

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## The Old Vicarage

Parsonage Lane, Hungerford, RG17 0JB

Tel: 01488683634

Date of Inspection: 19 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Oakview Care (Berkshire) Limited
Registered Manager	Mr Gary Devlin
Overview of the service	The Old Vicarage is a residential care home that offers a service for up to 12 people with learning and associated disabilities. Some people may have behaviours that can cause distress or harm to themselves or others.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask. We also spoke with three of the people living in the service and several staff.

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

This is a summary of what we found:

Is the service safe?

People received care and support in accordance with care plans and behaviour support plans in which they or their representatives had been involved. The care plans were regularly reviewed. Incidents were monitored and discussed to amend care where necessary.

Where people had healthcare needs, the home had sought the advice of external healthcare specialists appropriately to maintain their wellbeing and safety. Staff were aware of the health and support needs of the individuals they were supporting.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the home had liaised effectively with the local authority DoLS team and had made applications as appropriate. The manager was aware of a recent Supreme Court judgement relating to 'deprivation of liberty' and planned to contact the DoLS teams in relevant local authorities to agree the way forward.

The people we spoke with told us the service was caring and that they felt safe at The Old Vicarage. Where issues had been raised by people in the home about the behaviour of others, they had been advised how to better deal with any future concerns to keep them safe.

Is the service effective?

We saw that people's needs were well met by a knowledgeable staff team. People's care and health needs had been effectively met. Appropriate external advice had been sought where necessary to maximise wellbeing. We saw that the people supported, enjoyed positive relationships with the staff. They told us the home met their needs effectively and provided them with a fulfilling lifestyle. One person told us they went horse riding, attended college and church and was: "very happy now." Another person told us: "the staff are very good".

The home had been successful in managing and reducing the level and severity of incidents in situations where people had come from other placements with a history of challenging behaviour.

Is the service caring?

We saw staff working in a caring and respectful way while supporting people. They supported people to make decisions and choices and defused situations effectively and without drama. We saw that staff gave people time to make decisions and choices.

The people we spoke with thought the service was caring. One told us the staff were: "kind" and added: "they help me get up for work." People told us the staff supported them to go to health appointments.

Is the service responsive?

We saw that people's care plans and other documents recorded people's needs and where these had changed. Care files showed that the home responded promptly to any changes and sought appropriate specialist advice where necessary.

Care was provided based on people's known and indicated wishes and preferences and they had been asked their views. People had access to a good range of meaningful activities and to the community.

The people we spoke with all felt that they were involved and consulted and that the service responded to people's needs. One said: "I am involved in my care plans and reviews."

Is the service well-led?

We found that the home provided consistent care to people and was well-managed. There were clear lines of managerial responsibility. A range of systems were used to monitor the home's operation and the provider visited the home regularly. Action had been taken to address issues where these were identified. The views of people, their relatives and staff were sought and acted upon.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The Old Vicarage was supporting eleven people at the time of this inspection. Eight people had individual bedrooms in the main house. Three lived in separate flats in the attached annex with individualised levels of staff support based on their assessed needs. Some people were provided with enhanced levels of one-to-one support.

The manager said that the care files were in the process of being updated to a new format. The care files we saw contained details of the person's support needs, wishes and preferences. The level of support or prompting needed was identified as well as people's preferred daily routines. Any gender preferences with regard to the staff providing support were also recorded.

People were able to communicate their wishes either verbally or through signing and body language. The people living at The Old Vicarage who we spoke with were happy with the way the staff supported them. They told us they had been involved in their care plans and reviews. People had chosen the colour and décor of their own bedrooms, which were individualised to reflect their occupant.

People were involved in daily decision making and encouraged to make choices in their lives. They were consulted on Sundays about the menus for the upcoming week. One person was provided a vegetarian diet as this was their wish. The menus included a diverse range of meals and staff worked to include healthy options in the meals. People were encouraged to be involved in meal preparation to varying degrees.

During the inspection we saw that people had access to a wide range of activities in the home and within the local community. Each person had their own garden plot in which they were encouraged to grow what they wanted. Some raised beds were available to

enable those with physical disabilities to access them more readily. A sensory garden was provided and people could feed and look after the home's chickens. A sensory room was also available in an outbuilding. The large garden enabled people to find space away from others as well as to relax together in a seating area or play garden games. Outside activities included swimming, college courses, shopping, horse riding, meals out and walks. One person attended a supported work placement and another helped out on a local farm. People also had opportunities to go on holidays of their choice. One person told us they had been to a holiday camp in 2013. Spiritual needs were met through attending local church services and bible club. This meant that people were supported by staff in accordance with their care plans and wishes. They were also consulted for their views about the service.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People we spoke with said the staff treated them with respect and looked after their dignity. One person told us: "they always knock on my door and wait till I say to come in." The same person also told us they were able to lock their bedroom door for privacy and security. All of the people we spoke with told us they felt safe in The Old Vicarage. One person told us: "the staff don't stop me doing what I want" and added: "they help me with cooking."

