Glebefield 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?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 8 and 14 March 2016. The Old Vicarage is a care home providing personal care to a maximum of 26 older people. The home is a detached house located in the small, picturesque village of Otterton situated in the coastal area of East Devon, mid-way between Sidmouth and Budleigh Salterton. On the first day of the inspection there were 23 people staying at the service. This was The Old Vicarages first inspection since they registered under their new company with the Care Quality Commission in October 2014.

There was a registered manager at the service. 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.

Everyone was positive about the registered manager and provider and felt they were approachable and caring. The registered manager was very visible at the service. The provider and registered manager demonstrated they had a clear vision and values for the service. This was captured in their description of the service, It stated, 'The Old Vicarage, and its gardens, belong to the residents who have made it their home. We are here, as a team, to watch over the home, to make sure that we provide personalised care in a safe, friendly, family atmosphere. 'They were also caring and supportive to staff as they felt that this would reflect in the way staff cared for people at the service.

There were sufficient and suitable staff to keep people safe and meet their needs. The staff and registered manager undertook additional shifts when necessary and agency staff had been used to ensure adequate staffing levels were maintained.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA.

People were supported by staff who had the required recruitment checks in place. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns. Staff had the skills and knowledge to meet people's needs.

People were supported to eat and drink enough and maintain a balanced diet. People and visitors were very positive about the food at the service.

People said staff treated them with dignity and respect at all times in a caring and compassionate way. People received their prescribed medicines on time and in a safe way.

Staff supported people to follow their interests and take part in social activities. A designated enabling

person was employed by the provider and supported people to visit the community.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. They were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The provider had a quality monitoring system at the service. The provider actively sought the views of people and staff. There was a complaints procedure in place and the registered manager had responded to a concern appropriately.

The premises and equipment were managed to keep people safe.

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 said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

There were effective recruitment and selection processes in place.

People's medicines were safely managed.

The premises and equipment were well managed to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well. People saw health and social care professionals when they needed to, and staff followed their advice.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives and health and social care professionals were consulted and involved in decision making about people in their best interests.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were friendly, caring and respectful.

Staff respected people's privacy and supported their dignity.

Positive feedback was received from professionals and people living at the home about the standard of end of life care provided.

Is the service responsive?

Good

The service was responsive to people's needs.

A range of activities were available and people were able to access the local community. Visitors were encouraged and were always given a warm welcome.

There were regular opportunities for people and those that matter to them to raise issues, concerns and compliments

Is the service well-led?

Good

The service was well led.

Everyone spoke positively about communication at the service and how well the providers, registered manager and matron's worked well with them.

People's and staff views and suggestions were taken into account to improve the service.

Incidents and accidents had been analysed to see if there were patterns or
themes which could be avoided or needed to be addressed.

There were effective methods used to assess the quality and safety of the service people received.

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.

This inspection took place on 8 and 14 March 2016 and was unannounced. The inspection team consisted of two inspectors on the first day and one inspector on the second day.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met the majority of the people who lived at the service and received feedback from eight people who told us about their experiences and one visitor.

We spoke with ten staff, which included two matrons who are registered nurses that work at the service, care and support staff, the maintenance person, the office manager and the registered manager. At the inspection we spoke with two district nurses and a speech and language therapist visiting the service. As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from six GP's and a member of the hospice team.

We looked at the care provided to four people which included looking at their care records and at the care they received at the service. We reviewed medicine records of four people. We looked at four staff records and the provider's training guide. We looked at a range of records related to the running of the service. These included staff rotas, appraisals and quality monitoring audits and information.

Good

Is the service safe?

Our findings

People said they felt safe living at the home and felt confident to raise any concerns with the matron's or registered manager. Comments included, "Everybody (staff) is excellent, I just ring the bell and someone is here, it is comforting, that is why you are here, I feel safe."; "Treated as an individual here… are loved and safe."; "The whole joy of it here is I feel safe." The provider had recorded in their PIR, 'Our approach to safety is to ensure residents are protected from harm, without denying them their freedom and dignity.' A staff member said, "I would be happy for my mother to be cared for here because she would be safe, loved and cared for."

People received their medicines safely and on time. Medicines were stored safely, including those requiring refrigeration. Records were kept in relation to medicines received into the home and medicines disposed of, which provided an accurate audit trail. A pharmacist had visited the service in February 2016 and completed a medicines check. They had raised no significant concerns regarding the management of people's medicines at the service. They had recorded, 'Exemplar MAR (medicine administration record) charts entries, noted with stock received and carried forward recorded.' Staff were trained to safely administer medicines and underwent annual updates and three monthly peer competency checks to ensure they maintained good practice.

