

Harbour Healthcare Ltd

The Old Vicarage Nursing and Residential Care Centre

Inspection report

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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 31 people were living at the service.

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

Following our last inspection, the provider implemented changes to the running of the service that resulted in a number of identified improvements to the standard of care people received. However, further improvements are still needed to address issues found during this inspection.

The environment was now noticeably clean and hygienic however, some equipment used by people for mobility, such as wheelchairs, and some chairs in communal areas were found to be unclean. Maintenance records and staff meeting notes had identified that these items required cleaning. However, action had not been taken to address these issues. In addition, cleaning schedules lacked information regarding some cleaning tasks; such as communal areas and high-touch services.

Staff were provided with the appropriate PPE and had received training and guidance around its use. However, we observed some staff who were not following correct guidance in the use of masks. The provider was aware this was an ongoing issue and had previously followed their disciplinary processes to address it. However, this process did not appear robust enough.

We have made a recommendation regarding these issues.

Systems to review and improve the overall quality of the service were now more effective at identifying issues. However, further improvements were needed to ensure staff took the necessary action required.

Changes to the management structure within the service had been instrumental in the improvements found during this inspection. Staff spoke positively about the managers and were confident continued improvements would be made. Family members told us they had seen many improvements to the standard of care their relative received. However, they felt communication from managers about the overall service was lacking. The provider agreed to review their communication processes to address this.

Risks to people's health and well-being were appropriately assessed and detailed plans were in place to manage these and keep people safe from harm. Staff responded quickly to changes in people's needs and relevant referrals to external professionals were made in a timely manner. People told us they felt safe and family members were confident their relatives were well-looked after.

Medicines were managed safely by staff who received regular reviews of their practice. People received their prescribed medication on time and relevant administration records were completed accurately. Accidents,

incidents and safeguarding concerns were regularly reviewed and analysed by managers. Appropriate action was taken to prevent incidents from occurring in the future.

There were enough staff to meet people's needs and keep them safe from harm. Staff were now deployed effectively around the home to make sure people received support in a timely manner. Safe recruitment processes were followed and relevant checks were completed on new applicants to make sure they were appropriate for the role. Robust systems were now in place to make sure that agency staff had the relevant training and experience and had followed current guidance in relation to reducing risks associated with COVID-19; such as COVID-19 testing.

The environment was clean and hygienic. Staff received training in infection, prevention and control and were provided with regular updates and changes to guidance; particularly in response to COVID-19. Staff and people using the service accessed regular COVID-19 testing. The service supported family members to regularly visit their relatives safely and had processes in place to prevent visitors from catching and spreading infections.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 6 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 6 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 22 July 2021. Breaches of legal requirements were found in relation to safe care and treatment and governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 COVID-19 and other infection outbreaks effectively.

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.

Follow-up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor

progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

This 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

This inspection was carried out by an inspector and a specialist advisor.

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Old Vicarage is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people and five family members about their experience of the care provided. We spoke with the manager, regional support manager, regional manager, a nurse and three care staff on duty at the time of our site visit.

We reviewed a range of records including eight people's care records and four people's medicine administration records. We reviewed four staff files in relation to recruitment and range of other records relating to the management of the service.

After the inspection

Due to risks associated with the current COVID-19 pandemic, we are limiting time spent on site. We therefore requested further records that were reviewed remotely. In addition, we sought feedback from a further seven staff members.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant that most aspects of the service were safe. However, we identified that some improvements were still needed in order to reduce the risk of people being harmed.

Preventing and controlling infection

At our last inspection, the provider had failed to ensure systems and processes were effective enough to prevent the control and spread of infection. This was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of regulation 12. However, further improvements were still needed.

- The environment was clean and hygienic. However, some equipment such as wheelchairs and communal chairs were found to be unclean. This was discussed with the manager during inspection and immediate action was taken.
- Some staff were observed not following correct guidance in the use of masks. Whilst the provider was following their own disciplinary processes to address this, they had not been effective enough at ensuring compliance.
- Whilst some cleaning schedules were in place and being followed by staff, information was lacking in relation to communal areas and the frequency of high touch surface cleaning. This was discussed with the manager and immediate action taken.

We recommend the provider review their infection prevention and control practices in relation to regular cleaning and staff use of PPE.

- Staff received training in relation to infection prevention and control and accessed regular COVID-19 testing in line with current guidance.
- The provider ensured visiting procedures followed current guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection, the provider had failed to robustly assess risks relating to the health, safety and welfare of people and lessons had not been learnt to prevent repeat incidents. This was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 12.

