

The Old Vicarage Care Home Limited

The Old Vicarage Care Home

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 inspected the Old Vicarage on 14 August 2017. This was an unannounced inspection. The service is registered to provide accommodation and care for up to 44 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 42 people living at the service, including one person who was in hospital.

At our last inspection on 8 and 9 June 2015 the service was found to require improvement relating to the management and recording of certain medicines. At this inspection we found the necessary improvements had been made.

A registered manager was in post and present on the day of the inspection. 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.

There were policies and procedures in place to assist staff on how keep people safe. There were sufficient staff on duty to meet people's needs; Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had

received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The service was clean, well maintained and readily accessible throughout. There were quality assurance audits and a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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.

Staffing levels were sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. People were protected by thorough recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

Is the service effective?

Good 

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good 

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good 

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A

complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good ●

The service was well led.

Staff said they felt supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

The Old Vicarage Care Home

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 was planned to check whether the provider was 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 14 August 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with 14 people who lived in the home, eight relatives, a social worker linked to the service and two health care professionals. We also spoke with three care workers, the deputy manager, compliance manager, training manager and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

Without exception, everyone we spoke with told us they felt very comfortable at the Old Vicarage and said they thought the service was safe. One person told us, "This is a very safe place; it is very nice indeed." Another person said, "I feel very safe here, the staff are all just lovely. Nothing is too much trouble for them and they help me to get about safely."

Relatives we spoke with said they felt confident their family members were safe and had no concerns regarding their welfare. One relative told us, "This is a lovely place. I had real reservations about [family member] coming here but I visit virtually every day. The manager is very approachable, and it's been absolutely fine since [family member] came here. There always seems to be plenty of staff around and they are very kind." Another relative told us, "[Family member] did have a couple of falls but it was a long time ago and they took her to hospital. She was alright but it was just as a precaution. They are brilliant staff here."

Staff we spoke with said they understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

We saw there were sufficient staff on duty in the communal areas and people did not have to wait for any help or support they required. People and relatives also told us call bells were usually answered in a timely manner and we saw people in their rooms all had a call bell within reach. This was supported by comments from people and their relatives we spoke with. One person told us, "They [Care staff] are always around and I don't often have to wait long but sometimes I do, if they're busy and then they come and say they're sorry they've been a long time." One relative told us, "[Family member] has never complained about having to wait for help and I've never seen them leave her for a long time." Another relative said, "There are enough staff here and there is never a problem. Although I suppose everyone could do with another pair of hands." They went on to say, "I don't think [Family member] could use a buzzer anyway but they [Staff] do check on her frequently when she is in her room. It's all very good." We observed staff were visible and very much in evidence throughout the day. We counted at various times up to seven staff in and around the communal areas, constantly interacting with people.

Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, happily asking for help, as required and call bells were answered straight away. We spoke with the registered manager who confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare were met by sufficient numbers of staff.

The safety implications and importance of a thorough assessment of people's needs, before they were admitted, was discussed with the deputy manager. They told us, "We are residential not nursing and I have had to decline people after assessment if we can't meet their needs." They went on to say, "There's no ifs or buts or maybes, unless or until we have all the necessary resources in place we can't take a person in. It would be unsafe otherwise and we don't want to put anyone at risk."

People and their relatives we spoke with were happy and confident their medicines were handled safely. One person told us, "They [Care staff] watch me while I take my tablets and bring me some water with them." We observed medicines were managed and administered safely and people were given their tablets with water and observed taking them. We also saw individual inhalers were cleaned and administered appropriately.

We checked storage of medicines. Controlled drugs were safely stored in a locked cupboard and we saw the medication room was kept locked unless in use. There was an electronic records system in use which used photograph ID for people matched to containers in the medicine trolley. The system meant that all drugs were accounted for and when a medicine was not given for any reason, the information was entered on the system and informed the administering staff member on the next medicine round. The system also alerted the staff member when the round had been completed which meant it was unlikely that anyone's medicine would be missed. The registered manager confirmed all senior staff involved in administering medicines had received appropriate training and their competency was regularly assessed. This was supported by training records we were shown and demonstrated medicines were managed safely and consistently.

The provider operated safe and thorough recruitment procedures. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

During our inspection we saw all areas of the service were very clean, well-maintained and easily accessible. People told us they had regular access to a bath or shower if they wished. Bedding appeared generally clean and we found a reasonable standard of cleanliness throughout the building. We saw people's hair and clothing was clean and fingernails and toenails (where visible) were generally well cared for and clean. One person told us, "My bed is clean and I have a bath when I want one. I don't like showers." One relative we spoke with told us, "It's really good here. Everything is very clean. [Family member's] room and her bed are always immaculate and there is no smell." Another relative said, "The staff work very hard to keep everything clean. I have no worries at all about that."

