The Old Vicarage Residential Care Home Limited

# The Old Vicarage Residential Care Home

## Inspection report

84 Main Street
Skidby
Cottingham
Lincolnshire
HU16 5TH

Tel: 01482876633
Website: www.theoldvicaragech.co.uk

Date of inspection visit:
14 December 2015
15 December 2015

Date of publication:
17 March 2016

## 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

This inspection took place on 14 and 15 December 2015 and was unannounced. At our last inspection of the service on 25 February 2014 the registered provider was compliant with all the regulations in force at that time.

The Old Vicarage Residential Care Home is a home for older people in Skidby. The detached house accommodates 33 people in comfortably furnished and decorated shared and single bedrooms and has plenty of lounge and dining space. The registered provider has places for 33 people but prefers to operate at 29, thus using four shared bedrooms as singles, giving the effect that all rooms are single occupancy. Gardens are ornamental and well maintained. There is a passenger lift to upper floors and there are ramps into the home from the outside. There is a car park to the rear of the property for approximately ten cars.

At this inspection we found there were 19 people living in the service, plus three people who were in the 'Time to Think' beds. These were short stay beds utilised by the Hull Royal Infirmary to help get people out of hospital and back into their own homes. People using the Time to Think beds usually stayed for between seven and twenty-eight days in the service before moving back into their own homes. The age range of people using the service was between 79 and 102 years.

The registered provider is required to have a registered manager in post and there was a registered manager at this 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.

People who used the service and their relatives told us they had been consulted about care and support and we found that they received the care they required to meet their needs. We noted that the recording in two care files could be improved, but this had already been picked up in a recent care plan audit and was being addressed by the registered manager.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and that there were enough staff to meet people's needs. Staff had been employed following robust recruitment and selection processes. Medicines were administered safely by staff and the arrangements for ordering, storage and recording were robust.

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the home.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision, appraisals and staff meetings.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the service was meeting their internal quality standards. The registered manager was described by people, relatives and staff as being 'open and friendly' and there was an 'open door' policy as far as they were concerned.

## 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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There was sufficient staff on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

### Is the service effective?

Good

The service was effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People reported the food was good. They said they had a choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People told us that care was good and they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good

The service was caring.

People who lived at the home told us they felt staff cared about them and we observed positive interactions between people who lived at the home and staff on the day of the inspection.

Staff were motivated and inspired to offer care which was compassionate and person centred. People told us that they were treated with dignity and respect and this was observed throughout our visit.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

## Is the service responsive?

Good

The service is responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences and this enabled them to provide a personalised service.

People had access to a range of social activities and events within the service that they enjoyed. However, people said they would like to have more trips and activities outside of the service.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

## Is the service well-led?

Good

The service was well led.

People who used the service said they could chat to the registered manager and relatives said the registered manager was understanding and knowledgeable.

The registered manager carried out a variety of quality audits to monitor that the systems in place at the home were being followed by staff to ensure the safety and well-being of people who lived and worked there.

Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

# The Old Vicarage Residential 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 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 14 and 15 December 2015 and was unannounced.

The inspection team consisted of one adult social care inspector and one 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. The expert-by-experience who assisted with this inspection had knowledge and experience relating to older people and dementia care.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. We also sought relevant information from the East Riding of Yorkshire Council (ERYC) safeguarding and commissioning teams who informed us that they had no concerns about the service. The registered provider had completed a provider information return (PIR) for this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager and three members of staff. We also spoke with seven people who used the service and two relatives. We spent time in the office looking at records, which included the care records for two people who used the service, the recruitment, induction, training and supervision records for four members of staff and records relating to the management of the service. We spent time observing the interaction between people, relatives and staff in the communal areas and during mealtimes.

