

Macdonald Care Limited

# The Old Vicarage

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

# Summary of findings

## Overall summary

The inspection took place on 29 August 2017 and was unannounced.

The Old Vicarage is a privately owned care home offering residential care and support for up to 37 people. One of the owners is responsible for the day to day management of the home. It is situated about two miles from the centre of Bolton, and is close to bus routes, shops, pubs and other amenities.

There was a registered manager in place. '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 we spoke with told us they felt safe at the home. There were sufficient, suitably trained staff and the recruitment process was robust. Good staffing levels and low staff turnover helped to ensure staff had good knowledge of people who used the service and could deliver person-centred care. Medication systems were safe and staff were trained in medicines administration.

The safeguarding policy and procedures were appropriate and up to date. Staff had undertaken safeguarding training and demonstrated a good knowledge of safeguarding issues. Staff we spoke with were aware of whistle blowing and assured us they would report any poor practice they may witness. The registered manager was committed to raising the profile of safeguarding within the home and on a wider level.

General and individual risk assessments were in place. Accidents and incidents were recorded appropriately. Health and safety measures were in place and equipment was maintained and serviced as required.

The induction programme was thorough. Training was on-going and refresher courses were undertaken as required. We saw records of regular staff supervisions and annual appraisals.

There were no malodours and the environment was homely, clean and uncluttered. The home had recently had an extension to the premises built and this had been done to a very high standard. There was a good choice of food for all meals and special diets were catered for.

Care plans included relevant health information. Communication between health professionals and the service were documented. The service was working within the legal requirements of the Mental Health Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

We observed interactions between staff and people who used the service throughout the day and found them to be kind, courteous and friendly. People's dignity and privacy was maintained at all times.

A service user guide was in place as well as a statement of purpose. Residents meetings were held regularly.

Care plans included advanced care planning if people had expressed their wishes for the end of their lives. The service endeavoured to respect these wishes and support people to remain at the home if they wished to do so, when nearing the end of their lives.

Care plans were person-centred and included information about people's preferences, likes and dislikes. Staff communicated well with people who had difficulty with verbal communication and responded quickly to individuals who were unwell.

There were lots of activities and outings arranged by the service. People's diversity was respected and there were visits to the home from leaders of various faiths.

There was an appropriate, up to date complaints procedure, which was outlined within the statement of purpose. There was a complaints book, but no complaints had been received.

All the people we spoke with felt the service was well run and the management were approachable. Staff observations took place to help ensure their competence remained at the correct level.

Audits were undertaken for issues such as falls, accidents and incidents, medicines, health and safety and feedback from people who used the service and staff. Care files were regularly audited and all audits included actions to address any shortfalls.

The service were committed to being a positive and active part of the wider community and were involved with a number of local initiatives to promote this. People who used the service, that we spoke with, were positive about this interaction and clearly enjoyed participating with the local community.

The service were involved with the National Citizens Service (NCS). This is a government funded initiative supporting community engagement and bringing together schools, businesses and communities. There was clear indication of the positive effects of this interaction on the moods of the people taking part and the initiative served to help keep people at the home integrated with the wider community.

There was evidence that management were committed to supporting staff in delivering an environment and culture focused on the continual improvement and wellbeing of both staff and people who used the service alike.

## 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 was safe.

People told us they felt safe at the home. There were sufficient, suitably trained staff and the recruitment process was robust. Medication systems were safe and staff were trained in medicines administration.

The safeguarding policy and procedures were appropriate and up to date. Staff had undertaken safeguarding training. Staff we spoke with were aware of whistle blowing and assured us they would report any poor practice they may witness.

General and individual risk assessments were in place. Accidents and incidents were recorded appropriately. Health and safety measures were in place and equipment was maintained and serviced as required.

### Is the service effective?

Good ●

The service was effective.

The induction programme was thorough. Training was on-going and refresher courses were undertaken as required. We saw records of regular staff supervisions and annual appraisals.

The environment was homely, clean and uncluttered. The home had recently had an extension to the premises built and this had been done to a very high standard. There was a good choice of food for all meals and special diets were catered for.

Care plans included relevant health information. The service was working within the legal requirements of the Mental Health Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

We observed interactions between staff and people who used the service throughout the day and found them to be kind, courteous and friendly. People's dignity and privacy was

maintained at all times.

