



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### The Old Vicarage

**Front Street  
Churchill  
North Somerset  
BS25 5NG**

*Lead Inspector*  
Catherine Hill

*Announced Inspection*  
6th January 2006      09:30

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- Improve services and stamp out bad practice
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	The Old Vicarage
<b>Address</b>	Front Street Churchill North Somerset BS25 5NG
<b>Telephone number</b>	01934 853211
<b>Fax number</b>	01934 853451
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Mr William Dunnett Jackson
<b>Name of registered manager (if applicable)</b>	Mr William Dunnett Jackson
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	19
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (19)

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**      20th September 2005

## **Brief Description of the Service:**

The Old Vicarage is just off the A38, in the village of Churchill. It is registered to provide personal care to up to 19 people over the age of 65 years. There are 17 single bedrooms and 1 double. All have en-suite facilities and all have a pleasant outlook. Some have French doors onto the garden allowing freedom to explore the well-maintained very pleasant gardens. The house is decorated and furnished to a high standard. There is a main lounge and a conservatory area as well as a dining room. A passenger lift gives access the first floor. There is an emergency call system throughout.

# SUMMARY

This is an overview of what the inspector found during the inspection.

This announced inspection was carried out over the course of one day. The Pharmacy Inspector was present for the morning and looked at the medications systems in use and their effectiveness. The inspection also focussed on care planning and meeting residents' needs, on staff recruitment practices and on the activities arranged for residents.

The inspector spoke to about a third of the residents individually, with four visitors and with most of the staff on duty. She sampled a variety of records, including staff-related records, care records, and the maintenance log book.

Nine of the residents or their representatives, and three health care professionals completed CSCI comment cards prior to this inspection. Each was very positive about the quality of service being provided, the attitude of staff, and the meals. Three people commented that the home does not provide sufficient suitable activities.

## **What the service does well:**

The home has a particularly relaxed atmosphere. Relatives felt welcomed, fully involved, and are generally kept well informed. They felt confident in the staff and praised the standard of care. Relatives and residents felt that the owners and staff are approachable and welcome honest feedback. One of the residents said, "You wouldn't wish for a more friendly, kindly, nice bunch of girls as there is here". Other comments included "They do all they can to make you comfortable, make you happy" and "The staff are all lovely".

The menus are varied, interesting, and rely mainly on home-made dishes using fresh ingredients. Alternatives are offered on the main menu but other options are also readily available.

The home is decorated and furnished to a high standard, has good-sized bedrooms with a pleasant outlook, and has a well-tended garden.

## **What has improved since the last inspection?**

Care plans have been reviewed and updated where necessary. Where relevant, these contain nutritional assessments and information on pressure area care. Moving and Handling refresher training has been arranged for all staff. Medications systems have also been reviewed, and a Monitored Dosage

System is about to be brought into use. This should help to improve practice and reduce the likelihood of errors.

PoVA First (Protection of Vulnerable Adults) checks and other required checks are now being carried out on all staff before they start work. Abuse awareness training had been arranged but this fell through and has been rescheduled. The home has used this requirement as a springboard for revising the way its staff records are kept, and the new format incorporates a checklist on the file cover to record essential information and to ensure that all the required checks are done.

It was a requirement of the last inspection that hand-washing facilities are provided for staff in areas where personal care is provided. As this is a residential home and the emphasis is on creating a comfortable and homely environment for residents, the owner decided to provide all staff with hand gel to supplement the hand-washing facilities currently available, rather than providing liquid soap and paper towels for staff use in residents' bedrooms.

All windows were fitted with restrictors after the last inspection but the inspector found that the restrictor in Room 10 is not in place. Mr Jackson said he would check this as a matter of urgency.

Accident forms are now in use, and these are kept in their own file for ease of reference.

### **What they could do better:**

There have been two serious medication errors reported in the past year, each apparently due to staff failing to follow the home's medication procedure correctly. A new system is being introduced, and training has been arranged for all staff. The inspectors recommended that the trainer is told about these errors so that she can ensure the training addresses them properly.

Some staff were handling medicines with their bare hands when giving them to residents. Apart from the fact this may be off-putting to the client and increases the risk of cross-infection, it also puts staff at risk from the chemicals they are handling.

