

Friends of the Elderly

# The Old Vicarage Residential - Nursing and Dementia Care Home

## Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 12 September 2017. The Old Vicarage is a care home supporting up to 59 people with personal and nursing care. This includes support for people living with dementia. On the day of our inspection there were 44 people using the service.

People benefitted from support provided by staff who were extremely kind and compassionate. Staff were caring in their approach to people and throughout the inspection we saw people being treated with dignity and respect. Staff took time with people, reassuring and calming them when they became anxious.

There was a caring culture throughout the service that ensured people were at the centre of the service. This culture was promoted throughout the staff team.

The service provided excellent end of life care. People were treated with dignity and respect, ensuring they remained pain free and comfortable at the end of their life. Relatives were supported throughout and the service had a chapel which provided a seamless path for relatives dealing with a person's death. The service was accredited to the Gold Standards Framework and had attained a platinum rating recognising their outstanding support for end of life care.

People were supported by a service that had systems in place to keep them safe. Medicines were managed safely to ensure people received their medicines as prescribed. There were effective recruitment procedures in place to ensure staff were fit to work with vulnerable people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were complimentary about the food and the provider ensured people had food and drink to meet their dietary needs.

Staff were supported through regular supervision. Staff had access to development opportunities and felt valued for the support they provided.

There was a wide range of activities available and people were encouraged to be involved in developing an activity programme that interested them.

The registered manager promoted a culture that valued everyone involved in the service as individuals. There were effective systems in place to monitor and improve the service which included seeking feedback from people which was used to drive improvement.

## 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 had improved to Good and provided a safe service.

Medicines were managed safely.

Risks to people were assessed and plans were in place to manage risks.

There were sufficient staff deployed to meet people's needs.

### Is the service effective?

Good ●

The service remained Good

### Is the service caring?

Outstanding ☆

The service had improved to Outstanding.

There was a caring culture that ensured everyone was treated with dignity and respect.

People were supported by staff who were exceptionally kind and compassionate.

End of life care was outstanding and the service supported people and relatives with empathy and understanding.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# The Old Vicarage Residential - Nursing and Dementia Care 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 12 September 2017 and was unannounced.

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at information we held about the service which included previous inspection reports and notifications. Providers are required under the law to send notifications to CQC relating to specific events.

During the inspection we spoke with 17 people, five relatives and three visitors. We spoke with the registered manager, the deputy manager, two nurses, two care staff, an activities coordinator and the chef. We looked at four people's care records, three staff files and a range of records relating to the management of the service.

# Is the service safe?

## Our findings

At our previous inspection the service was rated Requires Improvement as medicines were not always managed safely. At this inspection we found improvements had been made and medicines were managed safely. Medicines were stored in locked trolleys and at the correct temperature. Medicine records contained appropriate information to ensure people received their medicines as prescribed. Where people were prescribed 'as required' (PRN) medicines there were protocols in place to ensure people received their medicines when required.

Staff completed medicines training and had their competency assessed before administering medicines. The registered manager had introduced a new role that enabled care workers to train to administer medicines. One member of staff who had completed the training was confident the training had been comprehensive and that they were competent to administer medicines. The member of staff told us, "I attended a three day course externally and then I was observed and assessed five times to ensure I was competent".

People felt safe living at the Old Vicarage. People's comments included; "I am safe. It is absolutely safe here and I often go for a walk in the gardens too" and "I feel safe. I have been sick in the night. They come round quickly and look after me". Relatives were equally confident people were safe. One relative told us, "I know that they are all safe here. I come in at weekends too and it feels just the same then".

Staff had completed training in safeguarding and understood the signs of potential abuse. Staff knew what action to take if they suspected abuse and who to report to both within the organisation and to outside agencies if needed. One member of staff told us, "I would report to the registered nurse responsible for the shift straight away. Then [deputy] or [registered manager] then head office. I could call Oxfordshire County Council myself if I needed to". The provider had a clear safeguarding policy and procedures. All concerns were reported appropriately and fully investigated.

People told us there were sufficient staff to meet their needs and that call bells were answered in a timely manner.

Staff told us staffing levels were appropriate and that the registered manager always ensured there were enough staff. One member of staff told us, "Yes there are enough care assistants. There are a lot of agency staff but they use the same agency so people are familiar with the staff". Another member of staff said, "Staffing levels are very good. [Registered manager] always makes sure staffing is safe and always use regular agency staff".

People's care plans contained risk assessments which included risks associated with: falls; moving and handling; skin damage and behaviour. Where risks were identified care plans included plans to ensure risks were managed. For example, one person was assessed as at risk of falls. The person's care plan detailed the support the person needed to manage the risk whilst promoting their independence and we saw the person was supported in line with their care plan.