A service user guide was in place as well as a statement of purpose. Residents meetings were held regularly.

Care plans included advance care planning if people had expressed their wishes for the end of their lives.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were person-centred and included information about people's preferences, likes and dislikes.

There were lots of activities and outings arranged by the service. People's diversity was respected and there were visits to the home from leaders of various faiths.

There was an appropriate, up to date complaints procedure, which was outlined within the statement of purpose. There was a complaints book, but no complaints had been received.

### **Is the service well-led?**

**Outstanding** ☆

The service was well-led.

All the people we spoke with felt the service was well run and management were approachable.

Audits were undertaken for issues such as falls, accidents and incidents, medicines, health and safety and feedback from people who used the service and staff.

The service were committed to being a positive and active part of the wider community and were involved with a number of local initiatives to promote this. There was clear indication of the positive effects on people who used the service from interaction with the wider community.

# The Old Vicarage

## 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 checked 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.

The inspection took place on 29 August 2017 and was unannounced. The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team to find out their experience of the service. We contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. We also contacted the local safeguarding team and three health and social care professionals. This was to gain their views on the care delivered at the home. We did not receive any negative comments about the service.

During the inspection we spoke with eight people who used the service, five relatives and a professional visitor. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, a senior carer, and two members of care staff. We reviewed records at the home including five care files, staff information, meeting minutes, training records, health and safety records and audits held by the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at the home. One person said, "Yes, I am very secure here, no worries". A relative told us, "I have peace of mind now that [name] is properly looked after". Another said, "[Name] is secure and safe and has company". Other relatives agreed that they felt relieved that their loved ones were safe and secure in the home.

There were sufficient, suitably trained staff on the premises on the day of the inspection to help ensure people's needs were met effectively. Staff turnover was low and many staff had worked at the service for a number of years. This helped ensure continuity of care for people who used the service. Relatives' comments when asked if they felt there were enough staff included, "I can always find a member of staff if I need to speak to someone"; "There are always plenty around"; and; "There are always enough staff". A professional visitor we spoke with told us, "There are always plenty staff around and a staff member will be allocated to assist us with patients". A health and social care professional told us, "The staffing levels are always good, with the Deputy Manager [name] virtually always on duty overseeing and providing exemplary care to the residents".

The management of the home told us high staffing levels enabled an exceptional level of personalisation, for example, for one person who was unable to converse and had limited mobility, through patience and time, staff learnt to understand her needs through subtle hand gestures and facial expressions. People admitted to hospital were always accompanied by a member of staff if family were unable to attend, helping them feel safe and supported.

There was an appropriate and up to date recruitment policy and procedure in place. The service ensured they took a thorough work history from all prospective employees and obtained a minimum of two references. Training certificates already in place were checked and any breaks in employment were looked into. Disclosure and Barring Service (DBS) checks were undertaken for all new employees and these had been renewed at the home's expense for all staff this year. DBS checks help ensure people are suitable to work with vulnerable people. A new initiative was to include people who used the service in the interviews.

The safeguarding policy and procedures were appropriate and up to date. We saw that staff had undertaken safeguarding training and refresher courses on a regular basis. Staff we spoke with demonstrated a good knowledge of safeguarding and were confident to recognise and refer any concerns they may witness. There had been no recent safeguarding incidents. There was a whistle blowing policy and staff we spoke with were aware of whistle blowing and assured us they would report any poor practice they may witness. In addition the manager attended a number of local safeguarding boards who help define best working practice to ensure residents lived in safety.

The provider was also involved and committed to the PREVENT programme, providing early intervention to protect and divert people away from being drawn into terrorist activity. This initiative was strongly linked with safeguarding adults and children and demonstrated the provider's commitment to safeguarding in a wider as well as more focused sense.

General and individual risk assessments were in place. These helped ensure the safety of the environment and the safety of each individual with regard to issues such as falls, mobility, nutrition and medication. Accidents and incidents were recorded appropriately, using body maps to locate the site of the injury, within people's files. These were logged centrally and analysed for any patterns or trends and were followed up with appropriate actions. An antibiotic book was also in evidence to monitor infections so that these could be addressed appropriately.

