

Harbour Healthcare Ltd

The Old Vicarage Nursing and Residential Care Centre

Inspection report

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Tel: 01925229944

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30 October 2018

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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?	Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on the 17, 18 and 30 October 2018 and was unannounced.

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 57 people were living at the service. Accommodation is provided on two floors, with lounges available on both floors. The dining areas are on the ground floor. There is also a conservatory and a large garden at the back and a small car park at the front.

The service has a registered manager in post who had worked at the home for three and a half years. 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. Prior to this inspection we received feedback from the local authority contract monitoring team, who said that the home had been subject to an improvement plan that they were in the process of reviewing.

Everyone we spoke with told us that the service was good. Some areas needed oversight and improvements with the management of paperwork.

People were protected from potential harm and abuse by trained staff who were knowledgeable of local safeguarding procedures. Risks to people's safety were identified and where necessary, appropriate action taken to keep people safe. There were systems in place to help make sure staff employed at the home were suitable to work with vulnerable people.

Staff supported people to take their medicines safely and as prescribed.

People were supported by a team of staff that had had training and support to maintain their skills and knowledge to meet the needs of the people they supported.

People were treated with respect, consideration and kindness. Their privacy and dignity was upheld and they were supported to maintain their independence whenever possible. People receiving support and their relatives offered lots of positive comments about the care provided.

Care was provided in a personalised way from staff who knew people's needs and preferences. People were involved in the planning and review of their care and support.

The home employed an activity organiser who engaged people in activities in small groups and individually during the day.

Information and arrangements were in place for the staff team to respond to concerns or complaints from people using the service and their representatives.

People who used the service who we spoke with and their relatives all had a positive attitude about the service being delivered and about the standard of care and support provided by the staff team. People were referred to appropriate health and social care professionals when necessary to ensure they received treatment and support for their specific needs.

Stakeholders and members of multidisciplinary teams shared positive feedback about the care provided to people living at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible. Staff had followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA).

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 were safeguarded from the risk of potential abuse because staff understood their role in protecting vulnerable people.

People's medicines were safely managed.

Recruitment procedures were robust to minimise the risk of unsuitable people being employed to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People's needs were met by a suitably trained staff team.

People gave their consent to care and their rights were protected because the staff acted in accordance with the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

People were helped to make informed decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

A complaints procedure was in place and people were aware of how to make a complaint if needed.

People's care plans were centred on their individual needs and preferences and were kept under regular review.

Is the service well-led?

The service required improvement in being well-led.

People we spoke with were complimentary about the overall management of the service.

Some aspects of auditing and record keeping needed review to show improvements in the management of complaints, maintenance checks and environmental checks.

Requires Improvement 

The Old Vicarage Nursing and Residential Care Centre

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 the 17,18 and 30 October 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection, we reviewed the information we held on the service. This included checking if we had received any notifications. A notification is information about important events such as accidents or incidents, which the provider is required to send to us by law. We also invited the local authority and stakeholders to provide us with any information they held about the service. We did not request for the provider to complete a Provider Information Return (PIR) as the inspection was brought forward due to anonymous concerns submitted to CQC. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with the registered manager, deputy manager, one administrator, quality manager, the managing director, four trained nurses, the activities organiser, maintenance person, laundry assistant, one ancillary member of staff and three support staff. We spoke with seven people being provided with support and six relatives speaking on behalf of their family members. This gave us a wide insight into their views across all areas of 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 also reviewed a range of records about peoples support and how the service was managed. These included looking at support records for four people, medicine records, we reviewed four staff recruitment files, looked at staff duty rotas, staff training and supervision records, a sample of minutes of meetings, complaint and safeguarding records, policies and procedures and a variety of records in relation to the management and governance of the service including health and safety and quality assurance audits.

Is the service safe?

Our findings

Relatives offered lots of positive feedback about people receiving safe support. The comments validated the staff approach in supporting their relatives to feel safe and happy. One relative told us, "I can't fault anything" and a person living at the service told us, "I feel safe."

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to safeguard people from abuse. Our discussions with the registered and deputy manager confirmed they were fully aware of the local authority's safeguarding adult's procedures and the action to be taken to report incidents.

Staff demonstrated a good understanding of the different types of abuse, how to recognise these and how to respond. They told us they would not hesitate to report any concerns. Staff told us what action they would take should they suspect someone was at risk of abuse and confirmed they had received training in this subject. They also said they had full confidence in the registered manager that anything reported to her would be responded to immediately with appropriate action being taken.