Staff files showed the provider had effective recruitment processes in place to ensure staff were suitable to work with vulnerable people. Staff records included work histories, employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People were protected from the risk of infection. There were systems in place to ensure soiled laundry was managed effectively. Cleaning schedules were completed and monitored to ensure the premises were kept clean and free from odour. We saw that staff used personal protective equipment appropriately.

## Is the service effective?

### Our findings

People's rights were protected by staff who understood their responsibilities to support people in line with the principles of the Mental Capacity Act 2005 (MCA). One member of staff told us, "It is up to us to prove someone lacks capacity. We must always act in people's best interest".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were supported through training and supervision to ensure they had the skills and knowledge to meet people's needs. Staff had completed training which included: safeguarding, end of life care, health and safety, moving and handling and infection control. One member of staff told us, "I am definitely supported".

People were positive about the food and drink they received. One person told us, "The food is very good". Where people had specific dietary requirements we saw this was detailed in their care plans and they received food and drink to meet their individual needs.

People's care records showed they were supported to access health professionals when this was required. We saw people had been seen by a GP, physiotherapist, chiropodist and dentist.

## Is the service caring?

### Our findings

People were extremely positive about the caring approach of staff. Comments included; "I like it here, the carers are all very friendly and all helpful" and "They are always asking what I want or would like".

Relatives were equally complimentary about the caring culture in the service and of the caring approach of staff. Relatives comments included: "They (care staff) often go out of their way for the residents. Even the domestic staff stop and help"; "This (The Old Vicarage) is way more than a nursing home, it's a real home"; "I'm treated like one of the family" and "The patience the carers show [person] is amazing". This relative also commented on the 'devotion' staff showed to people.

Staff were passionate about their jobs. One member of staff told us, "Everybody here (staff) is here for the people who live here". Staff clearly valued the people they supported and did everything they could to ensure people were happy and well cared for. One member of staff said, "It's like a big happy family here. Everybody is welcome and we build lovely relationships with people and their families".

It was clear that the management team promoted a caring culture and that people, relatives and visitors felt welcome and involved. One visitor told us about the friendly culture and how welcome they felt whenever they visited.

The atmosphere was friendly and inclusive. People interacted with each other and with staff in a positive way. There was laughter and animated conversation throughout the day. Every interaction we observed showed staff supporting people with dignity and respect. People were addressed by their chosen name and staff were discreet when asking people if they required support with personal care.

Throughout the inspection we saw many examples of people being supported with kindness and compassion. For example, one person was exhibiting signs of being extremely anxious. Staff sat with the person speaking with them in a gentle and supportive manner. Staff touched the person's arm, reassuring and calming them.

On another occasion a person became anxious as they were unsure if a relative was visiting them on the day of the inspection. Staff reassured the person, explaining the relative would not be visiting that day and the reason why. Staff ensured the person understood what was being said and reassured them by confirming when the relative would be visiting. The person was clearly reassured and calmed by the interaction with the staff.

Staff valued people as individuals and showed respect for their life histories and the skills they had. For example, there was a baking session arranged for people who wanted to participate. One of the people participating had been a baker. The staff member involved this person, asking their advice in relation to the best way to make and bake the cake. The group talked about a variety of items the person had made when they were a baker and chatted about what the group could make when they next met. The member of staff listened intently to the person explaining how a certain item was made and asked if they would help the



group make the item. It was clear the person felt valued and greatly enjoyed the interactions.

The service provided exceptional end of life care and specialised in supporting people at this stage of their life. People were supported to remain in the service if this was their choice and were supported to return to the service from hospital to be cared for by staff who knew them well at the end of their life. The service was accredited to the Gold Standards Framework (GSF). GSF is an evidence based approach to ensuring people receive high quality end of life care. The service had recently received their accreditation and had been awarded a Platinum status, recognising their continued commitment to continually improving and providing excellence in care. The assessment documents showed the exceptional care the service provided and stated, "GSF principles are at the heart of all that they do on a daily basis".

One relative told us, "End of life care was excellent. All the staff were so, so supportive on every level. They did individual things that they wouldn't know how to do if they didn't know the person well". The relative told us how staff had ensured the person's wishes were upheld and supported the family to understand the importance of this to ensure the person remained at the centre of their care.

We saw many letters of thanks and appreciation from relatives in relation to the end of life care provided to people who had lived in the service. The letters showed how staff had supported people with compassion and empathy.

We saw that one person who had received end of life care had been supported to have visits for other people in the home who the person had developed meaningful relationships with. Records showed support had been given to everyone involved. The person's funeral service had been held in the chapel within the home to enable people living in the home to attend.