There was a safe system in place to ensure people had their prescribed creams safely applied. A folder containing cream charts guided staff about the type of cream and the frequency they needed to be applied. There was a body map clearly highlighting the areas of the body staff needed to apply people's creams. These charts had been signed by the care staff that had administered the creams, and checks were made by senior staff to ensure they had been applied as prescribed.

People who were able and wanted to be supported to take their own medicines could do so. These people had a risk assessment and agreement in place to ensure processes were safe. There were lockable facilities in people's rooms to store medicines if they were self-administering their medicines. However, there was no system in place to continually assess the person's compliance in taking their medicines to ensure they were taking them safely. We discussed this with the registered manager and she said she would put a system in place. This would ensure people who were self-administering their medicines were supported to do so in a safe way.

A homely remedy policy was in place with an up to date agreement by the GP supporting people at the home. The policy set out which additional medicines staff could give people, should they have a need. For example, paracetamol for pain relief and indigestion remedies.

Our observations and discussions with people, relatives and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. Staff worked in an unhurried way and had time to meet people's individual needs. People and staff said they felt there were adequate staff levels to meet their needs promptly. People said staff responded to their call bell requests quickly. Comments included, "They answer the bells very quickly within three minutes."; "They answer the bells quickly…there is always

somebody around."; "They answer the bell within minutes."

There were effective recruitment and selection processes in place to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. The registered manager interviewed new staff with the head of the department they were recruiting to, for example, the catering manager for employing kitchen staff. Pre-employment checks were done, which included references from previous employers, any unexplained employment gaps were checked and Disclosure and Barring Service (DBS) checks were completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures.

People were protected by staff who were knowledgeable about the signs of potential abuse and had a good understanding of how to keep people safe. They had a good understanding of how to report abuse both internally to management and externally to outside agencies if required.

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's nutritional risk, scalds and burns risk, pressure damage, falls and fire evacuation needs risk assessment. There were also general risk assessments for people at risk of tripping when out on unfamiliar terrain with staff. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs.

The home was tidy throughout without any odours present and had a pleasant homely atmosphere. One person said, ""Everything is spotless, everyone is so polite, it's a happy house."
Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons.

A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility, visual and communication needs and the support they would require in case of an emergency evacuation of the service. There was also a quick checklist using a traffic light system to guide staff. For example, red for requires a lot of assistance, green would require guiding. This showed the home had plans and procedures in place to safely deal with emergencies. Accidents and incidents were reported and reviewed by the registered manager to identify ways to reduce risks as much as possible. Each person had an accident log at the front of their care records so it was quickly apparent to assess people's individual risks.

Fire service representative had attended the service in September 2015 and had made recommendations regarding some of the escapes routes and exits which could not be used quickly and as safely as possible. They had also identified the intumescent strips (these seals expand in the event of a fire and seal off the gap between the door and the frame) on some doors had paint on which would make them not effective in the event of a fire. The provider had taken action to remedy the majority of these concerns and was awaiting new signage and an emergency closure for one door.

When people visit a care home they sign a visitors book, so in the case of a fire or an emergency it was known who was in the building in order to keep them safe. The registered manager had found this was not working at the Old Vicarage as visitors were forgetting to sign the visitor's book. They had discussed the different options available with the visiting fire officer and had implemented a different system. The system they had in place was that visitors and people coming and going would inform the staff, who recorded it on a white board outside the staff break room, which was a fire exit point. We checked throughout our

inspection and found the board reflected people visiting the service.

Premises and equipment were managed and maintained to keep people safe. An environmental risk assessment had been completed in October 2015 and reviewed in January 2016. The assessment had looked at and assessed the gardens, communal areas, bedrooms, bathrooms and toilets. Where concerns were identified action had been taken. The provider had recorded in their PIR, 'We have a rolling programme of maintenance, this year the corridors, stairs and hallways have been redecorated and re-carpeted. The lift has been updated and refurbished. The garden has been designed to allow level access from both floors.'