There was an up to date fire risk assessment in place. Fire exit checks, fire alarm and emergency lighting tests were undertaken regularly. Fire drills were carried out on a regular basis. We saw evidence of maintenance and servicing of all equipment and gas and electrical certificates were valid and up to date. All relevant fire inspections and checks had been carried out on the new extension to ensure it was up to the required standards. Up to date legionella testing had been undertaken. Personal Emergency Evacuation Plans (PEEPs), which outline the level of support each individual would need in the event of an emergency, were in place and easily accessible. The owners completed a walking the floor audit to help ensure the safety and suitability of the environment.

In addition, the home had upgraded the fire alarm system, signage and fire extinguishers. The use of an emergency red fire box had been introduced and located near the main exit. This box contained, foil blankets, torches, pens and wrist bands for staff to write people's names on, should they need to exit the building. These wrist bands helped identify people who used the service during fire role call and to emergency services.

The service had a business continuity plan in place. This helped ensure the continued smooth running of the service in the event of any emergencies that could arise, such as utility failures, severe weather and other emergencies that could affect the provision of care.

Staff wore uniforms and we saw that personal protective equipment (PPE), such as plastic aprons and gloves, was readily available and staff used it appropriately when delivering personal care. We saw evidence of infection control training which had been undertaken by staff and there was an appropriate policy in place. The home had introduced the new practice of attaching the symbol of a butterfly over a person's bedroom door if they had an infection, to indicate and remind staff that infection control measures should be taken to minimise the risk to staff and other residents.

We looked at the medicines systems in place and saw that the systems for ordering, storage, administration and disposal were robust. All medicines administered were recorded appropriately and audits were undertaken on a monthly basis. We looked at medicines administration records (MAR) and saw that they included a photograph of the individual, were completed appropriately and there were no missing signatures.

We looked at the controlled drugs system. Controlled drugs are some prescription medicines which are controlled under the Misuse of Drugs legislation. We saw these were stored, administered and recorded appropriately. The service had been with the same pharmacy for a number of years and the pharmacy also audited the medicines in the home. Staff had attended medication training and had medicines administration supervisions annually to help ensure continued competence in this area.

Feedback from the Local Authority Pharmacy team was positive regarding the MAR sheets, saying they were "the best" they had come across. They also commented that, "The staff are lovely friendly and helpful and it is a pleasure to visit the home". This reflected the additional time and focus on quality that was given to dispensing medication to ensure the wellbeing of each individual at the home.



## Is the service effective?

### Our findings

People we spoke with felt staff were well trained and possessed the appropriate skills to perform their duties effectively. Comments included, "The level of care is high. I have met the night staff and they are as good"; "All staff are very helpful and we are all well looked after"; "Staff seem well trained and know their jobs". A health professional had commented, "All our patients and staff receive great care from the polite and helpful staff at The Old Vicarage".

A health and social care professional commented, "The Old Vicarage provides person centred care and staff show awareness of individual needs. When staff have been observed, they have put the Principles of Care into practice, e.g. maintaining infection control, dignity and respect, following health and safety and safeguarding procedures".

The induction programme was thorough. New staff were supernumerary to the rota for up to six weeks, depending on their prior experience. In house training, including fire procedure, infection control, staff personnel records, staff code of conduct, health and safety, philosophy of care for the elderly, whistle blowing and safeguarding and basic food hygiene was provided. The Care Certificate was then undertaken if appropriate. The certificate has been developed by a recognised workforce development body for adult social care in England for people new to the care industry. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Staff we spoke with felt the induction programme had helped them acquire the skills they required to undertake the job.

Training was on-going throughout people's employment. We saw that mandatory training was undertaken and refresher courses to keep up skills and knowledge. Other training of interest was encouraged and supported and this was accessed from a range of sources ensuring a varied style of training to suit all staffing needs, such as e learning, face to face courses and training videos. The management philosophy was that by empowering staff with knowledge around conditions such as dementia, this helped them see the person behind the condition and therefore provide better quality and more individually tailored care. The management were mindful of the importance of valuing and investing in staff to encourage a culture of continual improvement.

We saw records of regular staff supervisions, where discussions could include any issues, progress and training needs. Annual appraisals were also undertaken to reflect on the previous year and look at development in the coming year.