We saw that identified risks associated with individual's choices or health needs were addressed via risk assessments. We saw that clear guidance was present within 'epilepsy care plans' on how to respond to seizures, where necessary. Records were also kept to monitor people's seizures. Two people had their drinks thickened following advice from the Speech and Language team (SALT). A new wheelchair, a specialist armchair and a standing hoist had been obtained following advice from the occupational therapy (OT) team. The home was proactive in seeking advice and had also sought OT advice on the possible installation of a stair lift. This meant that people were supported in ways which helped ensure their safety.

Health Action Plans in some form were present on people's care files. The manager told us that these were all due to be converted into West Berkshire 'Health Action Plan' format. We saw that people's routine and responsive health appointments were recorded on file. Files also contained reports following consultation with external healthcare specialists such as the diabetes nurse, dieticians, SALT team and occupational therapists. People each had regular weight checks recorded. Any known allergies were clearly recorded. This meant that people's health was appropriately monitored and advice was sought from specialists when necessary.

The manager told us there had been no recent instances of physical restraint. Most staff had received training in managing challenging behaviours. Some people had come to the service with a previous history of needing support to manage their behaviour. The manager felt that the home had worked effectively to minimise people's anxieties and support them to manage their own behaviour within the home. We saw behaviour support plans on files to enable staff to adopt a consistent approach to support people to do this appropriately.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the home had liaised previously with the local authority DoLS team and had made applications as appropriate. In one file we saw it was stated



that if the person requested access to the community and this could not be enabled without delay, the DoLS form would need to be completed if they tried to leave without staff support. In another file we saw that a 'best interests' discussion had taken place around financial management on behalf of one person. The decision was clearly recorded. One person's 'capacity' had been assessed as being able to make day-to-day decisions about their care. More complex decisions affecting their long-term wellbeing were to be referred for a 'best interests' discussion.

The manager was aware of a recent Supreme Court judgement relating to 'deprivation of liberty' which was discussed during the inspection. The manager planned to contact the relevant local authority DoLS teams to determine how they wanted the home to respond to the judgement in relation to the people supported at The Old Vicarage. This meant that the manager understood the DoLS legislation and the potential for restricting people's liberty and how the recent Supreme Court judgement might impact upon this.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The provider had appropriate guidance on the use of physical interventions. The manager told us there had been no instances of restraint being used in the previous two years. We saw staff using appropriate techniques to distract and redirect people and defuse situations. However, the provider may find it useful to note that only 18 of the 25 staff had received training in a recognised programme of physical intervention, should this be necessary.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider had an appropriate policy on safeguarding vulnerable adults.

There had been no safeguarding referrals regarding the service since the last inspection. The manager told us they had consulted with the safeguarding team regarding some events and it had been agreed that a safeguarding referral was not required. Our records showed that the service had made safeguarding referrals in the past where appropriate. The staff we spoke with demonstrated that they understood their role in relation to safeguarding and were aware of how to whistle-blow about concerns if they felt this was necessary. All but two of the staff had completed training on safeguarding vulnerable adults. This meant that there were systems and training in place to safeguard people in The Old Vicarage from abuse.

The people living in The Old Vicarage with whom we spoke told us they felt safe living there and got on well with the staff. One person told us: "I feel safe with all the staff" and another said: "I enjoy it here and I feel safe."

**People should be given the medicines they need when they need them, and in a safe way**

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## Reasons for our judgement

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Appropriate arrangements were in place in relation to obtaining, storing, recording, administration and disposal of medicines.

The home obtained prescribed medication from a local pharmacy. Medication was appropriately stored in a purpose-built locked cabinet. During the inspection we saw one of the senior staff identifying unused or out of date medication for return to the pharmacist. Items were recorded in a returns book which was signed by the pharmacist on receipt. Staff told us that weekly medication stock checks were carried out.

The medication file contained individual photographs, details of any allergies, prescribed medication and copies of the medication administration record (MAR) sheets. Information was provided about the purpose of each medication and any possible side effects. The MAR sheets recorded the quantities of each medication received and staff initialled to confirm administration. The audit trail for specifically prescribed medication was clear. However, although a system of stock checks was in place for 'as-required' (PRN) medication, the audit trail for these medications was not always as clear.