There were systems in place for the person responsible for maintenance and external contractors to regularly service and test moving and handling equipment, fire equipment, gas, electrical testing and lift maintenance. Fire checks and drills were carried out by the person responsible for maintenance in accordance with fire regulations. Staff recorded repairs and faulty equipment on green slips which the person responsible for maintenance took action to repair and then signed and filed. All new staff were given a personal staff handbook when they started work at the service. This contained a floor plan of the service along with instructions about what to do in the event of a fire. Staff were also made aware of the green slip they needed to complete to report maintenance issues.

A recent health and safety audit carried out by the person responsible for the maintenance had identified concerns regarding the hot water temperature of some tap outlets being above the health and safety executives guidelines. The audit had also identified that some window restrictors needed upgrading. The provider had taken action to remedy these concerns by having thermostatic mixing valves (TMV's) installed and replacing window restrictors. The registered manager had undertaken risk assessments to keep people safe and prioritised the management of the TMV's being fitted to doing people's taps which were at the highest risk. On the first day of our visit the plumbers were carrying out the installation of TMVs.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. A person said, "If anything is wrong they will explore to see if I am in pain… I am happy they would know if I was unwell. If we want to see a doctor we ask the matron and she will make the appointment."

When staff first came to work at the home, they undertook a period of induction. This included working alongside a designated experienced mentor to get to know people and their care and support needs. The provider had introduced the national Skills for Care Certificate, which is a detailed training programme and qualification for newly recruited staff. Staff said they felt the induction enabled them to perform their role. Comments included, "(Care co-ordinator) helped me to get to know the residents, I did a lot of shadow shifts. "; "The induction here was fantastic I worked with different experienced staff for 12 to 15 shifts. Even now I know the team leaders are there if I need them."

Staff were very experienced and had regular opportunities to update their knowledge and skills. Staff had completed the provider's mandatory training which included, fire safety, health and safety, infection control, food hygiene, safeguarding, Mental Capacity Act 2005 (MCA), dignity and respect, manual handling, dementia care, end of life and first aid. Staff were encouraged to undertake additional qualifications in health and social care. Staff were happy with the training they had received. Comments included, "The training is really good, I have recently done fire training, dementia training and pressure ulcer prevention training."; "Is absolutely wonderful, one of the best training experiences ever, I did the dementia training it was absolutely brilliant. I have done some training in other jobs where you just sit there, here we have a mixture of practical and written."; "The training here is spot on."

Staff received a formal one to one supervision every eight weeks from their line manager. They were also observed by senior staff prior to their supervision during their day to day practice to look at whether their training had been embedded into their practice. Staff were then given constructive feedback at their supervision meeting. The registered manager undertook the matron's supervision; however these were not formally recorded. Staff had an annual appraisal where they had an opportunity to discuss their practice and identify any further training and support needs. Staff said they were well supported and felt valued. Comments included, "They value the staff here, I cannot imagine a better place to work for."; "I wake up every morning and can't wait to go to work, I really love my job."

Health care professionals said, "The staff work very well with the health centre and endeavour to make things as efficient as possible, while retaining a very good standard of care."; "The care is very patient centred and we are contacted appropriately when patients need a medical review. I have no concerns regarding the training and knowledge of the staff."; "Yes, they are responsive to patient needs, and will contact us if they feel they and/or the patient needs additional help/skills/knowledge.": "The staff are well trained and there are enough to look after residents properly."

Where people had any swallowing difficulties, they had been seen and assessed by a speech and language therapist (SALT). Where the SALT had recommended soft or pureed food, each food was separately presented, which is good practice. Staff were aware of the importance of good positioning and of the need to give the person plenty of time to swallow between mouthfuls of food. A relative said, "Recently they had the speech therapist in to check her swallowing and the doctor comes regularly." The visiting speech and language therapist gave us positive feedback about the service. Their comments included, "Very good here, we get referrals promptly, I am quite happy with the service."

People at risk had their weight monitored regularly and further action was taken in response to weight loss and appropriate referals made to the GP.

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. For example, community nurses, psychiatric nurses, dentists, audiology and chiropodist. Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. Comments included, "They always ring and ask us to see, if someone has fallen over or has a lacerations … we are called promptly… they follow instructions and have the skills needed. They normally offer an escort if a new patient and will come and introduce us.": "The care at the Old Vicarage that I have witnessed is exceptional. From the efficient way that the doctors are treated and apprised of any problems, to the way the patients are treated, with sensitivity and respect. The whole atmosphere of the home is warm and welcoming. Communication with us is always appropriate and timely."