Only 3 staff hold a current First Aid certificate. Enough staff must be trained in First Aid to provide first aid cover at all times.

Staff abuse awareness training still needs to be arranged.

Repairs are not always done promptly. It was not possible to check how serious a problem this is as no record is currently kept of the dates repairs are reported and fixed.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **DETAILS OF INSPECTOR FINDINGS**

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## **Choice of Home**

### **The intended outcomes for Standards 1 – 6 are:**

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

These standards were not assessed at this inspection.

**EVIDENCE:**

## Health and Personal Care

### **The intended outcomes for Standards 7 – 11 are:**

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7-11

Residents' needs are being well met, and they are treated with sensitivity and respect.

Steps have been taken to meet the requirements made during the last pharmacist inspection and update the medication system used. The planned introduction of a new monitored dosage medication system should reduce the workload for senior staff and allow care staff to safeguard residents by administering all medicines from the labelled containers supplied.

### **EVIDENCE:**

The senior staff member with delegated responsibility for care planning has sent a care plan agreement to each resident or their next-of-kin so that they can see what is proposed and add their comments. Copies of the care plan and manual handling assessment are kept in residents' ensuite bathrooms, if appropriate, so that the person and their relatives can easily check what should be happening.

This senior has also sent out Social Profiles to the relatives of more dependent residents so that staff can build up a fuller picture of each person's background experience and interests.

The resident or their relative signs care plans and risk assessments to indicate their agreement.

Key Workers are now starting to record any one-to-one input they give. Night-time routines of what the person prefers and expects have been drawn up in respect of each resident to help ensure that their needs are met consistently.

Residents' files were in general better kept than on previous visits: entries were more frequent and detailed, and the information was easier to access.

A number of requirements were made at the last pharmacist inspection in October. Action has been taken to address all of these requirements and a decision has been taken to change the medication supply in March to a monthly monitored dosage system. Training for care staff in the new system has been arranged with the pharmacy before the changeover. A medicine trolley will be used to transport medicines around the home. Medicines will be administered from the labelled containers supplied by the pharmacy, enabling care staff to check the label and the medicines administration record sheet before medicines are administered to ensure that medicines are given correctly.

All medicines seen were kept securely. Medicines administration record sheets have been updated to include important additional information about dosage instructions. Application of external preparations such as creams and ointments have been added to the records. Records are kept of the medicines received into the Old Vicarage and records are now also kept of the disposal of unused medication.

A recent medication error suggested that staff did not always follow the home's medication policy of taking the medicines administration record sheets with the medicines so that they could be checked and signed at the time of administration. To reduce the risk of mistakes being made an extra member of staff now starts work at 7:30 so that the new day staff can give the majority of the morning medicines.

There have been two serious medication errors reported in the past year, each apparently due to staff failing to follow the home's medication procedure correctly. Training in the new medication system should emphasise the importance of checking both the medicines administration record sheet and the medicine label before medicines are administered to a resident so that potential mistakes can be identified and medication errors avoided. The inspectors recommended that the trainer is told about the recent errors so that she can ensure the training addresses them properly.

Some staff were handling medicines with their bare hands when giving them to residents. Apart from the fact this may be off-putting to the client and increases the risk of cross-infection, it also puts staff at risk from the chemicals they are handling.

Residents' and relatives' descriptions of the care given, the comment cards from visiting health care professionals, and the inspector's observations during this inspection reveal considerate care practices and a personalized approach.

## Daily Life and Social Activities

**The intended outcomes for Standards 12 - 15 are:**

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

12-15

The home has a very relaxed and friendly ambience but residents would benefit from more focussed Key Worker input regarding activities.

### **EVIDENCE:**

Planned activities for the week ahead are posted on the noticeboard. Key Workers also remind residents individually about these. Some sort of group activity is scheduled for most days. A visiting entertainer does a fortnightly Reminiscence session among other topics, and an organist visits monthly. A staff member who has been assessed as competent to train in Flexercise now does a class with residents in the lounge every week, although this has not always been possible recently due to staff absence. Other activities include ball games, beauty sessions and board games. In addition, some residents have regular one-to-one staff support to carry out activities such as local walks. Key Workers are increasing their input to include giving social and leisure support, and residents are routinely taken to visit each other privately when they wish, to help them maintain their friendships.