Good

# Is the service safe?

## Our findings

We asked people if they felt safe, if the staff assisting them had the right skills and if they felt the premises were safe and secure. All the responses we received were positive about the service. The front door to the home was locked with entry only being given by care staff. People who spoke with us said, "The service is safe at night. The locks on the external doors mean people cannot get in and out without staff knowing about it. You can go out with visitors or the staff when you want." One person told us, "They're good at helping me into my wheelchair, I always feel safe here." One relative who was asked about their family member's safety said, "Yes, I feel [Name] is safe here. I wouldn't have them here if I didn't."

Corridors and communal spaces were free from clutter and tidy. We saw that when people were being assisted to move around the service, the staff gave them good clear instructions on how to move safely and if extra assistance was needed the staff told the person what was going to happen. We observed that equipment to aid moving and handling was used in a safe and effective manner. This indicated that good working practices were used to keep people safe and well on a daily basis.

Registered providers of health and social care services have to inform us of important events which take place in their service. The records we hold about this service showed that the registered provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA). The registered manager described the local authority safeguarding procedures. They said this consisted of a risk matrix tool, phone calls to the local safeguarding team for advice and alert forms to use when making referrals to the safeguarding team for a decision about investigation. There had been instances when the safeguarding risk matrix tool had been used, when alert forms had been completed and when the CQC had been notified. These were completed appropriately and in a timely way. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We spoke with staff about their understanding of SOVA. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff said they were confident the registered manager would take any allegations seriously and would investigate. The staff told us that they had completed SOVA training in the last year and this was confirmed by their training records. The training records we saw showed that the majority of staff were up-to-date with safeguarding training, and any gaps in this training had already been highlighted by the registered manager and training dates booked.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the records for accidents and incidents which showed what action had been taken and any investigations completed by the registered manager.

Staff told us, "Staff are aware of emergency procedures in terms of incidents to people, for example if someone collapses, or in terms of the environment, such as in the event of a fire. We do fire drills and training." We found that the fire risk assessment was reviewed in 2015 and a fire drill/fire test was carried out every week. We saw that personal emergency evacuation plans (PEEP's) were in place for people who would require assistance leaving the premises in the event of an emergency. These contained very basic information and needed to be more detailed about each person's individual needs. The registered manager told these would be completed immediately and copies were sent to us following our inspection.

Care plans included suitable risk assessments that recorded how identified risks should be managed by staff. These had been updated on a regular basis to ensure that the information available to staff was correct. When people displayed particular behaviours that needed to be managed by staff in a specific way to ensure the person's safety or well-being, this information was recorded in their care plan. The staff told us that restraint was not used within the service.

The staff were able to describe what they would do if an individual demonstrated distressed or anxious behaviours. Staff said "We would use distraction techniques to calm the person down or we would walk away for a time and try again at a later date." We were able to observe this in practice over the lunch time period when one person became upset and very vocal. We observed that on the occasions this happened staff would, either move away and leave the person alone until they became calm again or staff used a different approach and the person eventually calmed and cooperated. The staff appeared to understand them well and coped with their behaviour very well.

There were sufficient staff on duty to ensure people's needs were met and the daily routines of the service were carried out. People who used the service were given time to move around. We observed that staff were calm, not stressed or rushing about. They were able to take time to sit and talk to people on a one-to-one basis.

We saw rotas indicated which staff were on duty and in what capacity. In discussion, the registered manager told us that, "Staffing has increased in the early evening as recent analysis of the falls occurring in the home showed this was a problematic time; so the registered provider agreed to the introduction of a twilight shift."

People who used the service said they were satisfied with their care, but some felt that more staff would help. People told us, "The staff have a big job to do", " I don't think there are enough, but I think they do very well with what they've got" and "They could do with more." Further discussion indicated that everyone had their needs met and there were relatively short waiting times for assistance.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment serviced included the fire alarm and the nurse call bell, moving and handling equipment including hoists, portable electrical items, electrical systems, water systems and gas systems.

Clear records were maintained of daily, weekly, monthly and annual checks carried out by the staff for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window opening restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

We looked at the registered provider's policies and procedures and found that they had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an

infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met.