A relative was very complimentary about the care their relative received at the home. Their comments included, "It is absolutely fantastic here, they are so supportive, incredibly kind and thoughtful and well trained. My (relative) now needs another level of care as she is bedbound; they keep me well informed about everything. If I raise things they are brilliant at listening. (Relative) has difficulty seeing, they communicate really well with her they do things with the minimum of fuss and always speak with her. We come at all different times they let us be with her, offer us food, we feel we are in an incredibly well organised place."

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 who lacked mental capacity to make particular decisions were protected. The registered manager and staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice.

People can only be deprived of their liberty to 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 found the home was meeting these requirements. The registered manager was aware of the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty.

The registered manager had made applications to the local authority to deprive three people of their liberties and were subject to authorisation. All staff at the service had undertaken training in MCA 2005. The registered manager said they were happy they could contact the local authority DoLS team for guidance when required. Where people lacked the mental capacity to make decisions the registered manager and

staff followed the principles of the MCA 2005. Records demonstrated that relatives, staff and other health and social care professionals were consulted and involved in 'best interest' decisions made about people. For example, for a person having active treatment and a cataract procedure. Health care professionals commented, "I have found them to be aware of capacity issues and that is documented in the paperwork and appropriately taken into account with care.": "They have an understanding of what is meant by capacity and an ability to act appropriately if they think a person does not have capacity."

People were supported to eat and drink enough and maintained a balanced diet. We observed a lunchtime meal on the second day of our visit. People were given a choice of where to eat their lunch. They could choose between the main dining room, their room and the more intimate dining room where they had the option of inviting their friends and relatives to join them for a meal. Some people preferred to eat their meals in their own rooms, which was always accommodated. Eleven people had chosen to eat their meal in the dining room. The lunchtime meal was a very sociable occasion, people chatted and socialised with each other. Staff served each table in turn and went around offering and serving vegetables and potatoes.

People were positive about the quality of the food although a couple of people felt the quantities were small. The registered manager was aware that two people required larger portion sizes following an internal audit and was in the process of taking action. People's comments about the food included, "Food is beautiful, if you don't like it you just say, there's always a choice"; "The food is ok. The portion is not always sufficient enough."; "food reasonable."; "Food- is so nice and so much, I can't complain about anything."; "The food is so so."; "Food is quite good, I have enough food to eat". People also said they were happy with the food and that they were offered a choice if they did not want what was on the menu. Comments included, "Almost always a choice, if you don't like it you tell them"; "The food is great, always good, the menu is not always to your choice but if necessary they will do something else."

Staff gathered information about people's dietary requirements likes and dislikes when they first arrived at the home. This information was available in the kitchen for the catering team to inform them about people's requirements. people are encouraged to be involved in the planning of menus. The head cook was able to tell us about people's preferences and choices and adapting menus to suit nutritional needs. They said they used home grown produce, grown on-site and made home-made soups and freshly baked cakes and biscuits every day. The registered manager said people were involved in planning and developing the menus at the 'residents forum meeting' and as part of the quality assurance process.

Good

Is the service caring?

Our findings

Staff were kind, friendly and loving towards people and were seen positively interacting with them, chatting, laughing and joking. People and visitors said they felt the standard of care at The Old Vicarage was very high. People's comments included, "Halcyon days (denoting a period of time in the past that was idyllically happy and peaceful) everything is wonderful, peaceful and lovely. They care with love here including (the providers), I have never bumped into one of the staff without a smile on their faces."; "Staff are very good, they look after me very well, I can't fault them in any way" and "I don't think you could find anywhere better and they are so kind."; "Everything is wonderful, if you have to be in a home, no better place." A staff member said, "It's not like any other care home I have worked in, it's a mixture between a family home with the standards of a hotel, like one big family living together." Another said, "The residents are the main focus of everything here, everything is done to make their lives fulfilled and keep standards up. I would definitely be happy for any of these girls to look after my mum."

Staff were considerate and caring in their manner with people and knew people's needs well. Staff used friendly and supportive care practices when assisting people in their daily lives. We over heard a staff member chatting to a person regarding the queen being on television that afternoon. They took the time to go away and find out what time the programme about the queen was scheduled, and then returned and discussed the timings with the person. They then supported the person to find an alternative program to fill their time. The staff were very discreet in the dining room, they offered people assistance to cut their meat and asked if they required any support. One person said, "I have seen new staff come in and within a week they are in the same mould they quickly get caring."