There were no malodours and the environment was homely, clean and uncluttered. The home had recently had an extension to the premises built, to enable the service to accommodate more people, and this had been done to a very high standard. The bathrooms and bedrooms were furnished and decorated tastefully and were extremely comfortable and pleasing. There was a roomy, light conservatory which we saw people enjoyed making use of. This was equipped with mood lighting. During the planning and building of the extension people who used the service were invited to contribute ideas and to decide how their new extension would look wherever possible. This resulted in people who used the service choosing the carpets,

wallpaper, soft furnishing and the installation of a fountain on the garden patio area. The staff also knew that one of the people who used the service had a very keen interest in building. He was delighted to be asked on numerous occasions for his opinion and advice, so much so that he became a valued and respected member of the project team who brought great humour and enjoyment to all involved. These examples demonstrated the home's focus on involving people who use the service with the support of their families to create their home and a real feeling of belonging.

Although the service did not specialise in dementia care, there was some signage to help people living with confusion to orientate around the home. There was a member of staff who was a dementia champion. There was a strong focus on reminiscence work at the home and the dementia champion liaised with families to bring in photographs that could be used to facilitate this. She also organised trips to dementia cafes. She attended local training and information sharing sessions with other care homes organised by Bolton's Dementia group.

Care plans included relevant health information. Assessments were thorough and people who used the service and their families were included in this process. Equipment was put in place to help ensure people's needs were addressed. When new equipment was required, the home ensured that it was correctly demonstrated to staff in addition to any relevant moving and handling techniques so that it could be tailored to an individual's needs safely. All areas of support and care were documented within the plans and people's health and well-being was documented at least three times over each twenty four hour period.

Communication between health professionals and the service were documented thoroughly and we saw that referrals to other disciplines such as GPs, district nurses, dentists, Speech and Language Therapy (SALT), physiotherapists and dieticians were undertaken appropriately. The management felt that good communication between the home and the multi-disciplinary team was key to reducing risk and helped ensure people who used the service received prompt attention and support to promote positive outcomes for health and well-being. A health professional we met on the day of the inspection told us, "The service voice their concerns and refer appropriately. We leave instructions and they are followed. There is excellent communication".

There was documentation in place to go with people if they were taken to hospital. District nurses were impressed with the initiative to add a photograph of the individual to their notes. They felt this was a really good idea as district nursing teams changed regularly and this helped ensure individuals safely received the correct treatment.

One relative told us there was always fruit available and always flowers around". We looked at menus and saw there was a good choice of food for all meals. These were changed seasonally and people who used the service were encouraged, informally or via residents' meetings, to put forward suggestions to be included in the menus.

Special diets were catered for and people's preferences, likes and dislikes taken into account. Any identified risks such as weight loss were shared with the relevant professional such as GPs and dieticians. There was fresh fruit on offer as an alternative to cake for afternoon tea and we saw fresh flowers throughout the home.

One person who used the service said, "The food is nice and we can choose". Other people agreed that they enjoyed the food and were offered a number of alternatives. Relatives' comments included, "[Person] eats better than she ever did and the food looks nice"; [Person] has a good appetite and eats everything. Alternatives are always given and there are plenty of drinks"; [Name] is eating really well again and likes the food here".

The home also held themed supper nights which enabled people who used the service to sample foods from different countries that they may not have normally tasted before. In doing so, individuals were then able to make an informed choice on their likes and dislikes and whether these new foods should be incorporated into the main seasonal menus.

We observed the lunchtime meal via a short observational framework for inspection (SOFI) and saw that the tables were set nicely with condiments, flowers in vases and napkins. People who used wheelchairs were assisted to sit on dining chairs and we witnessed pleasant conversation during the meal. Staff were attentive to people and ensured they were comfortable and had their choice of meal. A choice of juices were offered, along with water and cups of tea. People were frequently asked if they were enjoying their meal. One person complained that their meal was not warm and this was immediately addressed by speaking to the kitchen staff and looking at why this had occurred.

We saw that appropriate consent forms were in evidence within care files. These were for issues such as photographs and outings and were signed by the person who used the service or their representative, where appropriate.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that staff had undertaken training in MCA and DoLS and they demonstrated a good understanding of the principles. Best interests meetings were undertaken when required and documented within people's care files.

There were appropriate policies and procedures in place with regard to MCA and DoLS. People who used the service users had access to Independent Mental Capacity Advocates and general advocacy services. Staff were aware of the five people who were subject to DoLS and there was a file where dates of authorisations and renewal dates were recorded.