Care plans provided enough information to help support staff to identify and safely manage potential risks to people living at the service. Prior to a person choosing the service, staff arranged assessments to look at the person's needs and any known risks that could compromise the person's safety. This included supporting people to maintain their safety for example if they were at risk of falls.

We saw that any accidents and incidents were regularly reviewed to identify any patterns and trends. Any lessons learnt were followed through to improve people's safety. Where necessary, care plans were updated to reflect any changes that were required for people being supported.

Staff recruitment was well managed to show safe checks in place to recruit people suitable to working at the service. Staff personnel files were very organised and detailed showing thorough checks and records such as reviews of any gaps in employment history, a minimum of two references and enhanced Disclosure and Barring Service (DBS) checks. The DBS carry out criminal record checks on people who apply to work with vulnerable adults or children. Such checks help employers to make safer recruitment decisions. In trained staff files there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

Staffing levels were appropriately managed to make sure the service had enough staff each day to appropriately support people at the home. We reviewed the dependency levels of people and looked at the staffing rotas with the registered manager. We noted that the dependency of people living in the care home was kept under regular review. Current vacancies were being appropriately managed with recruitment processes and agency staff were employed until vacancies were filled.

People received safe support with their medications that were well managed by staff. Staff told us they were confident in their abilities to support people with medicines as they had received the right training and had

the right skills to do this safely. We saw evidence that regular competency checks had been carried out to make sure staff continued to support people with their medicines safely. We noted that some assessments had not been signed off and reviewed. The quality lead for the service took action to update the competency records during day two of the inspection.

Excess stock of medication was securely stored however we noted they had not been included in any stock check records. Following the inspection the staff developed stock check records to help them manage accurate stores of medicines contained within locked store cupboards.

Relatives and people being supported shared positive opinions about support provided with medications. Where people did not have the capacity to consent to the use of some medicines best interest meetings had been held. The outcome of these meetings had identified where staff would be responsible for the administration of people's medicine as being in the person's best interest.

Areas viewed during the inspection were well managed, clean and hygienic. Some areas had malodorous smells early morning during day one of the inspection. Management of the environment was discussed with the staff team on duty. Staff advised they would look at purchasing industrial style air freshener units to position in communal areas to help with the management of malodorous smells. Staff had access to suitable personal protective equipment. Appropriate policies and auditing systems for infection control were in place

The registered manager ensured that the building was safely managed and fully accessible. The environment was clean and accessible for people with disabilities. Staff showed relevant liability insurance certificates, maintenance certificates and detailed risk assessments for the premises. The fire risk assessment was last carried out in 2015. The fire brigade had noted some actions that needed attention during their visit in 2017 which were confirmed by the maintenance person as being completed. The provider had arranged for an updated risk assessment to be carried out during day two of the inspection. Following the inspection, staff submitted a written copy of all appropriate actions taken in response to the risks identified by the fire brigade. This helped to show the provider's response to necessary actions taken to keep people safe.

Is the service effective?

Our findings

People receiving support were positive in their feedback regarding the service. Relative's told us the staff were very good and very well trained in supporting their family members. One relative told us, "We are very pleased" another shared their view "It's homely."

People's needs were assessed before they received support from the service to make sure they could effectively meet the person's needs. Relatives told us they felt this service was the best they had experienced and relayed concerns they had with previous services before moving their family members to the Old Vicarage. They told us they were pleased and relieved that their relative had moved to this service.

Relatives and people receiving support told us the staff were very well trained and often provided advice and support. Regular feedback was gathered from people during meetings with the registered manager and audits to check they were happy with the standards of support received.

Staff were well trained to meet the needs of the people they were supporting. Staff had an extensive and comprehensive induction. New staff shadowed experienced staff and worked supernumerary to help them to get to know the people living at The Old Vicarage. Training included a diverse and varied range of topics to meet the needs of people within the service.

Staff we met had good knowledge of people's individual needs, preferences and knew their likes, and dislikes and what worked best in supporting them. Regular supervisions, annual appraisals and regular unannounced competency checks were used to developed good standards of care and support. Supervision and appraisals provided staff with an opportunity to speak with senior staff about their training and support needs as well as being able to discuss any issues in relation to their work. Staff told us they felt very well supported.

Health care practitioners validated the positive comments about the care provided by staff to people living at the service. Two professionals that we met were very positive about their experiences in visiting the home and observing good care and support. There were good links with healthcare professionals such as the speech and language therapist, the tissue viability nurse and nurse assessors for continuing health teams. Care plans included any allergies, special diets and specific requirements a person had. Healthcare professionals and stakeholders told us they had noted improvements in the wellbeing of people.

