

Sure Care (UK) Limited

Old Vicarage Nursing Home

Inspection report

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Tel: 01691655254

Date of inspection visit:
22 April 2016

Date of publication:
23 June 2016

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

This inspection took place on 22 April 2016 and was unannounced.

Old Vicarage Nursing Home is registered to accommodate up to 50 people who need nursing or personal care. On the day of our inspection there were 39 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 15 July 2014 we found the provider was in breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This was because systems for managing medicines safely were not effective. At this inspection we found the provider had made significant improvements in how medicines were managed at the home. We saw that people were supported to take their medicine when they needed it.

People were kept safe because the registered manager and staff knew how to recognise abuse and understood their responsibilities to report potential harm and abusive practice. The registered manager regularly reviewed accidents and incidents to reduce the possibility of people being harmed. Risks to people's health and wellbeing were known by staff and well managed, including involving people in their own care planning. The registered manager and staff maintained close links with external health care professionals to promote people's health.

People were supported by sufficient numbers of staff who knew them well and had a good relationship with them. The registered manager kept staffing levels under review alongside people's individual needs which ensured staff had time to care for people well. Staff knew what was expected of them in their role because the manager communicated well with them and led by example. Staff did not start work until checks had been made to make sure they were suitable to support people and keep them safe.

Staff treated people with kindness and respected people's right to privacy and dignified care. They understood people's needs and abilities because they were able to access up to date information from care plans and good levels of communication between people, staff and management about changing needs. Staff were encouraged to reflect on their ways of working and learn from other staff. The registered manager supported their team to provide care when undertaking observed practice.

People were offered meals which were suitable for their individual nutritional needs and preferences. People told us, and we saw, that the meals were appetising and they were supported to eat and drink enough by staff who understood the importance of assisting people to maintain a balanced diet.

People knew how to raise any concerns and who they should report any concerns to. The registered manager responded to people's complaints and took action to improve the service as a result of complaints.

The registered manager was aware of their responsibilities and had developed systems to monitor the quality of the service people received. The registered manager was continually looking at how they could provide better care for people. In doing so, they valued people's views about the services provided and used these to further develop the services people received. The manager was well supported by the provider and both shared a clear vision for the continuous improvement of the service.

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.

People told us that they felt safe and staff treated them well.

Staff were aware of how to protect people from harm and knew how to respond if they thought someone was at risk.

There were suitable numbers of staff employed to meet people's needs.

People were supported to take their medicines and systems were in place to make sure they were managed safely by staff.

Is the service effective?

Good ●

The service was effective.

Staff were supported and had the skills and training which enabled them to meet people's needs effectively and in the least restrictive way.

Staff respected people's right to make their own decisions and supported them to do so.

People were supported to eat and drink their choice of meals to maintain a balanced diet from staff who had knowledge of their likes and dislikes.

People were supported to access healthcare and support from professional teams when required.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and polite to them and we saw they were.

Staff knew people's likes and dislikes which promoted people's individuality.

We saw staff treating people in a dignified way, respecting their privacy and encouraging their independence.

Is the service responsive?

Good ●

The service was responsive.

We saw that people received personalised care and support which was responsive to their changing needs.

People knew how to complain if they needed to, and felt confident that they would be listened to.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a stable and cohesive staff team, with a manager who was supportive of people and staff.

The manager enabled staff to put the people at the heart of the service and they recognised that this was the people's home.

Systems were in place to enable the provider to monitor the quality of care that people received.

The manager had a clear vision for continued improvement of the service, and was supported by the provider to achieve improvements.

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

This inspection took place on 22 April 2016, and was unannounced.

The inspection team consisted of two inspectors, one inspection manager and one 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.

As part of our planning we reviewed the information we held about the service and the provider. This included statutory notification's received from the provider about deaths, accidents and safeguarding alerts. A statutory notification is information about important events which the provider is required to send us by law. We asked the local authority and Healthwatch to share any information they had about the care people received when they used the service. We used this information to help plan our inspection.

During the inspection we spoke with 15 people who used the service and three visitors. We also spoke with 14 staff which included the registered manager and deputy manager, activities coordinator, two domestic staff and the chef.

We reviewed one care plan which included records relating to consent, care needs and the assessment and management of risk. We viewed the new medicine administration records and discussed their use with the nurse dispensing medicines. In addition we viewed the records which related to staff training, accident, incident and care planning audits.

We also observed how people spent their time and how staff interacted with people who could not talk with us.

Is the service safe?