We looked at the recruitment files of three members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them. One person who used the service told us that they sat in when new staff were being interviewed and was then involved in the decision as to whether they should be employed. They were very proud of this involvement. The registered manager described them as a 'resident advocate'.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files.

We observed staff giving out medicines at the lunch time meal. Staff communicated effectively with people, even those who could not say if they were in pain or in need of anything. Staff told us, "We know the people who use the service. We look at their posture and their facial expressions, but the majority of people can use gestures to let us know how they are feeling." One person who was staying in the 'Time to Think' unit said they were able to self-medicate. Another person told us that they were able to have pain relief when they asked. If they refused, the staff always explained why.

Good

# Is the service effective?

## Our findings

We asked people who used the service if they felt the staff were sufficiently skilled and experienced to care and support them to have a good quality of life. All of them said "Yes." One person told us, "The staff understand me and I like that." One visitor to the service told us, "Staff skills seem okay and they interact well with people."

We asked the registered manager about best practice within the service looking at external awards, dementia work and research. The registered manager told us that best practice input came from the dementia care training given to staff. The service was also registered with the Research Ready Network. Improving the lives and health of older people living in care homes is a major UK government priority. The Enabling Research in Care Homes (ENRICH) initiative and Research Ready Care Home Network aim to help make this happen, and to improve the consistency of support for research outside the NHS. The network brings together care home staff, people using services and researchers to facilitate the design and delivery of research. This hopes to improve the quality of life, treatments and care for all people using services.

We looked at induction and training records for four members of staff. These indicated that new staff completed the Care Certificate Induction from Skills for Care and received appropriate training and practice monitoring to ensure they could provide safe care and treatment. Skills for Care is a nationally recognised training resource. We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training deemed by the registered provider as both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed staff participated in additional training including topics such as Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity. The registered manager told us "Some courses are computerised, some distance learning and some face to face."

The registered provider had good systems to record the training that staff had completed and to identify when training needed to be repeated. Each staff member had a file with a personal plan of training they had attended and the certificates that they had been awarded. There was also a spread sheet which clearly recorded when each member of staff had last completed a training course and when the training needed to be repeated. This was then booked by the registered manager as required.

Records of staff supervisions showed that supervision meetings were held every eight weeks. Staff who spoke with us said they found this helpful as they were able to discuss their work and get feedback on their working practice. We saw that staff received annual appraisals of their performance; the registered manager told us that they also reviewed the effectiveness of the staff training at this time.

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 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 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.

Records showed that DoLS applications had been submitted for nine people who used the service and were waiting for the local 'Supervisory Body' to assess and approve the documentation. The registered manager displayed a good understanding of their role and responsibility regarding MCA and DoLS. Staff had completed training on Mental Capacity awareness during the last year and were aware of how the DoLS and MCA legislation applied to people who used the service and how they were used to keep people safe. We saw in care records the staff had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions.

Staff were knowledgeable about MCA and told us, "If a person does not have capacity then some decisions could be taken for them after a best interest meeting. Day to day life decisions can still be their own. You can involve a person's GP or community psychiatric nurse (CPN) if their mental health needs are deteriorating. You would always assume capacity and offer daily life choices."

When people displayed particular behaviours that needed to be managed by staff in a specific way to ensure the person's safety or well-being, this information was recorded in their care plan. The staff told us that restraint was not used within the service. The staff were able to describe what they would do if an individual demonstrated distressed or anxious behaviours. Staff said, "You have to know how to approach people. We would talk to them, give them a cup of tea and distract them from whatever was upsetting them. On occasion it is best to walk away and come back a little later and try again." We saw that the registered provider had a policy and procedure in place, which confirmed that restraint would not be used within the service.

We contacted local commissioners of the service and safeguarding teams before our inspection. None of the individuals we contacted raised any concerns about how people who used the service were supported to maintain their mental health and physical wellbeing.