Relatives were confident that their family members received good support to maintain their nutritional needs. People told us they had good food and choices of what they could eat. We observed the breakfast and lunchtime meals being served and saw that food looked and smelled appetising and was attractively presented. People had a drink of their choice and additional refreshments and snacks were provided throughout the day. People were supported to eat their meals in their rooms if they wished and given one to one support were needed to help access their meal.

We discussed the outcomes of a previous investigation via the local government ombudsman who made

various recommendations regarding the management of people's nutritional needs. The staff team had acted on all of the recommendations to improve the management of people's nutrition especially when people sustained a level of weight gain. This included trained staff monitoring each meal served to people at the service. They had also reflected on the report and arranged a team meeting to review and share learning about what they could do better. The local authority arranged further training in nutrition which staff attended during the inspection.

We spoke with the cook on duty during the inspection and looked at the kitchen. The kitchen area was clean but very limited for storage and cluttered with trolleys and equipment. Some parts of the store room needed cleaning and redecoration. Staff told us this would be reviewed and improved following the inspection. The most recent inspection from the food standard agency for the home awarded a rating of five stars. This is the highest rating that can be given and highlighted good management of the catering facilities.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We found the provider had developed policies and procedures to protect the people they cared for. Staff told us that if they had any concerns regarding a person's ability, they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was done to ensure a person was not deprived of their liberty. Staff, showed a good understanding of the importance of MCA and gaining consent from the people they were supporting. People were supported to have maximum choice and control of their lives. Support plans demonstrated how people's rights and support needs were met, especially with supporting people with their medications.

People were involved in identifying the assistance they would like including recognising any needs in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as support with their physical and social needs and religion. The service had policies to support the principles of equality and diversity.

Is the service caring?

Our findings

People receiving support told us staff were always very caring and kind towards them. Comments from relatives recognised the values displayed by staff and the benefits and positive outcomes. They told us "Staff are respectful and kind", "Staff knock when they enter" and "One day a carer stayed longer than they needed to showing genuine care to our relative."

In our discussion with the care staff it was clear that they had a good understanding of the individual needs of each person and were able to demonstrate how they supported and cared for people in a dignified way, also respecting their privacy when providing and supporting them with personal care tasks. One member of staff told us they always closed the doors and curtains when providing support to protect people's privacy.

During our observations of care and support we saw staff treated people in a dignified and respectful manner. Discrete signs were used on people's doors when they were receiving personal care to reduce the likelihood they would be disturbed. We noted one person felt poorly and staff responded quickly and offered them reassurance and support until they felt better. They provided discreet support and held the person's hand which they responded to positively and seemed to take comfort by this.

We observed people chatting to staff and it was apparent they were comfortable and happy with the staff supporting them. During our SOFI we saw that people sat in the communal lounge/dining area were relaxed, with staff engaging and interacting well with people. People living at the service, told us the staff were very caring. We observed staff welcoming visitors and offering drinks during their visit.

We observed staff anticipated escalating behaviours between people. Staff acted calmly and sensitively to diffuse the situations displaying good knowledge of each person's needs. We saw that if personal care was needed, staff protected people's privacy by closing doors when providing support. We observed staff patiently walking with people who needed reassurance and orientating to their room, they spoke quietly and sensitively to the people they were supporting.

Confidentiality of information was safely and appropriately maintained. Records and documents were kept securely in locked rooms accessible only by staff. No personal information was on display. Records showed people and their relatives were involved in decisions about their care and support plans were regularly reviewed. These records showed that appropriate people had been involved in the decision-making process and were involved in their care planning process.

Senior staff carried out regular care plan audits and checks with people and their relatives to make sure that they were receiving care to a good standard. Information was present in people's care files about their individual likes and dislikes, hobbies and interests and religious beliefs. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual.

Is the service responsive?

Our findings

People living at the service told us about some of the activities they liked, one person told us "The activities ladies are fantastic."

Relatives were very positive regarding support provided with people's choices and social interactions. They told us, "The sports day was the most funniest and lovely day we were involved with, all of the residents laughed at the staff antics" and "The staff really are lovely here."

The activity programmes were displayed so that everyone was informed of the events planned. The service employed an activity organiser who was able to describe and demonstrate a wide programme of activities, both group and individual sessions on a weekly basis. We saw that people were assisted to engage in a variety of meaningful activities.