Our findings

At our last inspection on 15 July 2014 we found the provider was in breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This was because systems for managing medicines safely were not effective. At this inspection we found the provider had made significant improvements in how medicines were managed at the home. We saw that people were supported to take their medicine when they needed it. One person told us, "The nurses always give me my painkillers when I need them. They also put my cream on my knees to help the pain". Staff were seen to discuss the medicines with people, supported them to take the medicine and have a drink. All nurses had undergone training in the safe management of medicines and were supported by a new pharmacist who was available for guidance and support. The provider had worked with the new pharmacist to bring new, improved medicine dispensing methods and medicine administration records (MAR) which reduced the possibility of errors in recording of medicines.

People told us they felt safe living at the service and were supported by staff who they felt confident with. One person told us, "I feel safe here, the staff are my friends and they look after me."

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They had received relevant training to be able to understand what may be called abuse and what to do if they had concerns. Staff had access to the provider's policies and procedures regarding how to recognise abuse. The staff we spoke with confirmed that they would report any possibility of abusive practice to the manager straight away. One staff member told us, "I would report abuse straight away...we are here to protect them. If I did not report it I would not be doing my job."

Accidents and incidents were recorded and reviewed by staff so that they could identify any increased risk and develop new actions to support the person to be safe. Information was shared at staff handovers and action taken was documented in care plans. For example, a staff member told us about how a person was referred to the GP and falls clinic for further support after staff highlighted how the person was more unsteady when walking.

Staff members showed knowledge about how to promote safe mobility. For example, one person told us about how the nurse had helped them to move better by changing their walking stick. They said, "I did not realise it was too small but [the nurse] did. I feel much safer now when I am walking."

People were cared for by sufficient numbers of staff to keep them safe and to meet their needs. We observed staff assisting people in the communal areas of the home and people were not kept waiting when they needed assistance. Staff members we spoke with felt there were enough staff on duty to be able to care well for people. One staff member told us, "We all work as a team and help each other. There is enough staff on duty." One person said, "The staff are reliable and they are constant. There are very few staff changes so we know them all." A relative told us, "The carers are very good, there is enough staff."

Staff confirmed that, appropriate checks were completed before they could start work. These included

satisfactory Disclosure and Barring Service (DBS) checks and two written references to ensure staff were safe to work with people who lived at the service.

Is the service effective?

Our findings

People told us that they felt that the staff were well-trained and they were confident that staff had the skills and knowledge to help them safely. A relative told us, "The staff know what they are doing."

One staff member confirmed that they received training and that new things were learned which improved the care they gave. For example, the staff member told us they had learned new ways of using slide sheets and a new type of sling which had improved the experience of the person they were assisting to move. We were told that the manager supported any requests, such as diabetes or epilepsy training. The provider had close links with the local training provider and accessed much external training through them. There was a system in place which identified any areas of staff training needed.

We observed staff assisting people to transfer with different hoists. We saw that staff were knowledgeable about the needs of the people they were helping. All staff spoke gently and kindly to the people they were assisting all the way through the procedure, explaining what was happening and making sure they were settled in their chair before leaving them. A staff member spoke with us about a specific person they cared for. They said, "If I am working with a newer member of staff then I explain [person's name] background and how to approach them. It is important that they know this straight away."

The registered manager undertook observation of staff as they supported people. This enabled them to see how staff communicate with people and how they supported people on a day to day basis. This was in addition to the individual supervision and support provided for staff members to be able to express their views and receive feedback. One staff member told us, "I do feel that [registered manager] listens to what I say in my supervisions. I feel comfortable talking to the manager."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated that they had received training and understood the principles of the Mental Capacity Act in general, and the specific requirements of DoLS. A staff member told us that they helped people to make a decision about their care by asking them what they would like to do, and checking that the person is happy to receive the care at the time. Where the person may not be able to say, they told us that they looked at the body language. "I look at people's facial expressions. Is there a happy face or not? If there was not then I would not do something and come back later." Another staff member said, "I always ask for consent to help the person. I explain what we need to do and ask for their help in doing it. Approaching someone calmly with a happy smile helps people to feel safe." Staff assessed and managed risks to individuals by talking with people and supporting them to make choices about what they wanted to do. If people were not able to be involved in the discussion, staff were able to tell us how decisions were made as best interests decisions. The provider had a system in place to

monitor the DoLS processes, including how many people had been assessed and the outcomes. We saw that appropriate applications under DoLS had been made, with records in place.

We saw that the lunchtime experience was enjoyable and that people enjoyed their meal. People who needed assistance to eat were helped in a kind and dignified manner. We saw that where people had developed swallowing difficulties they had been referred to the Speech and Language Team (SaLT). Staff assisting people at lunch were able to tell us which people needed adapted diets, including thickened fluids and soft diets. Each staff member was very chatty and asked people if they were happy with their meal and if they had enough to eat. There was a mutual fondness apparent as everyone joined in the conversations. Staff were very patient and showed kindness and consideration towards the people they were assisting. There was a choice of food for everyone and more food was offered. On the day of our visit we saw that people had a choice of meal options. A relative said, "The meals are brilliant. [family member] eats everything they put in front of her, there is plenty of choice." One person said, "These are lovely chips" and was seen to be enjoying them very much. Salt, pepper and vinegar were provided for everyone. The chef visited each person every day and asked them what they would like to eat. The chef was able to tell us about people with specific dietary needs, including diabetic and softer diets.