Health and social care professionals gave positive comments about the caring nature of the staff. Comments included, "The staff are very experienced and caring. They seem very sympathetic to individual resident's needs."; "The staff are extremely caring and supportive at all times. Dignity is prioritised and their opinion sought wherever possible."; "I have always found my patients really well cared for in a very empathetic and caring manner."; "They involve people in decision making where possible and they do respect individual's dignity and privacy."

Staff treated people with dignity and respect when helping them with daily living tasks. Staff said they maintained people's privacy and dignity when assisting with intimate care. For example, they knocked on bedroom doors before entering, covered people and gained consent before providing care. One staff member said, "I ensure they are all covered up at all times with a towel or a blanket. I ask people what they liked to be called… I knock on their doors and wait for them to respond." Another said, "I keep curtains and doors closed, covering residents with towels and blankets and always knock." Staff always referred to people by their chosen name and often by their title. For example, Mr or Mrs. There was a reminder for staff in the staff break room of people's preference. One person said when asked about staff being respectful, "Yes very good they always knock on the door." Another said, "All of the girls are ok, they treat us respectfully and are very kind."

Staff involved people in their care and supported them to make daily choices. For example, people chose

the activities they liked to take part in, where they spent their day and the clothes they wore. Staff said they knew people's preferred routines such as who liked to get up early, who enjoyed a chat and who required reassurance and emotional support. They ensured people were given a choice of where they wished to spend their time. Staff described ways in which they tried to encourage people's independence such as dressing themselves with minimum support. A staff member gave an example of a person they had supported, and by gentle ongoing encouragement they had undertaken more of their personal care needs. They said, "I get them to try and do things for themselves." "One person said, "I like to be very independent and they let me." Another said, "They don't make you do things here you don't want to."

People's relatives and friends were able to visit without being unnecessarily restricted. However, people could decide if they received visitors. Staff were reminded in their handbook that visitors coming to the home should not be shown to people's rooms without first checking the person wished to receive visitors. People and a relative said they were made to feel welcome when they visited the home. There was a smaller dining room at the home where families could join people to have lunch. The registered manager said they liked to encourage relatives to visit the home and this was reflected in the small cost charged for visitors' meals.

The atmosphere at the home was calm and welcoming with people living there appearing 'at home'. The staff were aware that it was people's home and did not rush around carrying out tasks. There were comfortable communal areas for people to use as they pleased. People's rooms were personalised with their personal possessions, photographs and furniture. One person changed rooms on the first day of our visit to a room with an ensuite shower. Staff spent a lot of time making the room familiar for the person, carefully and lovingly placing their items around the room. The person was thrilled with the results when they were taken to their new room and the attention to detail. Another person said, "I have a room where I can do my own things, it is my personal space."

The provider offered end of life care, although no one needed this when we visited. The matrons discussed people's end of life wishes with people and an end of life care plan was put into place. This ensured people's individual wishes would be carried out by the staff. People, when required, had access to support from the hospice team. Nurses from the hospice team were positive about the quality of care given to people they had supported at the service to receive end of life care. When asked did they feel staff respected people's dignity and privacy, they commented, "Within our capacity it appears so, they are very respectful and patient feedback to us supports this."

One person told us they had developed a good friendship with another person at the home who had passed away. They had been very impressed with the excellent care their friend had received. Their comments included, "Top notch as good as you would get in a hospice." A second person said, "If anyone dies it's done very quietly and respectfully." A letter sent to the registered manager thanked and complimented the staff for the excellent care their relative had received at the end of their life. It stated 'To witness the care and attention during the final week that I was with him was touching in the extreme and it means so much to us all that his last weeks were so comfortable and peaceful."

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. People confirmed the daily routines were flexible and they were able to make decisions about how they received their care, spent their days and what activities they participated in. A staff member said, "It is person centred here, this is the residents home, they come here and can do what they want, not what we want."

The provider recorded in their PIR, 'A full and comprehensive pre-admission assessment is undertaken to ensure that we have as full an understanding of the health and wellbeing needs of each resident as possible. This assessment covers a range of medical and care needs as well as person centred details to ensure that we provide a holistic rather than task focussed approach to care.' Records we looked at confirmed this. People were invited to the home to see if it was suitable for them. Senior staff met with people and their families and discussed their care needs and what was important to them. This information was then used to generate care plans to guide staff to know how to provide the care they required when they moved into the home. This ensured people's care plans were reflective of their health care needs and how they would like to receive their care, treatment and support. The care plans covered people's health, nutritional needs, communication, continence, sleep, mobility, personal care psychological complex needs, spirituality and activities. There was also care plans in place to guide staff to maintain a safe environment for people.