## Is the service caring?

### Our findings

We asked people who used the service and their relatives about the care at the home. Comments included; "You can't better it"; "They [staff] are very kind to me. They give you what you want, I'm getting just what I want"; "It is quite pleasant here"; "Staff are very friendly and caring. I have come at different times and there are never any arguments, never uncaring behaviour, no bad temper"; "You are always made welcome as a visitor"; "It is a breath of fresh air coming in" ; "I've nothing but praise for them [staff]; "It's like a family. Staff appear happy and they are kindness itself".

Health and social care professionals' comments included, "Indeed, it is possibly the best Home that we visit. The Staff are caring, compassionate and competent"; "Staff are friendly and approachable and demonstrate that they have excellent relationships with the service users. Staff accompany service users on trips. During observations, staff have shown dignity and respect to service users": "All the staff without exception treat the residents with dignity, empathy and genuine affection".

We observed interactions between staff and people who used the service throughout the day and found them to be kind, courteous and friendly. People's dignity and privacy was maintained at all times. We saw staff ensured people were supported discreetly and sensitively, knocking on bedroom doors and waiting to be invited in, closing doors when offering support.

People were well presented and their clothes were clean and ironed. Men were clean shaven, if this was their preferences, and ladies wore make up and jewellery if this was what they wanted. One relative said, "[Person] is always well presented". Another told us, "[Person] is always tidy and wears different clothes often". A third relative said, "[Name] is always presented well and her clothes are nicely pressed. She is always in her own clothes".

New people were welcomed with flowers and a welcome message on arrival or when changing rooms. A service user guide was in place as well as a statement of purpose. These documents offered information about staffing, training, services offered, fees, complaints, mealtimes and activities.

Residents' meetings were held regularly. This provided a forum for people to raise concerns or make suggestions. We saw that discussions included trips out, menus, how to raise complaints and progress of the building work.

Families were also encouraged to attend these meetings. In addition, people who used the service were encouraged to take part or make comment on the day to day running of the home, so that they felt included and had a sense of ownership on how they wished to live. Recently some people who used the service had decided to do some small jobs around the home, for example, one person had taken responsibility for feeding the fish. This helped people feel included and promoted a level of independence and a feeling of usefulness and well-being.

We saw that there were a significant number of visitors throughout the day. All told us they were made

welcome and we saw that they were offered drinks and other refreshments. They were welcomed to stay for a meal if they wished to. Relationships between staff and relatives were comfortable and friendly.

People were encouraged to furnish their rooms with their own personal belongings. This helped them feel at home and to settle in well.

Care plans included advanced care planning if people had expressed their wishes for the end of their lives. The service endeavoured to respect these wishes and support people to remain at the home if they wished to do so, when nearing the end of their lives. Staff accompanied the manager to all funerals of people who used the service to pay their last respects.

## Is the service responsive?

### Our findings

A number of relatives we spoke with told us they had chosen this service due to personal recommendations. Some people had placed other relatives in the home prior to the person now residing there. This demonstrated their satisfaction with the support and care offered.

We looked at four care plans and saw that they were person-centred and included information about people's preferences, likes and dislikes. People who used the service had a pre-assessment prior to admission, in which they were involved with their relatives if appropriate. If the person was unable to visit the home prior to admission, the assessor took along a picture album containing various photographs of life at the home, which enabled the prospective user of the service to become more comfortable and familiar with their new home prior to admission. There was then a settling in period prior to the placement becoming permanent. Staff spent time with the people who used the service, personalising their care plans with their preferences.

A health and social care professional told us, "We know from observations that care plans are in place and are specific to each individual's needs".

We saw that staff communicated well with people who had difficulty with verbal communication. They also responded quickly to individuals who were unwell, ensuring the correct professionals were contacted in a timely manner.

People who used the service were involved with their individual care plans which included talking to the cooks about their meal preferences and any special diets. We saw evidence that they were fully involved with regular reviews of care changes and updates.

People who used the service and their relatives told us there were lots of activities and outings arranged by the service. One person said, "You are not allowed to go out walking without someone. They [staff] will go with you. I am going to Southport on holiday for five days. We have a chat, go outside when it is nice, play ball games". A relative told us, "[Name] likes to stay in her room and this is OK. I pressed the emergency button the other day by mistake and there was an immediate response, which is reassuring".