There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans. We saw sensor mats in use in the rooms of vulnerable people who had been assessed as being at risk of falls.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns which may indicate a change in people's needs, circumstances or medical condition. They said this helped reduce the potential risk of such accidents or incidents happening again and we saw documentary evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Is the service effective?

Our findings

People received support from staff who knew them well and had the necessary knowledge and skills to meet their identified care and support needs. People and their relatives spoke positively about the service and told us they had no concerns about the care and support provided. People said they felt staff knew them well, they were aware of individual needs and understood the best ways to help and support them. One person told us, "The staff here are very good. They will always have a chat with me. I've been in the garden. I love to be in the garden. I have no complaints." One relative told us, "The staff are really good and they know what they're doing. Visitors are always made very welcome and I can come here any time, whenever I want." Another relative said, "They [Staff] are generally very polite and never take things for granted. They understand [my family member] and cater for his needs."

The registered manager ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. One staff member described their induction programme, which had included identifying the training they needed to meet the specific needs of people who lived at the home together with learning about procedures and routines within the home. They confirmed they had initially worked alongside (shadowed) more experienced colleagues, until they were deemed competent and they felt confident to work alone.

Staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. This was supported by staff we spoke with and through training records we saw. One member of staff told us, "The training here has been great and has meant I feel confident in what I'm doing." Another member of staff told us, "[The training manager] is really good and we have a mixture of online and practical training." The registered manager also told us that three members of staff were nominated 'dementia leads' with specific responsibilities for promoting the needs of people living with dementia. They also confirmed that following a comprehensive assessment by the local authority, the service had recently received a 'Dementia Premium' award, which recognised the efforts of the service in relation to dementia awareness. This was supported by members of staff we spoke with and confirmed in documentation we saw.

Staff also told us they felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Approachable and very supportive." They also confirmed they received regular supervision (confidential one to one meetings with their line manager) which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

We saw people were supported to maintain good health and the registered manager told us a GP from the local surgery attended the home whenever needed. During our inspection a visiting health care professional spoke positively to us about the staff and the care and support people received. They also said they had confidence in the registered manager and staff team. They told us, "We have a good working relationship

with the home and have no concerns about the level of care people receive. The staff will always contact us with any concerns and are very responsive to any recommendations we make." A relative we spoke with told us, "They [Staff] are really good about communicating with us. If [my family member] is a bit under the weather they will always contact us to let us know and will soon get the doctor in if they need to." This demonstrated people have appropriate access to relevant healthcare services, as required.

During the inspection we spoke with a social worker, linked to the service, who spoke positively regarding the effective working relationship they had with the registered manager and staff team. They told us, "[The registered manager] always seems very open and helpful and the deputy manager is also very competent and certainly knows her stuff."

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). The registered manager confirmed there was currently one DoLS authorisation in place and, following individual assessments, a further three applications had been forwarded to the local authority.

We checked whether the service was working within the principles of the MCA. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. We saw the appropriate documentation, including best interest meetings, was in place to support this.

We observed lunchtime in the main dining area and saw people were offered a selection of drinks before and during the meal. We observed staff provided discreet support with eating to people, as necessary. People spoke positively about the standard of the meals they received and the choice available. One person told us, "I've no complaints about the food. There are usually two good choices at lunchtime." Another person said, "I like the food here. It's very good and you can have as much as you like and whatever you like if they've got it." A relative we spoke with told us, "There are two main options at lunchtime and I've seen people being offered alternatives if they don't want it."

We observed people being served lunch in the lounges and the conservatory. People were able to choose for themselves where they wanted to eat lunch. Tables in all areas were nicely set out with tablecloths and a selection of condiments including sauces. We saw staff taking meals to people and people were generally eating unaided. There was a problem on the day of our visit because the cooker was out of commission. The cook explained that she had needed to prepare meals which could be done in the microwave and/or slow

cooker. We saw lunchtime was unhurried and a sociable event.

Throughout the day we saw regular provision of hot and cold drinks together with biscuits and other snacks. However we observed the staff member who brought the tea trolley round handled biscuits with their fingers, taking them out of the tin and putting them on to plates. They did not use either gloves or tongs. We discussed this with the registered manager, who assured us they would address the issue with staff. We saw people were provided with drinks when they requested them and there was a tea trolley both morning and afternoon. One person told us, "You can always get a cup of tea or coffee; you only have to ask." This demonstrated that people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet.