- Risks to people's health, safety and well-being were appropriately assessed and managed by staff in order to reduce the risk of harm.
- Risk assessments accurately reflected people's current needs. Staff responded to changes in people's health and well-being in a timely manner and ensured relevant referrals to external health professionals were made when needed.
- Where people needed specific risks to be regularly monitored, such as those related to poor skin condition or eating and drinking, records showed this was routinely taking place.
- Personal emergency evacuation plans accurately reflected people's needs to ensure they could be safely evacuated during an emergency.
- Improved systems were in place to ensure a more robust review and analysis of accidents and incidents to help prevent further incidents occurring.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

At our last inspection, the provider had failed to ensure medicines were administered or managed safely. This was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 12.

- Medicines were managed and administered safely in line with best practice and prescriber instructions.
- Medication rooms were clean and well-organised and appropriate guidance for the disposal and return of medication was being followed.
- Staff responsible for the administration of medication had their competency levels regularly assessed.

Staffing and recruitment

- Safe recruitment processes were being followed. Appropriate checks were completed to make sure new applicants were safe to work at the service.
- There were enough staff to meet people's needs. Staff were now deployed appropriately around the home to ensure people received support when requested.

- People told us they were never left waiting for support and family members commented that staff were always around when needed. Comments included; "If I need help, they [staff] are there" and "When I visit, I always see staff around and they always seem to be helping people."

Systems and processes to safeguard people from the risk of abuse

- Staff had received appropriate training and were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed safeguarding concerns were investigated and referred to relevant professionals. Action was taken, where needed, to prevent further incidents.
- People told us they felt safe living in the home and family members were confident their relatives were well-looked after. Comments included; "Oh yes I feel safe. They [staff] look after me" and "I've always felt that [relative] was safe. The staff really do look after him and make sure he gets the care he needs."

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant further improvements were still needed to ensure service management and leadership was consistent. Leaders and the culture they created now supported the delivery of high-quality, person-centred care.

At our last inspection, the provider had failed to ensure that sufficient and adequate systems were in place to monitor and improve the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 17. However, we identified that further improvements were needed in order to improve the overall rating of the service.

Continuous learning and improving care

- Systems to assess, monitor and improve the quality of the service were now more effective at identifying issues. However, further improvements were needed to ensure staff took necessary action; such as completing required cleaning tasks and following correct usage of PPE.
- Accidents, incidents and safeguarding concerns were now thoroughly reviewed by managers to ensure appropriate action was taken to improve the care people received and prevent further incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Following our last inspection, the provider recruited a new manager. They were supported in their role by a regional support manager and two new unit managers. These changes had been instrumental in the improvements made to the service. One staff member said; "In the past it was always them [managers] and us. It's not like that now. We all work together as a team and support each other."
- Staff spoke positively about the new management structure, in particular the two unit managers. One staff member told us; "Things are so much more settled now. We have two unit managers who are so supportive and are good at what they do. We can go to them with anything and it gets sorted. It's a really nice place to work now."
- Prior to our inspection, the manager had resigned from their post. The provider had taken immediate action to recruit a new manager. Staff told us they were confident this would not result in a deterioration in the standard of care. One staff member told us; "We have been taught the right way now. Before it was staff and managers just doing their own thing. Now we all know our roles and how to do our jobs properly."
- Family members told us they were happy with the overall standard of care their relatives received and positively referred to the changes made since our last inspection. Comments included; "I was on the verge of

moving [relative] to another home but I stuck it out and I am so glad I did. The care is excellent" and "Massive improvements since the last inspection. They [staff] work more as a team. Carers have always been great but this has been enhanced by the managers being more visible."

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

- Family members told us that whilst they received regular updates from staff about their relatives' care, they felt improvements were needed in relation to communication and engagement from managers about the service. One family member told us; "I get calls all the time about [relative] but anything about the home itself I tend to find out several days later on the [social media] page. It needs improving."
- Regular meetings were held with staff to communicate important information about the service and give them the opportunity to share their views. One staff member told us; "I now feel able to give feedback and share view and feel listened to. I feel like we are included and not just ignored."

Working in partnership with others

- Staff worked effectively with external health and social care professionals to support people's health needs.
- Necessary referrals were now made in a timely manner and staff followed guidance from external professionals.
- We received positive feedback from professionals about the improvements the service had made since our last inspection. One professional told us, "The standard of care has improved since the last inspection. They [the service] have worked hard. Care plans are a lot better and people are now getting the right support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty to share information in an open, honest and timely manner. There was a policy in place regarding this.
- We found the provider receptive to feedback about the shortfalls found during the inspection.