The manager told us that no 'best interests' discussions had been necessary regarding medication administration. We were told that medication refusal was not an issue and that staff had guidelines and training on how to approach people to take medication. The provider had a medication procedure which addressed the required areas including how to respond should anyone refuse their medication. Staff training on medication had been completed by 15 staff, so there was always someone trained on duty. We saw that a new format for medication competency checks had been introduced to assess medication competency.

None of the people we spoke with had any concerns about how staff managed or administered their medication. The staff we spoke with about medication understood their role and described how they would respond should anyone refuse their medication. Their described actions were in line with the provider's procedure. Staff were clear about the need to report any refusals and to seek the advice of the GP. This meant that the provider had appropriate systems to manage medication and staff received training to manage

medication safely.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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Staff received appropriate professional development.

The manager supplied a copy of the training records for the team. These showed that between 17 and 23 of the 25 staff had completed the various mandatory training courses within the provider's timescales. The provider's policy was for senior staff in the team to attend training on the Mental Capacity Act and DoLS and to cascade this to staff. Seven senior staff had completed this training. Thirteen staff had completed NVQ at either level two or three. The records showed that the provider had an ongoing programme of training for staff. The staff we spoke with told us they had received the training they needed.

A system of competency checks had been introduced for some training such as manual handling, epilepsy and medication and examples of completed forms were seen. All staff had completed competency assessments for epilepsy training.

The manager told us that supervision was provided at least quarterly plus additional time being provided as required. Two of the four staff files we looked at had a gap of 6 months between the supervisions filed there. It was not clear whether additional supervisions had taken place and not been filed. Appraisals had been completed annually until last year, when they did not take place. The manager told us he was reinstating them in 2014. The staff we spoke with said that supervisions were provided at least quarterly and that if they wanted additional time to discuss anything, this was provided.

Staff said that team meetings took place roughly quarterly, (more frequently in 2014), and senior staff meetings took place as well. The provider had a detailed set of policies and procedures available to staff in the office. The provider may find it useful to note that there were inconsistencies in staff signing to confirm they had read policies and procedures. The manager and deputy manager provided out-of-hours support on-call, if required. We observed staff to be working together well during the inspection. In discussion, they described and clearly understood their role. This meant that staff had been provided with regular training and other support to enable them to care for people to the best of their ability.

The people in the home with whom we spoke said they got on well with all of the staff. People told us they had one-to-one time with staff. One person told us: "they support me well."

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

A survey of the views of people supported, their representatives and staff, was carried out in June 2013. People we spoke with confirmed they had been asked to complete a survey about the home. The people supported and their representatives were mostly satisfied or better, regarding the aspects of the service they were asked about. One person felt that the meals choice was poor although others were happy with this aspect. The staff too, were positive about The Old Vicarage. A small number of suggestions had been made which were also reported on. The results were presented in a subsequent team meeting to discuss suggested ways to address the points raised. The home's action plan was amended accordingly. We saw that service user meetings had taken place three times in the previous six months and had been minuted. This meant that people's views had been sought about the home's operation and identified issues were responded to.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The provider had an appropriate complaints procedure which was also available in pictorial format. The people we spoke with were aware they could complain if they were unhappy about something, but each said they had not had any reason to complain. One said they were: "happy with everything" and had: "no complaints." Another person said: "I enjoy it here." We were supplied with details of the last two complaints made in January by one person. Each was resolved in discussion with the home manager to the satisfaction of the complainant. Accidents and incidents were monitored and any risks associated with people's care, behaviour or activities were assessed and plans made to address them. These risk assessments were reviewed to ensure they remained current.

We saw copies of some of the systems used to monitor the home's operation. These

included weekly health and safety audits, monitoring of the first aid kit contents and of fridge/freezer and hot water temperatures. We saw that electrical equipment in use had been tested within the last year. Regular monitoring visits were made to the home by the provider. Their reports were sent to the manager to action any identified issues. We saw that visits had taken place in August and October 2013 and January, February and March 2014. The provider had a detailed 'Quality Improvement Cycle' to enable effective monitoring and was also trialling a computer-based recording system to enable records to be accessed and monitored from head office. Staff-related information was already monitored centrally. The manager had regular one-to-one discussions with the provider. Staff we spoke with felt that the home was managed well and that their views were listened to. One said: "Things get sorted out if they are raised." This showed that the operation of the home was monitored and action was taken when issues were identified.



## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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