Is the service caring?

Our findings

People and their relatives spoke positively regarding the caring environment and the kind and compassionate nature of the registered manager and staff. One person told us, "The staff here are really kind - lovely people, all of them." Another person said, "They [Staff] are all nice and are very caring towards us." A relative we spoke with told us, "What I really like is that there seems to be good staff continuity here. [My family member] couldn't cope with different people all the time."

During our inspection we saw some good examples of kindness and thoughtful care and support being provided. We saw staff sit down and spend time talking with people in friendly, good natured conversation. We heard one person telling a staff member all about where they had worked and describing the job they had done. The staff member listened very patiently and asked them questions about what they were telling her. When someone else complained of being uncomfortable in their chair, a staff member fetched a cushion and placed it behind them, asking if that felt better. They smiled and said, "Yes, thank you." Another person was being supported to move into the conservatory and during their friendly interaction the staff member asked them which chair they would like to sit in. The deputy manager told us, "We are all carers at the end of the day and we all put the residents first. We've got a really good team and we're all here for each other and all try and help each other – like a big family." This demonstrated positive caring relationships between people and the staff who supported them.

People told us they were encouraged to be as independent as they wanted to be and to ask for support if required. One person told us, "I can undress and get myself up when I'm ready, but I know the staff are always there if I need any help." The balance between an individual's wish for independence and their actual ability was discussed with one relative, who told us, "[Family member] couldn't manage anything on her own now although she thinks she can. Fortunately the staff know what support she needs." A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living and these choices were respected. Communication between staff and the people they supported was sensitive and respectful. We observed staff involve and support people in making decisions about their personal care and saw people being gently encouraged to express their views.

Individual care plans we saw contained details regarding people's personal history, their likes and dislikes. The information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Although most people we spoke with were not familiar with their care plan, relatives told us they felt involved in the care of their relative and were kept well informed. One person told us, "I don't know anything about a care plan but they [staff] asked me lots of questions about what I like and don't like and about my family and that sort of thing." Relatives confirmed that, where appropriate, they were involved in their family member's care planning and had the opportunity to attend care plan reviews. One relative told us, "We were very involved in the care plan and have had a few meetings with the manager. We started off with weekly meetings when [my family member] first came to see how she was settling in and the manager said we could have weekly meetings as long as we wanted. We can always talk to the manager if we need to; she is very approachable."

Relatives also said they were kept well-informed and were made welcome whenever they visited. One relative told us, "It's completely open visiting here. I come in most days and I help [Family member] with her lunch. It's a very open home and there are always a lot of visitors coming in and out. It makes it a really nice atmosphere and we all talk to other residents who might not have as many visitors. I really love it here."

People had their dignity promoted because the registered manager and staff demonstrated a strong commitment to providing respectful, compassionate care. People told us that staff respected their privacy and dignity. One person told us, "The [bedroom] door is usually shut and they [staff] will always knock before they come in." The registered manager told us people were treated as individuals and supported, encouraged and enabled to be as independent as they wanted to be. During our inspection we observed staff were sensitive and respectful in their dealings with people. They knocked on bedroom and bathroom doors to check if they could enter. Staff told us they always ensured people's privacy and dignity was maintained when providing personal care. This meant people were treated with dignity and respect.

Is the service responsive?

Our findings

People and relatives gave us very positive feedback about how the Old Vicarage staff met people's needs. People received personalised care from staff who were aware of and responsive to their individual care and support needs. Before moving to the service, a comprehensive assessment is carried out to establish people's individual care and support needs to help ensure any such needs can be met in a structured and consistent manner. One person we spoke to told us, "I like it here and really think I get everything I need." Relatives also spoke very positively about how responsive the service was. Another person said, "It is just lovely here." One relative told us, "Oh yes, I think they [staff] do understand [my family member]. We know she is happy here." Another relative said, "The staff here can't do enough for the residents. It was [my family member's] birthday recently and they organised a little party and got a present for him. It was lovely."

There was an activities coordinator in place who worked from ten until four on Monday until Friday. The registered manager told us they were currently interviewing for a second activities coordinator in order to provide seven days cover. People spoke enthusiastically about trips out to the seaside and a recent theatre visit to see 'Seven brides for seven brothers' which they had really enjoyed. The activities coordinator told us that a summer fair was being organised for the coming weekend. We also saw a 'wishing tree' where people had added 'leaves' and written their various wishes on them. These ranged from, 'I would like to go to Blackpool again;' 'I wish my daughter would visit more' and 'I would like to learn to swim.'