Each individual had their choice of special tea on their birthday and received a present, home-made birthday cake and decorations. Milestone birthdays were celebrated with extra entertainment.

The home had parties for events such as Wimbledon, Grand National, Mother's Day, Grand Prix and St. Georges Day. There was a 'Magic Moments' book which included photographs and comments about activities and events. This served to remind people about things they had enjoyed and share the memories. We saw photographs of people enjoying these events with appropriate food and drink, such as strawberries and Pimms for Wimbledon. There were also pictures of people in the garden area enjoying the good weather, trips out, people watching entertainment and events such as Halloween. Eagley brass band visited every year on Christmas morning, which was an event enjoyed by all.

People who used the service and their families did sometimes approach the home and ask to significantly modify the accommodation to suit their preferences. Examples of this included the home recently installing an interconnecting door between two bedrooms, adding hard surface flooring to a bedroom and altering bathrooms. This underlined the culture in the home to respond positively to people's individual choices.

People's diversity was respected and there were visits to the home from leaders of various faiths. The wider community was invited in and we saw records of visits from various schools, community groups and individuals.

A partnership project, Virtual Interactive Partnership (VIP Care), had been set up with a small number of other independent care homes to promote community activity, recreation and enjoyment. It was designed to enhance residents' wellbeing by encouraging meaningful, imaginative activities and opportunities for people to pursue and develop interests and to choose from a range of activities and entertainment. The homes involved were committed to continuous improvement and achieving the best possible wellbeing and quality of life for people who used the service. It was designed to offer many different activities so that individuals would have a much greater choice in activities which they enjoyed and which met their needs. By working together the homes felt they could organise an exciting programme, whereby people were offered different things to do. They planned to use the technology to provide a sense of a wider and dynamic community and provide opportunities for individuals to keep in contact with family and friends living at a greater distance, and keep everyone involved in family occasions, through skype, and social media. This embraced fully the idea of person-centred, fulfilling and meaningful support and care.

There was an appropriate, up to date complaints procedure, which was outlined within the statement of purpose. There was a complaints book, but no complaints had been received. The service regularly asked families, people who used the service and health professionals to complete questionnaires on the service they receive in the home and the findings were acted on. They also acted on comments made via The Old Vicarage website and the monthly newsletter.

One person told us, "I have no concerns whatsoever. I would recommend it". A number of compliments had been received and comments included, "We can't thank you enough for everything you did last week for [name]".

## Is the service well-led?

### Our findings

There was a registered manager in place. '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.

The Registered Manager had been in post for 28 years and maintained her nursing qualification. The lead senior had held the position for 14 years. Together they provided a strong sense of leadership within the home. Many of the staff had worked within the care home for three or more years. This provided continuity and experience and helped maintain highly skilled staffing levels, enabling an exceptional level of personalisation to take place.

We asked people who used the service and their relatives whether they felt the management were approachable and managed the service well. All the people we spoke with felt the service was well run and the management were approachable. Comments included; "They go the extra mile, you can always find the manager or a senior"; "I could contact the manager if required".

We contacted health and social professionals involved with the service. One professional from the suppliers of apprentices to the service told us, "Management liaise with [company] staff to ensure that apprentices receive regular contact with their assessor. Rotas are arranged to ensure staff ratios are met. Management are approachable". Other professional comments included; "In a nutshell I cannot criticise the home or its management in anyway [name], the owner has extremely high standards for the care provided, the outstanding homely surroundings and excellent nutritional meals offered"; "All the relatives I have spoken to within the home are more than satisfied with the holistic service provided by the staff. I cannot commend the home enough".

A staff member we spoke with told us, "I am proud to show people round the home". Another told us, "The management are really supportive and easy to talk to". These comments demonstrated the commitment management had to support staff in delivering an environment and culture focused on the continual improvement and wellbeing of both staff and people who used the service alike.

We saw that staff observations took place to help ensure their competence remained at the correct level. We saw records of observation of cleaning and kitchen staff as well as care staff. These observations were undertaken on a regular basis. Staff supervisions also took place regularly and we saw that discussions included results of audits, the new build as well as issues about work, training and development.

