

Sure Care (UK) Limited

# Old Vicarage Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Old Vicarage Nursing Home is a nursing home that provides personal and/or nursing care for up to 50 people, some of whom are living with dementia. At the time of the inspection 38 people lived at the service. Most people lived there permanently, and some people spent short periods there to provide respite to their main carers.

People's experience of using this service: Some parts of the building were in a poor state of repair and old and shabby. In one conservatory we saw that water was pouring through the ceiling into a bucket and the floor was rotting. There were also skirting boards falling off the walls and tape on the floor that was lifting up and a potential trip hazard. The décor was very old and paintwork was damaged and stained. We spoke with the acting manager who agreed that these areas needed to be actioned. Before the inspection had finished the acting manager was putting together a refurbishment plan for the home.

Feedback from people who lived in the home and their families was mixed. Some people raised concerns about staffing levels and having to wait for support. Some people made requests and were left waiting for what they had asked for. Other people reported to us that they were happy with the care that they received.

The acting manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We spoke with them about improving the audit trails in relation to decision making for people who needed support with this.

The food served at the home was of a very high standard. Everyone we spoke with told us that they enjoyed the food and we saw that it was plentiful and good quality.

Care plans were clearly recorded. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required and nurses peer reviewed each other's work. We saw that relatives were involved in supporting staff to understand how people wished to be cared for. There were activities provided at the home and people told us that they enjoyed them.

The acting manager had recently introduced a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also were trying to speak regularly with the people who lived in the home and their relatives so that people could get to know them.

More information is in the detailed findings below.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment and dignity and respect. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: The service had been rated Good at the last inspection in April 2016.

Why we inspected: This was a scheduled inspection based on the previous rating of the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection 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?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Old Vicarage Nursing Home

## Detailed findings

### Background to this 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: One inspection manager 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: Old Vicarage Nursing Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left the service in August 2018. The acting manager informed us that they would be applying to register with CQC directly following the inspection.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with six people and four relatives to ask about their experience of the care provided. We spoke with two members of care staff, the activities coordinator, the cook, the deputy manager and the acting manager. We also spoke with the provider on the telephone.

We reviewed a range of records. This included four people's care records and medicine records. We also looked at three staff files around staff recruitment. Various records in relation to training and supervision of

staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

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

- The environment was not well maintained. Some parts of the building were in a poor state of repair and old and shabby. In one conservatory we saw that water was pouring through the ceiling into a bucket and the floor was rotting. There were also skirting boards falling off the walls and tape on the floor was lifting up and a potential trip hazard. We spoke with the acting manager who agreed that these areas needed to be actioned.
- The décor was very old and paintwork was damaged and stained. The building was in three parts that had been built at different times and the older part of the building appeared neglected in some areas.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were always administered when they were required.
- Medication audits had been carried out and these had identified that improvements were needed to the recording practice in relation to medicine administration. At times; staff were completing handwritten medicine records by themselves and not seeking a second signature. This is not in accordance with good practice standards.
- We spoke with the acting manager and they told us they were introducing competency assessments and peer checking so that staff checked each other's administration records to make improvements.

Systems and processes to safeguard people from the risk of abuse

- The staff had all received safeguarding training and were able to explain what action they would take if they had concerns.
- Safeguarding information was available on the notice board in the home.
- The acting manager demonstrated their understanding of safeguarding and showed us audit trails of action they had taken when they had concerns.
- One person told us "I didn't realise I was now out of hospital and back in the care home. I am glad it is better here I feel much safer and they do look after you."

Staffing and recruitment

- We looked at staff recruitment and looked at three files for staff members who had been recruited during the last year. We saw that this had been done safely and all the required checks had been completed prior to new staff commencing work in the home.

- There was minimal agency staff used in the home and the acting manager had ensured that the agency staff was provided consistently so the same staff were working in the home.
- Feedback from people who lived in the home was mixed and a number of people raised concerns about having to wait for care when they needed it. One person said "I think the nurses play hide and seek with my bell and with one another they never come and I cannot see to help myself – I think they are just so busy. Other than that I am fine and the girls are good and kind. I don't have any real worries I feel safe here." A relative told us "I think staffing is an issue here they always seem very stretched and rushed – if that was sorted it would be much better they would have time to talk with people – however I do think he is safe because although rushed they are very kind to him."

#### Preventing and controlling infection

- We looked around the home and saw that it was clean and tidy. Audits were regularly carried out to ensure that the home was kept clean in all areas.
- Gloves and aprons were available in all the bathrooms and toilets for when they were required.
- The kitchen had been awarded five stars at the last environmental health inspection which was the highest possible score. This had been maintained in the kitchen for over 12 years.

#### Learning lessons when things go wrong

- We looked at the records relating to accidents and incidents and saw that audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events.
- An example of this was the acting manager had identified that incidents often occurred early evening. An additional shift had been introduced to ensure that more staff were available to meet people's needs to try and minimise the risk of future incidents at that time of day.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance

- We saw that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions.
- When people could not make their own decisions we saw that mental capacity assessments were carried out. We spoke with the acting manager and they agreed to make improvements to the audit trails relating to this decision making.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- Staff had been developing their skills in supporting people living with dementia and used learning from best practice.