The comment cards received back prior to this inspection, plus conversations with residents, visitors and staff showed that a reasonable range of activities is scheduled but these are not always being provided and do not necessarily take

all tastes and needs into account. It was not possible to check perceptions against records, as activities are longer being well recorded. The system for recording these changed over the summer and seems to have caused confusion among staff. The senior who is currently responsible for activities undertook to remind all staff to complete the record.

It may also be useful for Key Workers to discuss the activities schedule with residents and relatives individually to ensure that the events on offer actually meet people's requirements. This was a recommendation from the previous inspection that the home has acted on, but further action is needed. Good use could be made of Key Workers by having regular rostered time to spend with each resident for one-to-one activities tailored to the individual's abilities and interests.

Relatives felt welcomed and are generally kept well informed. They felt confident in the staff and praised the standard of care. Relatives and residents felt that the owners and staff are approachable and welcome honest feedback. One of the residents said, "You wouldn't wish for a more friendly, kindly, nice bunch of girls as there is here". Other comments included "They do all they can to make you comfortable, make you happy" and "The staff are all lovely".

Residents were highly complimentary about the meals. Several people made comments about meals being "lovely", and were pleased with the choice available and the reliance on fresh vegetables.

## **Complaints and Protection**

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

16-18

Residents' views and rights are taken seriously. The attitude of the team helps to ensure that residents are well protected from abuse but formal training would raise awareness further.

### **EVIDENCE:**

No complaints have been received by the home or by the CSCI since the last inspection. The home's complaint procedure is clear and welcoming, and includes information on timescales and follow-up actions. The whistle-blowing procedure emphasizes staff's duty to report concerns.

It was a requirement of the last inspection that staff have abuse awareness training. This has not yet happened. A session was arranged but fell through, and the home is in the process of negotiating another date.

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

**The Commission considers Standards 19 and 26 the key standards to be inspected at least once during a 12 month period.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

19-26

Residents benefit from a particularly pleasant environment but care needs to be taken that it meets legal safety requirements in all respects.

## **EVIDENCE:**

About a third of the bedrooms are on the ground floor and have French windows onto the garden. All bedrooms are currently used as singles.

There is a very pleasant lounge opposite the dining room that also has French windows onto the garden. There is a seating area in the corridor outside the conservatory and in the conservatory itself.

The new wing corridor has been recarpeted and now looks much more in keeping with the high standard of the rest of the home.

Each bedroom has an en-suite toilet and three have en-suite baths. There is a communal toilet on the ground floor, close to the lounge and dining room. There are three communal bathrooms around the home, one of which has a walk-in bath with overhead shower and another of which has a whirlpool bath. Electric bath seats are installed.

Repairs are not always carried out particularly promptly. This was shown by responses to previous inspection reports as well as by anecdotal evidence at today's inspection. It was not possible to check this observation against the records as the home has stopped using its maintenance log book. This can be a valuable way of ensuring and demonstrating that repairs are reported and done in good time, so the inspector recommended that the maintenance log is resumed.

All windows were fitted with restrictors after the last inspection but the inspector found that the restrictor in Room 10 is not in place. Mr Jackson said he would check this as a matter of urgency.

Accident forms are now in use, and these are kept in their own file for ease of reference.

It was a requirement of the last inspection that hand-washing facilities are provided for staff in areas where personal care is provided. As this is a residential home and the emphasis is on creating a comfortable and homely environment for residents, the owner decided to provide all staff with hand gel to supplement the hand-washing facilities currently available, rather than providing liquid soap and paper towels for staff use in residents' bedrooms. All staff are now carrying hand gel with them while they work.

All parts of the home seen were clean and tidy. Residents and visitors commented that the standard of cleaning is invariably high.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27-30

Staffing arrangements are designed to protect residents' wellbeing but more staff need to be trained in First Aid.