Audits were undertaken for issues such as care files, falls, accidents and incidents, medicines, health and safety and feedback from people who used the service and staff. All audits included actions to address any shortfalls. For example, where it was identified that an individual had suffered a number of falls, they would be referred to the falls team, relevant equipment installed and updated risk assessments implemented. Where feedback from people who used the service had indicated they would like other options adding to



the menu, this had been done.

The service was involved in the 'Red Bag' initiative. This was designed to meet the requirements of NICE guidelines around transition between inpatient hospital setting and community or care homes. The idea is that a red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the resident throughout their hospital episode and is returned home with resident. The standardised paperwork will ensure that everyone involved in the care for the resident will have necessary information about the resident's general health, e.g. baseline information, current concern, social information and any medications, on discharge the care home will receive a discharge summary with the medications in the red bag. The pathway enables a significant reduction in the amount of time taken for ambulance transfer times and for A & E assessment times and reduces avoidable hospital admissions. This could have a significant impact on people who used the service as their experience of moving between services would be less stressful.

Regular staff meetings took place at the home where discussions included the needs of the people who used the service, staffing, building work, DoLS and MCA, care plans, safeguarding, fire awareness, the PREVENT initiative, Red Bag initiative and falls management.

The service was committed to being a positive and active part of the wider community. The provider had a long standing association and was the chairperson of Bolton Association of Registered Care Homes (BARCH), providing strong leadership in pro-actively driving engagement and partnerships with other service providers, local authorities and NHS to improve the level, continuity and quality of care in Bolton. Examples of this included presenting to NHS staff at the hospital, supporting the introduction of a Service Provider Excellence Program, piloting the Red Bag initiative. This was a forum where good practice was shared and support was offered to other home owners.

The Manager was also promoting the introduction of new technologies to link all care homes in Bolton to a rapid response unit who could quickly diagnose individual's conditions in the event of falls or illness. This service will ensure that the person will receive the most appropriate medical advice and Multi-Disciplinary Team response if needed quickly, in addition to potentially reducing the inconvenience of visiting hospital unnecessarily.

The service sponsored a local children's football team and the children visited the home and interacted with the people who used the service. They were also involved with local young people who were taking part in the Duke of Edinburgh award and encouraged them to link with the home as part of that process. The local Brownie troupe were invited to the home to complete some of their community badges and this also encouraged intergenerational discussions and friendships. People who used the service, that we spoke with, spoke positively about these visitors and were clearly happy with the visits.

The service was one of very few businesses involved in the National Citizens Service (NCS). This is a government funded initiative supporting community engagement and bringing together schools, businesses and communities. The idea is to build a stronger more cohesive society. We saw a video of the young people who took part interacting positively with people who used the service, doing exercise, playing outdoor games, undertaking craft activities, gardening, taking part in a quiz and showing people their style of dancing. There was clearly a lot of fun being had, with much smiling, laughter and good interaction between the young people and the people who used the service. There was clear indication of the positive effects of this interaction on the moods of the people taking part and the initiative served to help keep people at the home integrated with the wider community. The project helped break down barriers between young and old.

Voluntary workers were welcomed and we saw a thank you from someone who had recently volunteered at the service. They had written, "You have made my time at The Old Vicarage such a wonderful experience and I really appreciate it.

The home had found that recent research suggested loneliness not only causes anxiety and depression in people in care homes, but suppresses the immune system and significantly reduces life expectancy. By encouraging volunteers to visit the home it enabled additional friendships, interests and an increased level of well-being.

The provider was working in partnership with Bolton Local Authority for a transformation bid. If successful the fund was to be used to improve the quality of life of people who used the service, to deliver further activities which would hopefully lead to: fewer incidents of harm, fewer A&E attendances, and fewer non-elective admissions to hospitals. The idea of this funding was to develop new and creative ways of meeting people's needs and had to be linked to the individuals' community, leisure activities, family and friends. People who used the service were asked how this funding could be used to enhance their life and with the support of staff, family and friends their ideas were used to create the bid submission to the local authority.

The service was also part of the Bolton Care Home Excellence programme, which had been designed in partnership with providers, people who used the service and their families. The aim was to improve quality and experience for people by committing to high standards of care. As chairperson of BARCH the provider, along with local authority leads presented the Bolton Excellence program to Councillors, hospital representatives and other home owners. The provider also regularly took part in fund raising events for the home as well as for other charities.