People's care folder included personal information and identified the relevant people involved in their care, such as their GP, optician and chiropodist. They also included information about people's history, likes and dislikes. This meant that when staff were assisting people they knew their choices, likes and dislikes and provided appropriate care and support. The care files were presented in an orderly and easy to follow format. Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. Each month the matron's would meet with people and review their care needs. The matron said, "They trust us and are able to tell us things." The registered manager said, "Since the reviews the relationship with the matrons has been much more meaningful to people."

Care plans were up to date and were clearly laid out in a new format which had been implemented which staff could refer to when providing care and support to ensure it was appropriate. They were broken down into separate sections, making it easier to find relevant information, for example, mobility, nutrition, personal hygiene needs, psychological and social and personal relationships. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. People were given the opportunity to be involved in reviewing their care plans. Staff had completed consent and treatment paperwork and people had been asked the frequency they wanted to be involved in undertaking a review. The registered manager said they wanted to ensure staff had the relevant information they required quickly accessible. There were folders for the night staff with people's night care plans and personal profile folder so staff could refer to. There was also a folder with care plans for complex needs and behaviour. For example, staff were guided how to respond to a person suffering with depression.

Activities formed an important part of people's lives. Activities were provided every day by staff on duty and by people booked to come into the home. People said there were different things and activities available to

occupy their time. They had a themed day most months. For example the previous week they had a St David's day celebration. Photographs of the event showed the dining room decorated with tablecloths displaying the welsh dragon and people seemed to be enjoying themselves.

The monthly newsletter made people aware of the activities available at the home. The activities for the month of March 2016 included St David's day lunch, arts and crafts, quizzes, film club, manicures, classical music and holy communion. The newsletter also included some activities for people to enjoy. For example, poetry and word searches. People also went on outings with the enabler employed by the service. There were a variety of books, magazines and newspapers available for people to enjoy.

The local vicar delivered communion on the third Wednesday of each month when possible. The registered manager said people had requested the minister stay for coffee, which had been arranged. They also undertook a Christmas and Easter service at the home and a harvest festival service and supper. Some people also choose to attend the local church services in the local area. One staff member said "They do lovely celebrations here." On the first day of our visit people were engaged in a classical music session in the upstairs lounge and the enabler supported people on outings. A GP told us, "They do provide personal centred care, they support individuals in activities of their choice and they support people to raise concerns and complaints." Another said, "They encourage patients in their own activities as much as possible and are flexible."

Everyone is allocated some one to one time with a member of staff each week to either go for a walk, look at photographs or just have a chat. The registered manager said, "It is very much resident led." This was overseen by the team leaders to ensure nobody was missed out and to ensure it was meaningful time.

The provider had a complaints procedure which made people aware of how they could make a complaint. It also identified outside agencies people could contact which included, the local government ombudsman.

People and relatives said they would feel happy to raise a concern and knew how to. Comments included, "If I had a concern I would speak with (matron) if I had a big concern I would go to (registered manager), they are all very good.": "The girls are very cheery and not rude, they chat to you, I can't complain about anything here."; "I am not one for causing trouble I have no need to complain anyway."; "Matron would sort it out but I have not needed to."; "I would raise it with matron she would take it from there, very fair."

There had been no formal complaints received at the service in the last year. Where the registered manager had been made aware of grumbles they had taken them seriously and had taken action to ensure people were happy and satisfied with the outcome.

Good

Is the service well-led?

Our findings

People living at the Old Vicarage, their relatives and staff were positive about the management of the service. One staff member commented, "The management are amazing, always there when you need them, always willing to help, generally very supportive. When you start to work here they make you feel wanted and valued like family."; "The owners are superb.": "The family (provider's and registered manager) are amazing, they never pull a face about anything they are so patient they always listen, remarkable people."

All of the health and social care professionals fed back very positive comments about the leadership at the home. Their comments included, " My feeling is that the home is well led and organised."; "I have no concerns about the way in which this home is run."; "It is well run and it's residents are very well cared for."; "We have an excellent relationship with the staff and the nursing team are great. I can't think of a single negative regarding its management and the care provided to its residents. The respect for the residents is of the highest standard and they are treated with dignity at all times.": "I believe there is clear leadership. There are suitable checks and audits in place to identify how to improve and they work well in partnership with us."

