

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

## The Old Vicarage

26 Cottage Road, Wooler, NE71 6AD

Tel: 01668281662

Date of Inspection: 18 December 2013

Date of Publication: February 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>Meeting nutritional needs</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	A&P Limited
Registered Manager	Mrs. Janet Cresswell
Overview of the service	The Old Vicarage provides care for up to 18 older people. Nursing care is not provided.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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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 18 December 2013, 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 carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with three people and one relative who were complimentary about the home. One person informed us, "I am quite happy here. Staff look after me very well. I cannot fault them." The relative with whom we spoke, informed us that they were very happy with the care and support provided by staff.

We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People informed us that they enjoyed the food and drink at the Old Vicarage. One person told us, "The food is very good. We are asked what we would like." We considered that people were provided with a choice of suitable and nutritious food and drink.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

There were enough qualified, skilled and experienced staff to meet people's needs.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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

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

People and the relative with whom we spoke were complimentary about the care and support provided at the home. One person told us, "I am quite happy here. Staff look after me very well. I cannot fault them." Another person said, "The staff know our needs. I have seen the doctor this morning. It was my regular doctor. I get help with personal care." Other comments included, "The staff manage our medicines. I usually read a lot and the ladies quite often have things going on in the sitting room – jigsaws, dominoes and exercise classes."

We spoke with a GP who was visiting the home. He informed us, "It's an excellent home – very responsive." He also told us that the home was very good at providing care for those who were terminally ill.

We observed that people looked well cared for. We noticed that staff had taken care to ensure that people's hair was brushed, their nails were manicured and glasses were clean. We saw that one person was cared for in bed. This person looked well-presented and comfortable. We observed positive one to one interactions between staff and people. We saw that staff anticipated people's needs, for example, staff supported people to go to the toilet.

Staff were knowledgeable about each person's care needs. Staff told us that people in the home had many different needs and they were able to provide support in various ways.

We looked at four people's care plans. We noted that information about personal health care needs was recorded. When a person had a specific medical condition, there was information for staff to be able to support that person. We noted that people were registered with local doctors and opticians and were supported to attend routine appointments for health checks and treatment. This showed that the home was addressing people's general health needs.

We noted that areas of risk, for example in relation to manual handling, were documented. This meant staff had clear guidelines to make sure people using and working at the home, were safe.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People informed us that they enjoyed the food and drink at the Old Vicarage. One person informed us, "The food is very good. We are asked what we would like." Another person told us, "The food is very good. We have had a very good lunch of fish today. We get a good variety of food. I can get drinks whenever I ask."

We spent time with people at lunch time. We observed that staff supported people to eat and drink in a calm, unhurried manner. We saw a menu was in place which had options available and considered the nutritional needs of people. We noticed that if people did not like the main choice, there were alternative options from which people could choose.

We observed that meals were home cooked and freshly prepared. We looked in the kitchen and food storage areas and observed that there was a wide variety of fresh fruit and vegetables.

We concluded that people were provided with a choice of suitable and nutritious food and drink.

Care plans contained information about people's dietary preferences. We observed that these preferences were taken into account by staff members at lunch time. We concluded that people were provided with a choice of suitable and nutritious food and drink and were supported to eat sufficient amounts to meet their needs.

The cook was knowledgeable about people's needs. We saw that she was able to cater for a range of special dietary requirements including diabetic and fortified diets.

We considered that people were supported to be able to eat and drink sufficient amounts to meet their needs.



**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The home was set out over two levels. People told us that it was "homely." One person informed us, "The home is clean and we are happy with our room." Another person told us, "My bedroom is very good. I share with my husband...The home is clean and warm enough."

We saw that people were supported to personalise their bedrooms which contained items of furniture and personal effects such as photographs and ornaments from their own homes to make it feel more like home.

We noticed that people's own rooms and communal areas were clean and well maintained. There was outdoor space surrounding the home with a patio area and summer house which was also well maintained.

The manager told us and staff confirmed that there were no maintenance issues and we saw from the records that any maintenance issues were addressed promptly.

We looked at records relating to health and safety in the home. We saw that gas, electrical and fire safety checks had taken place at regular intervals to ensure that the premises remained safe for staff and those people who used the service. We saw records relating to emergency evacuation plans and found that regular fire drills were taking place to ensure that people using the service and staff knew how to respond in the event of a fire.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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People said that there were enough staff to provide the support they needed and that they were satisfied that the staff responded promptly to any requests for help. They were also complimentary about the staff themselves. One person told us, "The staff are very nice. I would be able to speak to one of the carers if I was not happy." Another person informed us, "The staff are pleasant."

Staffing levels on the day of the inspection consisted of one senior care worker, and three care workers to look after people through the day. At night there were two care workers on duty. The manager worked Monday to Friday. An activities coordinator was also employed to ensure that the social needs of people were met. Staffing levels were decided by the provider, taking into account the number and needs of the people using the service. We looked at staff rotas which confirmed that these staffing levels were maintained.

We observed there were sufficient numbers of staff to provide the required level of support to people on the day of our visit. We saw staff giving support to people throughout the visit. They did this in a calm unhurried manner and responded to requests for assistance promptly. For example, requests from people to go to the toilet.

Some of the staff group had worked at the service for over three years. This experience contributed to the efficiency and skill with which staff carried out their duties. Staff we spoke to were knowledgeable about individual care needs.

Staff told us and training certificates showed, that they had completed training to update them in safe working practices. In addition, they were trained to meet the specialist needs of people who lived there, such as those with dementia. Staff said there were plenty of training opportunities available and they were satisfied they had the training they needed to safeguard the health, safety and welfare of people at the home.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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We found that people's personal records, staff records and other records relevant to the management of the home were accurate and fit for purpose.

We spoke with people and a relative. Their feedback did not relate to this essential standard.

We saw that each person had a plan of care. We looked at four people's care plans. These plans aimed to maintain the individual's welfare and took into account people's physical, mental, emotional and social needs. We noted that care plans contained details of people's weights. The provider may find it useful to note that some weights had been recorded inaccurately. In addition, we noted that one person's care plan had not been updated to record a weight loss. We spoke with the manager about these issues. She informed us that she would address these immediately.

We observed that records were kept which related to the management of staff at the home. These included training records.

The manager showed us documents relating to the management of the service. These included maintenance reports, fire safety checks and electrical checks. These were up to date and well maintained.

We saw that people's personal records, staff records and other records relevant to the management of the home were held securely and were accessible and could be located promptly.

## 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

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### Essential standard

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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)

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### Regulated activity

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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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