The service had two GSF coordinators who wore different coloured uniforms to enable easy recognition for people, relatives and staff if they had any queries relating to end of life care. Staff we spoke with showed a commitment to ensuring people received high quality end of life care. One member of staff said, "Our priority is to ensure people are pain free and comfortable and clean. Also to allow families to be with people".

The GSF coordinators ensured people were supported to develop an advanced care plan when they moved into the service. Where people were assessed as lacking capacity to make decisions relating to their end of life care an 'Enabling Care Priorities' document was completed this included using knowledge the service had about people and involved relatives and others who were important to people. This enabled a person-centred plan to be developed.

We spoke with one of the GSF coordinators who showed a detailed knowledge of people's conditions and support needs. The GSF coordinator told us how the GSF assessment was reviewed monthly or when the person experienced changes in their condition.

The GSF assessment was used to ensure people's care plan reflected their care needs in relation to their end of life care. The care plans included information relating to spiritual needs and how these needs would be met. We saw that one person's care plan detailed the importance of the person having their make-up put on and their hair done. Care records showed the service was supported by a palliative care nurse from a local hospice and contacted them for advice and guidance when needed.

## Is the service responsive?

### Our findings

People were positive about the activities available. One person told us, "I get involved with all the activities here, other than the church".

Two activities coordinators had recently joined the staff team at The Old Vicarage and showed a clear understanding of the importance of supporting people with activities that were person-centred. The activity programme showed a wide range of activities. One of the activity coordinators told us this was still developing as they got to know people and their likes and interests. They told us, "When I started I went round and met all the residents; asked them what they would like to do. I now gauge everyone's enjoyment of an activity". A member of the care staff team told us, "The activities are fantastic. Really changing people's lives. They (activity coordinators) have done wonders".

During the inspection we saw a range of activities taking place. For example, people enjoyed a coffee morning chatting with each other and with staff, four people were playing a board game, one person went out to the local village and five people helped with baking a cake. People gave us examples of other activities they enjoyed. This included a twice weekly film club (where people told us they were able to choose the films), a book club and musical events. One person had been supported to set up and run regular hymn meetings.

People told us the use of agency staff had an impact on their care. One person said, "If they (agency staff) are bathing me I notice they are not quite so good at what they do". We spoke to the registered manager about issues relating to the use of agency staff. The registered manager advised they were actively recruiting permanent staff and they worked closely with the agencies they used to ensure regular agency staff were used.

People's care plans were person-centred and gave detailed guidance to staff to ensure people's needs were met. This included guidance relating to: moving and handling; dietary needs; sleeping; social life and religion. Care plans promoted the involvement of people in all aspects of their life and promoted independence.

Care plans were regularly reviewed and updated showing how the service responded to people's changing needs. Relatives told us they were always aware of any changes in conditions and that the service was very responsive. Relatives comments included; "There is good coordination here. All the carers and nurses connect together very effectively" and "They are very responsive and I am confident they keep me informed of what is happening".

People and relatives were confident to raise concerns and felt issues would be resolved in an appropriate manner. The service had a complaints policy and procedure which was available within the service. We saw that complaints had been recorded, investigated and resolved to the satisfaction of the complainant. For example, one relative had raised concerns about oral care provided to a person. The registered manager had investigated and taken learning from the complaint to improve the service. This had included additional

training for staff and for people to access visits from a community dentist.

## Is the service well-led?

### Our findings

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.

People and relatives were positive about the culture in the service and felt it was well led. One person said, "The manager is very approachable". A relative told us, "I looked at 20 homes. The minute I was welcomed here by [registered manager] I knew this was the place. [Registered manager] has insight into the difficulties of finding the right place".

Staff were positive about the management team. One member of staff said, "[Registered manager] is very passionate about the home. She has huge compassion and that really makes us want to be the same".

Staff felt valued and listened to. One member of staff told us, "[Registered manager] is very good at giving us a pat on the back when we've done something well". The registered manager had developed a new role in the service giving senior care staff more responsibilities and a route to develop. The senior care staff had been trained to administer medicines and had been enrolled in a Nursing Support Assistant programme. One member of staff who was carrying out the new role told us, "It is helping me develop my leadership skills and how to improve standards. It makes me look at the person as a whole".

There were effective systems in place to monitor and improve the quality of the service. The provider had improved the auditing systems and completed registered provider audits. Where issues were identified an action plan was developed with clear details of the action to be taken and when the actions should be completed. We saw that all actions had been completed in line with the action plan.

There were systems in place to enable people and relatives to share their views of the service. This included quality assurance surveys and regular meetings.