The service had a registered manager in post as required by their registration with the CQC. The registered manager was referred to at the home as the 'head of home' and was working towards her Level 5 Diploma in Management for Health and Social Care. They lived locally and made herself available at all times. People and relatives were positive about the registered manager. They said she was approachable and always available if they wanted to talk with her. Comments included, "(Registered manager)is a lovely lady… can go to her and ask to see her for anything at all, they all have the patience of saints."; "A lovely woman."; "She is lovely, very approachable, very caring all of the staff are so caring and thoughtful."

The provider's visited the service most days and had informal discussions with the registered manager and staff. They formally met with the registered manager each month to discuss the service and any concerns.

The registered manager undertook the day to day running of the service and was supported by three matrons. They undertook duties each day from eight in the morning until four in the afternoon and were on call overnight. The registered manager made us aware that the provider had made the decision when they established The Old Vicarage to employ registered nurses, referred to as matron's, to oversee people's care needs at the service. The matron's had a clear understanding of their responsibilities and referred any nursing needs people had to the community district nurse team. The matrons were supported by a care co-ordinator and team leaders, care and ancillary staff to support people's needs. Staff said they felt well supported by the registered manager and matrons, they said issues were dealt with quickly and appropriately. Comments included, "I always feel I can ask her anything."

The registered manager and matron's knew each person's needs and were knowledgeable about their families and health professionals involved in their care. They promoted a positive culture and were aware of the ability of staff and were willing to challenge poor practice.

In the PIR, the provider outlined a clear vision and values for the service. It stated, 'The Old Vicarage, and its gardens, belong to the residents who have made it their home. We are here, as a team, to watch over the home, to make sure that we provide personalised care in a safe, friendly, family atmosphere.'

The registered manager monitored and acted appropriately regarding untoward incidents. They checked each incident personally and visited the person involved to ensure staff had taken the necessary action. This enabled them to be able to analyse trends over time to establish whether there were any patterns, which needed addressing, and helped to reduce the risk of recurrence. There were accident and incident reporting systems in place at the service. The registered manager reviewed all of the incident forms regarding people falling. They looked to see if there were any patterns in regards to location or themes. Where they identified any concerns or reoccurrence they took action to find ways so further falls could be avoided.

The registered manager had a range of quality monitoring systems in use which were used to continually review and improve the service. These included regular audits of medicines, care records and health and safety, which included infection control. They had taken the relevant action for issues they had identified in respect of these. For example, an action from a medicine audit carried out in March 2016 resulted in the purchase of a new medicine reference book and update training being arranged for May 2016.

People and staff were actively involved in developing the service. There were six monthly resident forum meetings held with the registered manager and/or the care co-ordinator, which enabled people to have their say and speak freely. At the last residents forum they discussed the autumn menu and had a discussion about staff wearing name badges and it was decided that they shouldn't because it made it too institutional. Each week a sherry on Sunday session was held with the the providers and/or the registered manager. This was an oppoprtunity for people to mingle and chat. The PIR recorded that 'It aimed at engaging the residents with planned changes for the coming year within the home and to gather feedback on suggested future improvements.' The provider conducted an annual survey, and the registered manager was in the process of evaluating the most recent one. They said they would feedback the findings and actions at the next resident's forum meeting and in the newsletter.

A full staff meeting was held annually and department meetings were held more regularly. For example, matron's meetings, team leaders meetings and night staff meetings. Records of these meetings showed staff were able to express their views, ideas and concerns.

Each morning the night staff would hand over to the matron and team leader key information about each person's care. Then at eleven o'clock all care staff would meet to discuss and feedback on people's needs and any changes. On the second day of our visit the registered manager made us aware they had made changes to the handover, and all staff attended a handover when they arrived on duty. This meant staff were kept up to date about people's changing needs and risks.

In November 2015 the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

Records were stored in the staff office which was not locked throughout our inspection, so people's care records were not secure and could be accessible to visitors. The registered manager took action to have the door locked, so people's records were secured.

The registered manager was meeting their legal obligations such as submitting statutory notifications when certain events, such as when a death or injury to a person occurred. They notified the CQC as required, and

provided additional information promptly when requested and working in line with their registration. The week of our visit we had a notification regarding a power cut due to adverse weather conditions affecting the surrounding area. One person was very complimentary how this had been managed at the service. Their comments included, "(The registered manager) came and gave us a light, they were all marvellous."