One person did not want their meal at the time it was served. The staff member encouraged the person for a short while but then removed the meal. The staff member told us, "[Person's name] will not eat if they do not want to. We will bring a new meal in an hour when they will be hungrier." The person had their meal later when they felt like eating it. This showed us that staff knew this person well and respected their wish not to eat at the mealtime. In one lounge we saw that a staff member was not able to help a person with their meal immediately as they were called away. On their return they took the meal back to the kitchen and brought a new, hot meal for them. This action showed us that the staff took pride in enabling people to enjoy their meal. Drinks were freely available in all areas of the service, including in people's rooms. All staff were seen to be assisting and encouraging people to drink and take snacks between meals. Aids were provided to support people to eat and drink independently, such as beakers with straws, plate guards and adapted cutlery.

People were supported to access external healthcare services when required. One person told us that they saw the doctor recently because of an aching back. They were given some painkillers and some ointment. They said, "It is better today." This person also confirmed that the chiropodist came to care for their nails. People had access to the visiting optician and dentists if they needed to. There was involvement of the community mental health team and memory clinic staff who supported the staff team at the service to develop personalised care which was responsive to changes of need. By working together the teams were able to care for people in the least restrictive way, including how to manage behavioural difficulties without recourse to using medicines.

Is the service caring?

Our findings

One person using the service told us, "I am happy here, I like my room and my bed." This person was uncomfortable in bed. The staff came to assist them to change position, showing kindness and caring towards the person. A person who stayed in their room told us, "I am very happy and content here, I love my room. The staff are lovely, nothing is too much trouble." Another person told us, "I am very happy here. It feels like we are all one big family. The staff enjoy a bit of fun and a joke which is good for us." And "I had to sell my house to come here but I am glad I did. I have been here three years and I don't regret it." Another person said, "I feel at home, I feel cared for, nothing is too much trouble." A relative told us. "[Relative's name] is very well cared for, always well presented." We observed that staff acknowledged people and said hello as they walked by their rooms. A staff member told us, "I treat people as I would want my relatives to be treated."

We witnessed a conversation between a staff member and a person who required assistance to eat. The person was given time, not rushed and was told where the food was on the plate in relation to their hands. The staff member spoke with kindness, compassion and encouragement throughout, making the meal a positive experience for the person.

We heard conversations which showed us that staff members had a clear knowledge and understanding about people's needs and wishes, and made sure the people were involved in their day to day care. We observed two staff members spending much time and patience in encouraging one person to assist them to move safely. Using gentle touch and kindness, the staff supported [the person] to transfer in a safe and dignified manner. They then checked that they were comfortable and warm before leaving them. The person said that they felt cold so the staff brought a warm blanket straight away and helped the person to place it on their knees.

Most people who were able to express their views told us that staff supported them and provided their care the way they wanted. They said, and we saw, that people are supported to be involved in their care. One person told us that they felt that a specific staff member was not very kind and did not help them. This person's comments were shared with the registered manager during our inspection.

Staff were knowledgeable about how to help protect people's human rights and how to treat people in a dignified way because they had received training in dignity awareness and how to respect people's diversity. One staff member said, "Everybody deserves to be treated kindly and with dignity. We always make sure that we protect the privacy of the people when we are helping them, such as covering them when washing and closing doors and curtains." Another said, "Everybody has the right to be as they want to be and we need to help them do that." We also saw that staff treated people in a manner which protected their dignity. Staff said to us that they felt it was important to treat people as they would want their relatives to be treated.

Is the service responsive?

Our findings

People told us that they felt involved in their own care and treatment. They said that staff listened to them and supported them to do things for themselves. They felt that staff knew their preferences for their care and helped them to do things.

One person told us, "They know I like to have female carers so I do." Another person told us, "Sometimes I just like a day in bed. I am not poorly, I just feel like it. The carers let me stay in bed and make sure I have everything I need." People told us that staff were available when they needed them and responded to their needs quickly.

Staff were heard to talk with people in a friendly manner and respected their wishes. People were asked their opinions and encouraged to be involved in decisions about what they did. For example, one person told us that they liked to walk a bit every day even though their joints were sore. Staff helped them to do that and made sure they had their pain medicines on time to help them move. This person said "It would be quicker to let them move me but they know I like to try to move my joints".