There was a choir consisting of people who used the service and we were told they were intending to enter a regional competition in the near future. We observed the choir practice in one of the lounges and the company's health and wellbeing manager was there as well as the activities coordinator and some relatives. It was a clearly a very popular event with a lot of laughter and fun. People were given sheets of lyrics of well-known songs and background music was provided on a CD. Everyone involved appeared to really enjoy the singing. We saw one person who had shown little interest in anything previously also joined in the singing, despite not opening their eyes. We asked the person if they liked the choir and he told us, "It's the best thing we do here. We sing a lot and I really enjoy it." Another person said, "We like a bit of fun but there are some right miseries as well. They won't do anything but the rest of us do a lot of singing." A relative we spoke with told us, "The activities coordinator is really good. She brings lots of things in for the residents and every time we come there is something going on – a game or some music."

As well as the choir practice we saw there were structured activities taking place with some people colouring pictures and others doing jigsaws. We also saw some people doing crosswords and others reading magazines. We observed people had freedom to move around within the building independently as they wished, or supported by staff where necessary. One person told us, "It's really nice to get outside in the fresh air. I love the garden." The outside garden area was well maintained with garden furniture and we saw one person with their visiting family sitting outside. This demonstrated that people received responsive, personalised care and support, which reflected their individual interests and preferences.

Relatives spoke positively regarding how involved they felt and how responsive they thought the service was. One relative told us, "There are relatives meetings and I try to get to them. Attendance is variable from a

couple of people up to half a dozen. I like to be involved and know what the manager's plans are." Another relative said, "They [Staff] asked us lots of questions about what [my family member] likes and dislikes which reassures me that they respect her preferences." We saw there were also weekly and monthly newsletters/magazines called the Daily Sparkle, which contained forthcoming events as well as reminiscences, puzzles and photographs.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. This demonstrated the service was responsive to people's individual care and support needs.

Care plans we looked at were personalised to reflect people's wishes, preferences, goals and what was important to them. We saw Individual care plans contained details regarding people's health needs, their likes and dislikes and their individual preferences. Care records were reviewed regularly to ensure they accurately reflected people's current and changing needs and choices and we saw people were directly involved in this process.. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner, in accordance with their identified choices and preferences.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a friendly, calm and unhurried manner.

People using the service and relatives we spoke with told us they knew what to do if they had any concerns. They also felt confident they would be listened to and their concerns taken seriously and acted upon. No-one we spoke with could recall having had the need to raise a complaint and said any minor issues had been quickly resolved. One person told us, "I can speak up for myself and if anything wasn't right I'd soon tell them but I'm happy." One relative told us, "I've never had to complain about anything here. They [Staff] are so helpful and nothing is too much trouble. [My family member] was in a room upstairs but didn't like it up there and we asked if she could have a room downstairs, as she likes to see people coming and going. It wasn't any trouble and she was moved down here without any fuss."

The provider had systems in place for handling and managing complaints. The complaints records we looked at confirmed that these were investigated and responded to appropriately. Staff we spoke with were aware of the complaints procedure and knew how to respond appropriately to any concerns received.

Records we looked at showed that comments, compliments and complaints were monitored and acted upon. Complaints were handled and responded to appropriately and any changes and learning implemented and recorded. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The registered manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. This demonstrated the service was responsive and sensitive to people's needs.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager, who they described as both visible and approachable and said they liked the way the home was run. One person told us, "I love it here. We are a happy family and the staff and the manager are so nice." A relative we spoke with told us, "I think it's great here. People seem really happy and it's very clean everywhere and it's a pleasure to visit. I can't think of anywhere better and it's all down to the manager really and how she runs the place." Another relative spoke very positively about the deputy manager, who they described as, "Just brilliant." They went on to say, "She is so kind to everyone and I've never seen her without a smile for people."

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. The deputy manager also spoke very positively about the registered manager and their motivational skills. They told us, "[The registered manager] has been phenomenal and encourages us all to discuss any issues or problems, to sort them out together." Staff told us they felt supported by the registered manager, who they described as very approachable. They felt able to raise any concerns or issues they had. One member of staff told us, "Good management creates a good team and we've got a good manager. In fact she's brilliant – and I don't often say that about people."

The registered manager emphasised the importance of an open and inclusive culture and ensured, wherever practicable, staff were directly involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. These included regular audits of the environment, health and safety, medicines management and care records. We saw these checks had helped the registered manager to focus on aspects of the service and drive through improvements following our last inspection. For example, the quality of care was being checked with people, care records were being developed and staff practices were improving to enhance their knowledge around the subject of dementia care. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.