They described recent events that included, a MacMillan coffee morning, visits to the weekly community centre for a two course meal, recent visit from Japanese visitors, visits from a local school choir. They organised an annual festival which they named "Harbour fest." It was a music festival with local musicians, stalls, food and open to the local community. Staff had taken pictures of each event to show how everyone was enjoying the activities and they helped to remind people what they had taken part in. During the inspection the activities staff were busy supporting people making homemade scones and showing people a newspaper article telling the readers what the services recent Japanese visitors. The staff discussed ongoing plans and ideas to develop their programme of events including, the order of MP3 players and headphones. They planned to use them to create personalised mp3 playlists for each person according to their background and what they liked to hear.

The coordinators had developed parts of the environment with interactive and reminiscence items and pictures. The service had some good features including a hairdressing salon on site. People told us they liked to go and have a chat and get their hair done there each week.

Staff knew people's needs and individual preferences and supported people with their choices. People who lived at the service and where appropriate, their relatives were encouraged to be involved in developing their individual care plan. These plans provided relevant information to staff about how they would like their care and support to be provided. Plans included details about people's life stories, their preferences like and dislikes, family life, and hobbies and interests. People were supported with their hobbies and interests. Such information helped staff to better understand the personal characteristics of the person. The plans also helped staff to engage with people in meaningful conversations in getting to know them.

Care plans were well maintained and regularly reviewed to make sure they reflected the care needed for each person. During our discussions with the registered manager and staff we found they were aware of people's individual needs and the importance of this. They knew the needs of the people they supported very well and showed great insight into the needs of people with dementia. Care plans included relevant information to identify the person's care and support needs and equipment needed to meet people's needs safely, mitigating any associated risks. For example, they identified when specialist equipment such as a

pressure relieving mattresses was needed. This helped to make sure people's health and wellbeing was appropriately responded to and maintained. The service had policies on end of life care to provide guidance to staff. At the time of our inspection, none of the people living in the service were receiving end of life care.

The visitors and people we spoke with told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could go to senior staff to discuss anything.

The complaints policy was included in the 'resident information pack' and was displayed in the service accessible to everyone. Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the manager. We reviewed a selection of complaints the service had received in the last year and noted some records were better than others and showed clearly how they had been effectively investigated and managed. We discussed one complaint and one whistleblowing allegation with staff and noted it was difficult to ascertain a full audit trail regarding investigations taken. The provider advised they would review all records to reflect on the record keeping and management of complaints. They submitted a template they had introduced following the inspection to show a clearer structure to how a complaint would be managed.

The provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

Staff were well trained in communicating to people in different ways to meet their needs especially people who had non-verbal signs with communicating their needs. Staff were very knowledgeable and positive in their interactions when supporting people. They had access to a wide variety of pictorial information to help some people they supported better understand information.

Is the service well-led?

Our findings

People who used the service, their relatives and staff spoke positively about the management of the service. They told us that both the registered manager and senior staff were approachable and always available to discuss any issues that may arise on a day-to-day basis. They told us, "We can go to the manager and staff with anything" and "It's very well managed here they keep you up to date."

People were provided with the opportunity to comment on the service they received by way of annual questionnaires. Comments received indicated that people felt positive about the service being provided.

We found systems in place to monitor the quality of the service people received. The provider continued to develop their auditing systems. These systems were used by the management team to monitor that the service was being maintained to a good standard and enabled action to be taken where improvements could be made. We noted some areas needing to be reviewed within the providers auditing to show continued improvements with record keeping, management of cleaning schedules and decoration of the kitchen area, management of complaints, storage of excess medications and actions taken when contractors noted areas for improvement such as the fire brigade and contractors. Improved oversight would help make sure records reflected appropriate actions taken by the provider and registered manager.

The registered manager shared with us copies of the service's policies and procedures that covered a diverse range of topics. Staff were also issued with lots of relevant information such as staff handbooks which reiterated good practice and the standards expected of them. The policies and procedures reflected best practice and were accessible to everyone.

There was a clear management structure in place. The registered manager was supported by their deputy, a team of trained nurses, senior staff, a stable work force and other supporting roles such as their regional quality managers and managing director.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by Warrington Borough Council's Contracts and Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. A number of areas for development were identified during their recent visit relating to areas such as the management of DoLs and nutrition and assessment needs of people at the service. We found that the service had made progress in responding to the feedback contained within the report.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints. Some areas of improvement was needed in the recording of some events. The registered manager and provider responded positively and took actions to improve their oversight of such records.