Staff we spoke with were able to tell us about the personal history of people and their preferences for care. They said that they could find information from the care plans and that the handovers were very thorough, making sure staff knew what was happening. One staff member told us, "We need to know what is happening to them everyday. It is important that we make sure we know what they need." Three staff members told us that they found that they learn very much about people from the people themselves and their families.

The staff in the home liaised with the GP and community mental health team to support people who are showing behaviour which may challenge others by taking time to understand and reduce the causes of the behaviour before resorting to medicines. We reviewed a care plan for a person living in the dementia care unit who had displayed some behaviour which challenged staff. The plan gave staff clear guidelines about how to assist the person when they were upset. These included what diversion tactics were known to be effective. The plan also clearly recorded communication with the family of the person during these episodes. This showed us that staff members have the required information to be able to support a person and reduce anxiety for them.

The manager has an open visiting policy so that relatives and friend can visit anytime. The privacy of people was supported. For example, personal mail received was read privately to people who cannot read it themselves. People were then supported to write letters in response if they wish to. People were supported to go out with their friends. Staff also supported people who wished to go into the town to do their own shopping.

People were involved in deciding what activities happened in the service. We observed a group of people sitting together who were waiting for the bingo game to start after lunch. We saw they chatted about how they enjoyed the 'competition'. During the game there was much involvement and laughter. People who were not able to play independently were supported by staff members. Other activities included visiting PAT

dogs. PAT stands for Pets as Therapy and enabled visitors to bring in animals to provide interaction with people living at the service who may enjoy stroking a dog. There were discussions about what was in the daily newspaper, quizzes and themed drinks afternoons where people dressed up to attend. The day before our inspection people enjoyed a party for the Queen's birthday, which included bunting, party hats, afternoon tea and singing. People told us that they had enjoyed the day very much. One person said, "The staff worked so hard to give us all a lovely day."

The provider was currently updating the complaints policy and procedure to meet current legislation. The current complaints procedure was displayed on the notice board. People were provided with a copy of the complaints procedure when admitted. People told us that they knew how to complain and would be confident to do so if required. Staff we spoke with said that if anyone was unhappy they would talk with them to find out what was wrong and then tell the manager.

Resident and relative meetings were held in the service. Quality assurance questionnaires were also sent out to people to ascertain their views. The manager frequently spent time with people and their relatives and talked about any areas which may be causing concern. They told us, "I want people to be happy here. I listen to people and act on any concerns." We viewed an audit trail of complaints received and actions taken. This showed that the manager understands people's concerns and had worked to resolve any conflicts.

Is the service well-led?

Our findings

People told us that the registered manager was always actively involved in care and support for people living at the service. For example, people we spoke with knew who the manager was and felt comfortable in talking with her. One person who liked to stay in their room told us, "[Registered manager] comes to see me and asks me if I am alright. I will tell her if I have a problem."

Staff told us that the registered manager made sure they knew about how they should support people. One staff member said, "The registered manager wants the very best care for all people and ensures they are involved in the care and support we give." Another staff member said, "The manager is extremely approachable and empathetic, always has time to talk to people." And, "The manager is very approachable and supportive, always open to suggestions and new ideas." "They lead by example. The manager spends a lot of time with the residents and knows them well. They support the staff to learn all the time."

We found that there was an open, positive and supportive culture which put the person at the forefront of everything. Involvement of the people living at the service was very important. The registered manager told us that this was the people's home and they wanted people to be happy. The registered manager was very knowledgeable and had a clear vision for the on going improvement of the service provided. They enjoyed a very supportive relationship with the provider which enabled them to be confident in supporting their staff team.

Staff we spoke with were knowledgeable about what whistleblowing was and knew how to report issues of concern, including which external agencies to contact if required.

Staff were happy and motivated and felt supported by the manager. The senior staff team was motivated and this filtered down to the rest of the team. All staff we spoke with were happy and enthusiastic about their role and felt supported by the manager. The registered manager completed observations on staff practice to ensure they provided kind and safe care. The provider had a robust policy with regard to the management of unsatisfactory practice. This included supervisions and disciplinary hearings where required.

Systems were in place to monitor the quality of care provided, accidents, incident and complaints, and address areas for improvement. People's care needs and records were reviewed regularly by the manager and deputy and updated as required. There was evidence of good professional relationships with external agencies to support good care. These included GPs, mental health teams and hospital support teams.

The manager had made significant improvements in how medicines were managed at the home. This included seeking advice from other professionals to ensure that medicines were managed in line with current guidance. The deputy manager was now responsible for all medicine related tasks. Audits were also carried out by the manager. This showed that the provider and manager were able to drive improvement when concerns had been identified.