Staff support: induction, training, skills and experience

- We looked at the support that staff received and saw that it was good. All staff received training when it was due and records were regularly updated. Staff were divided into training groups so some training was carried out every month of the year.
- Staff told us that they enjoyed training as it was important to keep their knowledge updated. The home employed a staff member who had responsibility for some of the staff training and they spent one day every week providing training for staff members.
- The acting manager had devised supervision trackers that had commenced at the start of the year. This meant that supervision sessions were planned in advance to ensure that staff had regular access to their line

manager to talk about their responsibilities.

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

- We observed people having lunch during the inspection. Lunch was relaxed and staff were on hand to support people who needed help. The food looked and smelled appetising.
- We saw one person ask for more vinegar on their chips and the staff member immediately got them some.
- We saw that people's weights were closely monitored and early intervention taken if people started to lose weight.

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

- The home was not purpose built and had been adapted in the best way possible to meet people's needs.
- Parts of the home needed to be refurbished to bring them up to standard.

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

- The service had positive relationships with the local GP surgery's and they worked together to meet people's needs.
- A relative told us "My relative's room is very nice and tidy and warm and they are washed daily. The girls are kind they are taking them to the Dr's to sort their ears out – they are very good like that the Dr is called if necessary and that is reassuring."

## 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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity

- Some people reported to us that they were not always happy with the care that they received. One person said "I find the carers mostly good but they are always rushing and don't always have time for you and I cannot rush. Sometimes they can be a bit impatient with you because they are trying to do so much and that's when they shout at you and tell you that you have to wait – its then I want a tape recorder! One of the girls came in with some things and was very rushed and she just through them on the bed – but she did come back and apologise."
- During the inspection we saw one person ask on a number of occasions for a warmer cardigan because they were cold. This was not given to them. We saw another person who was new to the home waiting a long time to receive some support and they were very unsettled as the environment was strange and new to them.
- We saw staff generally treated people with dignity and respect but we did notice occasional use of language that was not respectful including "put her bib on" and "we'll sort the feeders out first." Staff demonstrated to us that they were kind but needed reminding of how the use of language could be considered disrespectful.

This demonstrates a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Some people reported to us that they were involved in making decisions about their care and other people reported concerns in relation to this.
- One relative told us "We have specifically asked that if our relative is ill or anything changes we are happy to be called day or night at anytime. They don't do this. I ring and check as well as visit and I have requested repeatedly to be contacted. The last time was with a chest infection and they didn't ring because it was too late and they didn't want to disturb us. I think they just didn't have the time."
- Another person told us that the acting manager had been very helpful to them and they were confident that things would now improve. We observed the acting manager explaining a person's care plan to a relative and reassuring them that action had been taken as a result of concerns that they had raised.
- Churches from three different faiths came into the home to meet people's spiritual needs.

Respecting and promoting people's privacy, dignity and independence

- We saw that one person's bedroom was directly off a lounge in the home and we were concerned about the person's privacy. This person reported to us that they were happy with their room and they liked where it was.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care plan files we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living in the home. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs.
- The files also contained clear information about people's routines throughout the day and their preferences about how they liked to be cared for.
- We saw lots of examples of staff spending time with people, talking quietly and offering reassurance.
- The activities coordinator spent time with people in groups and individually on a one to one basis. The acting manager told us that they were considering increasing the activity hours to be able to offer people more support with activities.

Improving care quality in response to complaints or concerns

- Some people we spoke with seemed unclear who they make a complaint to. Some people told us about concerns that they had but they had not raised them formally with the home. Other people told us that they had confidence that the acting manager was improving things.
- We saw that the complaints procedure was displayed in the home on the notice board.
- The acting manager was putting in new systems to improve communication between the management team and relatives. These included more regular resident and relative meetings and feedback questionnaires to enable people to have the opportunity to give feedback about the care that they were receiving.

End of life care and support

- Staff had received training in end of life care and understood how to support people and their families at the end of their lives.
- Some people had advanced care plans in place to make their choices clear for the end of their lives and other people had declined to make plans.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Systems and arrangements were not always used to monitor and improve the quality and safety of the service. The main issues were the state of some parts of the building and the lack of action in response to this. There were also concerns with the leadership of the home and how this had been impacting on the care provided and some of the care received by people living in the home.
- The acting manager assured us that they had put systems in place to avoid the reoccurrence of these issues.
- The home currently did not have a registered manager. We spoke with the provider on the telephone and the acting manager at the inspection. There were immediate plans for the acting manager to work full time at the home and register with CQC. The acting manager demonstrated that they had the skills and competency to make the required improvements to the home. They had already commenced with a number of changes to closely monitor the service provision such as audits for support and supervision and staff appraisal, medicines audits and meeting planners for the year.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they felt listened to and that the acting manager and provider were approachable.
- Staff told us and we saw records to show they had regular team meetings.

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

- The acting manager positively encouraged feedback and acted on it to continuously improve the service. We saw the acting manager introducing themselves to relatives and asking for meetings to improve communication in the home.

Continuous learning and improving care

- Satisfaction surveys had recently been sent to people who lived in the home, relatives, staff members and professionals involved with the home to give feedback to make improvements. The acting manager had devised a new system to develop the feedback to enable them to make improvements in accordance with what people wanted.

Working in partnership with others

- The service had good links with the local community and the staff team worked in partnership to improve

people's wellbeing. For example, the local churches were involved with the care home and regularly came in to provide spiritual care for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  People were not always treated in a dignified and respectful way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The building was not maintained to a satisfactory standard for people to live in.