staff. All new staff starting at the service received an induction to allow them to learn about the home, the needs of the people living there and the policies and principles of the home. New staff also worked alongside experienced staff.
- Staff undertook a comprehensive training programme to ensure that they had the knowledge and skills to carry out the role.
- Staff told us they thought the training they received was good.
- Staff consistently told us they felt supported by the management of the home, a staff member said, "(registered manager) is amazing, I know if I had any concerns they would listen to them"

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

- People had their needs assessed prior to moving in and this assessment formed the basis of the person plan of care. Someone from the home would always visit the person before they moved in to carry out this assessment and ensure that the provider could meet the needs of the person.
- We saw that these plans were regularly reviewed and updated with the changing needs of the person if required.

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

- People spoke positively about the food at the service, one person told us "The food is great, and the chefs are really nice."
- People were offered choices at mealtimes.
- We observed meal times in and found them to be pleasant and relaxed. Where people had been identified as needing support with eating and drinking it was provided.
- People's dietary and support needs were detailed in their care plans and specialist support was obtained from professionals such as dietitians. We observed that these needs were met during mealtimes.
- People's weight was monitored, and we saw when there was concerns about weight loss, their diet was adapted.

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

- The home is split over 3 floors with two lifts and staircases to support people to move around the home safely.
- People were able to personalise their rooms with personal belongings.
- The family of a person living at the home told us, "We were able to decorate the room with items that they like."

Supporting people to live healthier lives, access healthcare services and support

- People's health and support needs were regularly reviewed updated in their care records.
- People had access to a variety of medical and health related services, such as podiatrists, speech and language therapists and dietitians. Feedback and guidance following any appointments or assessments had been documented in people's care files.
- Where issues had been identified such as unplanned weight loss, skin breakdown or history of falls, referrals had been timely to the necessary professionals.

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 the last inspection this key question was rated as requires Improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection we saw that people were not always treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. What we observed and were told during this inspection means the service was no longer in breach of regulation 10.

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

- People and their relatives told us that staff were kind and caring. One person told us, "I couldn't find a better place, I'm well looked after." Another person told us "This is the nicest place I have been in."
- Peoples spiritual and cultural needs were respected, and we saw that people were asked about this during their assessment and it was recorded in their care plans.

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

- We saw people being offered choices consistently throughout the inspection.
- We saw that people were involved in their plans of care and that where the person was not able to communicate their choices, people who knew them well were consulted.
- The provider held regular meetings with the people living at Old Vicarage Nursing Home to discuss topics like food and activities.

Respecting and promoting people's privacy, dignity and independence

- We observed many respectful and compassionate interactions during the inspection.
- We saw that people were encouraged to be as independent as possible and this included the use of aids such as adapted crockery at mealtimes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Each person living at the home had a personalised plan of care that included information about their wishes, interests, hobbies, health, diet and communication needs.
- We saw that these plans were reviewed regularly. The review sought the opinions of the person, healthcare professionals, family members and staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs were assessed and documented in their plan of care.
- Where required, the provider supported people to access specialist services to assist in their communication needs such as opticians and audiologists.
- Additionally, the provider could offer information in other formats such as large print.

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 an activities co-ordinator employed and we saw in-house activities taking place throughout the inspection.
- A person living at the home who had a visual impairment told us, "(carer) is brilliant, they get me audiobooks from the library on their days off, I love having something new to listen to."
- One relative told us that their relative had been supported to attend a family wedding by a staff member from the home.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints procedure and records of complaints and the response and any lessons learned were documented.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager provided strong leadership of the service and staff were clear what their roles and responsibilities were.
- There were governance systems in place and the registered manager and provider had a good oversight of the daily running of the home.
- Regular quality assurance checks were carried out by the management team of the home and by personnel from the provider. These covered areas such as the environment, safety measures, infection control, medicines and pressure care. Any issues identified were shared with the team and action taken to rectify them.
- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

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

- There was a strong, positive person-centred culture in the home. Each person was treated as an individual with their own unique needs.
- People were involved in decisions about their care and support. Where appropriate, families and healthcare professionals also had input.

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

- People were given the opportunity to be involved in and influence the running of the home. Regular meetings were held with the people living there to discuss what they would like and any concerns.
- Staff told us that they received regular staff meetings and handovers.

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

- When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future. The provider had records of such meetings.
- The registered manager understood their legal responsibility to be open and honest with people when things went wrong.

Working in partnership with others

- The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.