

Harbour Healthcare Ltd

# The Old Vicarage Nursing and Residential Care Centre

## Inspection report

Fir Tree Lane  
Burtonwood  
Warrington  
Cheshire  
WA5 4NN

Tel: 01925229944

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service:

The Old Vicarage Nursing and Residential Care Centre provides nursing and personal care for up to 60 people. The home has two units, each providing nursing and personal care, the Willows unit is specifically for people living with dementia. On the day of the inspection 54 people were living at the service.

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

People told us they liked living at the service and relatives were positive about the staff, especially of the activities programme although they raised concerns about the use of agency staff.

The manager had developed a staffing rota to help provide better stability and standards of care within the service. Due to the management of change, a higher use of agency had been employed to ensure they had the right numbers of staff in place. Plans were in place to continue recruiting to vacancies to eventually have the stability of their own core team.

The provider had detailed governance systems to help mitigate risk to the health and welfare of people living at the service. The provider set out a clear plan to drive improvements. They had employed an experienced manager and deputy to help provide stability and training for staff in delivering person centred care.

Staff were knowledgeable in how to safeguard and protect people at the service. However, induction training records for new staff lacked recorded updates for this training.

The manager had expertise to swiftly identify people's individual risks and took immediate actions to improve aspects of care, particularly for pressure care and nutritional needs. Plans were in place to provide further stability and improvements. Electronic care records were being introduced to help improve oversight and record keeping.

Staff were fully supportive of the provider and the new management team. They acknowledged the improvements to the service and an increase in morale.

The service was clean and staff used appropriate techniques to prevent the spread of infection. Health and safety checks were robust but needed some improvements to their record keeping.

The manager had identified plans to further develop the service to enhance the environment for people living with dementia..

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk) by selecting the 'all reports' link for The Old Vicarage Nursing and Residential Care Centre .

#### Rating at last inspection

The last rating for this service was good ( published 13 December 2018 )

#### Why we inspected

We had received continued updates from the provider over the last three months in relation to the management arrangements at the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider continues to make improvement. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Vicarage Nursing and Residential Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Old Vicarage Nursing and Residential Care Centre

## **Detailed findings**

### Background to this inspection

#### The 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 checked 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.

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

#### Inspection team

The inspection team consisted of an inspector and an assistant inspector who carried out telephone interviews with relatives and staff.

#### Service and service type

The Old Vicarage 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is 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. We gave the service short notice when we arrived at the car park so we could make appropriate plans regarding COVID-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the manager, deputy, eight other staff members and two people using the service. 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 reviewed a range of records. We looked at three people's care files, three staff recruitment records, multiple medicine administration charts and other records relevant to the quality monitoring of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with six relatives by telephone to gather their views.

# Is the service safe?

## Our findings

At the last inspection, this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The manager had reviewed staff rotas to ensure there were enough staff on duty to meet people's needs safely and consistently.
- People and their family members were positive about the staff team, but some acknowledged their concerns about the use of agency staff. Their comments included, "Staff are great, staff are brilliant" and "With all changes in staff, I don't think they understand how my (relative) works."
- The provider had taken appropriate actions over the last few months to manage challenges regarding recruitment of staff. A recruitment drive had resulted in large changes to the staff team. The manager was confident they were recruiting staff that were highly skilled, competent with good values.
- The manager was clear that their recruitment drive would eventually help provide a stable and consistent workforce. Induction records needed improvement to evidence up to date training provided for all new staff.

### Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risks to people's health were managed by senior staff to help improve aspects of staff competencies and record keeping with nutritional support.
- Senior managers had recently reviewed all care plans to help improve risks for people at risk of pressure ulcers and in losing weight.
- The manager advised of further improvements planned with the introduction of electronic record keeping and training of staff to further develop support for people's needs and identified risks.
- Regular safety checks were carried out on the environment, equipment and utilities to ensure the service was safe. Record keeping needed some areas of improvement which the manager was in the process of improving.
- Staff were clear about safeguarding procedures. Records showed swift actions taken by staff to report any concerns raised with appropriate actions taken by the provider to protect people.

### Learning lessons when things go wrong

- The provider was transparent in sharing any lessons learnt and in actions taken when things had gone wrong. They had revised all aspects of managing pressure care and at the time of inspection no person was reported to have a pressure ulcer.
- Records of accidents and incidents were maintained and analysed to help identify any patterns or trends.

### Using medicines safely

- Medicines were well managed with regular checks and audits taking place showing safe oversight.
- Staff involved in administering medicines had received appropriate training and had access to relevant

guidance.

#### Preventing and controlling infection

- We were assured by the additional measures in place to help prevent the spread of COVID-19.
- Risks relating to infection prevention and control (IPC) were assessed and well managed. Staff followed good IPC practices.
- Increased cleaning schedules had been developed implemented and maintained. All areas of the service were clean and hygienic.`

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created had not always support the delivery of high-quality care

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

- The service had experienced recent changes to the management team. The provider had recruited a very experienced manager to the service. The manager was new in post and had not yet made an application to CQC to become registered.
- The new manager and provider were clear about their responsibilities with regards to ensuring people received high quality care. They were transparent with the developments they had planned for the service.
- The provider's governance systems had identified some issues regarding the way managers had dealt with issues at the service. Following this, the provider took appropriate actions to address areas needing improvements.
- The provider had learned from issues they had recently identified during their governance systems and audits. They had taken effective action to improve the standard of care provided. This was demonstrated by the improvements we found during this inspection.
- The manager acknowledged further improvements they were developing with the environment (especially for their EMI unit) , improving record keeping, stabilising and recruiting a consistent staff team, improving staff competencies and improving aspects of the dining experience and aspects of person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The manager and provider notified CQC of significant events in line with their regulatory requirements. The provider has been transparent in all aspects of changes at the service over the last few months. We were assured that the provider had acted on their duty of candour and shared information appropriately with CQC.
- The manager had identified some short falls with aspects of person-centred care and record keeping of care files. They had taken appropriate actions and had plans to further develop standards within the service.
- The manager and their deputy promoted a culture of person-centred care by positively engaging with staff and everyone using the service. People reacted positively when meeting the manager and staff team.

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

- People and their relatives were positive about the service and changes being made in how it was run. People's comments included, "Yeah there has been little differences for the better. Whatever is going on there it's for the better", " We are really happy with the home. During lockdown, they kept us updated and it has stopped us worrying about (our relative.) They are looked after" and " Only concerns in general, there

have been a lot of changes in the last year."

- During the COVID-19 pandemic, special arrangements had been made to ensure people remained in contact with family and friends through various ways. This included a specially adapted 'visiting pod' that had been recently developed within the service. This meant people's family and visitors could visit their family members in a safe environment.
- Staff told us they fully supported the manager and the positive changes they had brought to the service. They felt that morale had improved, the service was a lot more positive and managers were very approachable.
- The provider and managers worked in partnership with other agencies to ensure they transparently managed all aspects of people's care. The provider was robust in the changes they had introduced to drive quality and improvements to the service. They acknowledged the further work they wanted to achieve.
- Periodic monitoring of the standard of care provided to residents funded by the local authority is usually undertaken by the local authority's contracts and commissioning team. This is an external monitoring process to ensure the service meets its contractual obligations.