### **EVIDENCE:**

Staff rotas were satisfactory at the time of this inspection but below normal staff levels in the home due to the long-term absence of one person. Rotas show that there is usually three staff on duty every day between 9am and 3pm. There is one waking night care assistant, supported by a sleeping-in member of staff.

Different residents' support needs were discussed, especially regarding mobilizing. The inspector advised that staff encourage individual residents to accept support that is in line with current manual handling guidance, and avoid practices such as holding a person's hands while assisting them to stand, even though this is the person's stated preference. Staff took action on this on the day of inspection. Any acceptable individual preferences should be noted on the manual handling risk assessment.

New night staff now work several day shifts prior to starting their night duties. This is an excellent idea as it helps to ensure they fully understand the home's ethos and the residents' needs before they work alone.

Each staff role has a written job description. There is also a staff handbook to guide staff on the expected standards and conduct.

The staff files seen contained all the required information. A requirement was made at the last inspection regarding the checks that must be carried out before new staff start work in the home, and the home's practice has improved since. Louise Jackson, until recently acting as deputy manager, redesigned the format for keeping staff details, and each file cover now has a checklist for senior staff to complete that acts as a prompt for ensuring all the necessary checks are done. Other essential information, including recent training courses, is also kept on the file cover. Files are kept in the owner's office so that they are confidential.

Recent staff training records included courses on First Aid, NVQs, Manual Handling, Health & Safety, Basic Food Hygiene and Dementia. Abuse awareness training had been arranged following a requirement made at the last inspection but this had to be re-arranged. This requirement is therefore carried forward to the next inspection. Although 7 staff had First Aid training this year, several people have since left, and only 3 staff hold a current First Aid certificate, so more training needs to be arranged. Enough staff need to be qualified First Aiders to provide cover at all times. The senior with delegated responsibility for training said that this is already in hand.

One staff member has NVQ2 and is about to do NVQ3. Two others are about to start NVQ2.

## **Management and Administration**

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

31-33

The home is well run with residents' interests at heart.

### **EVIDENCE:**

Mr Jackson is joint proprietor of the home with his wife, and is the registered manager of the home. He has the City & Guilds 325-3 in advanced management for care, and has a Diploma in Management Studies.

Staff described a very supportive and relaxed working atmosphere, and some people gave examples of the particular ways in which they have been made to feel valued. Individual staff have been encouraged to follow special interests and to try out their own ideas. The senior staff are sharing some of the management tasks, under the general supervision of Mr Jackson. Staff are able to work additional paid hours to their basic rotas if they need to complete paperwork.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	X
<b>2</b>	X
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X
<b>6</b>	x

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	3
<b>8</b>	3
<b>9</b>	2
<b>10</b>	3
<b>11</b>	3

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	3
<b>18</b>	2

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	3
<b>21</b>	3
<b>22</b>	3
<b>23</b>	3
<b>24</b>	3
<b>25</b>	2
<b>26</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	3
<b>29</b>	3
<b>30</b>	2

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	3
<b>33</b>	3
<b>34</b>	X
<b>35</b>	X
<b>36</b>	X
<b>37</b>	X
<b>38</b>	X

Are there any outstanding requirements from the last inspection?

### STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP18	13	All staff must receive formal abuse awareness training.	30/04/06
2.	OP25	13	All first floor windows must be restricted in line with HSE guidelines.  This requirement was first made at the inspection of 20/09/05.	09/01/06
3.	OP38	13	Enough staff must hold a current First Aid certificate to provide First Aid cover at all times.	09/04/06

### RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP9	It is recommended that the training for the new medication system emphasise the importance of checking both the medicines administration record sheet and the medicine label before medicines are administered to a resident so that potential mistakes can be identified and medication errors avoided.

		It is also recommended that the trainer is told about the recent medication errors so that she can ensure the training addresses them properly.
2.	OP9	Staff should not handle residents' medicines with their bare hands.
3.	OP12	The activities on offer should meet people's individual requirements.  A record of the activities offered to each person should be kept.
4.	OP38	The practice of keeping a record of the dates any repairs are reported and fixed should be resumed as this can be a valuable way of ensuring and demonstrating that repairs are reported and done in good time.

## **Commission for Social Care Inspection**

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