People were able to talk to health care professionals about their care and treatment. All individual health needs, visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). We asked people who used the service what happened if they did not feel well and they told us, "The staff are lovely, they would arrange for us to see our GP or the district nurse straight away." People also told us that they had visits from a chiropodist and an optician. We saw that people had given consent for the administration of flu vaccines by the district nurses and people had patient passports in their care files. Patient passports are documents that can be taken by a person to a medical appointment or on admission to hospital. The 'passport' gives health care professionals detailed information about the person's care and support needs, when the person can not verbally communicate these or lacks capacity to do so. People who used the service were weighed regularly and appropriate action was taken by the staff if

their weight increased or deceased by significant amounts.

Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems. We saw that the service was working with the dietetics team in the community who had introduced the 'Nutrition Mission' to encourage people not to have supplements in their diet, but look at 'fortified' diets to increase their calorific intake. In response the service had introduced milkshakes, smoothies, fresh fruit and full fat yoghurts, as between meal snacks and drinks. Some of the staff had completed the training for the Nutrition Mission and the registered manager told us that they wanted to send more staff on the training and to appoint a nutrition champion for the service.

The cook told us that they spoke with new residents about their food likes and dislikes. They told us that they planned the menus and that the menus changed over a two week rota and changed with the seasons. This was confirmed by the people who used the service. People told us, "I like the food, it is always tasty, "I'm very satisfied" and "Yes, the food is really good." Other comments we received included, "The food is great. Just like you'd get at home." "You get plenty" and "They'll get you anything you want up to a point." "I get small portions which is what I ask for."

Observation of the lunch time meal showed that people were given a choice of where to sit in the dining room and lounge areas; some people chose to eat in their bedrooms. Portion sizes were adequate and people were given their choice of food, which was served to them by the cook. We noted that each meal met with the person's dietary needs/requests. Some people were given specialized cutlery or crockery aids to help them eat by themselves and others were assisted by staff, who encouraged them and made eye contact.

Good

# Is the service caring?

## Our findings

People who spoke with us were very satisfied with the care and support they received from the staff and made a number of very positive comments. People told us, "On the whole I like all of them." "They are very friendly and seem to know me well." "The staff are nice, they always spend time with you if they can" and "When they have time they'll take me out for a cigarette."

We observed that staff spoke with people in a caring and gentle manner. They made good eye contact and were patient when waiting for answers. Staff knew people well and we saw them discussing their family members with them, talking to them on a one-to-one basis and they were particularly attentive to people with extra needs.

Through our discussions with staff we found there was evidence of staff knowing people's personal tastes, but we saw they also checked with people for confirmation. Care plans included information about a person's previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager.

The registered provider had a policy and procedures for promoting equality and diversity within the service. Discussion with the staff indicated they had knowledge of this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. One person told us that they were always called by their full name, saying, "It is never shortened, because that is how I like it."

We found that people who used the service were dressed in clean, smart, co-ordinating clothes. Their hair was brushed and many had been to the hairdressers, including the males. Finger nails and hands were clean and well cared for and gentlemen were clean shaven (if that was their choice). We were told by people that they could have a bath whenever they wished and one person said "The carers are particularly good, caring and willing."

People were able to get up and go to bed when they liked. Although one person told us, "They wake me up damned early." When asked if they had asked to be woken later, they said they wouldn't ask as that would be, "Putting them out." People that needed help to get dressed were able to choose what they wore and one relative said, "[Name] always looks clean and tidy. Their clothes are always well coordinated."

Visitors were treated with respect and all the staff seemed familiar with the visitors and spoke with them in a friendly manner. All visitors were offered tea or coffee on arrival. Visitors told us they were always made welcome and to feel "Part of the family."

Our observations of the staff in the communal areas and at lunch time indicated they were very appropriate in their approach to people who used the service. Their verbal and non-verbal communication skills were good and there was a calm and serene ambience to the place. One visitor told us, "Staff are patient and kind with [Name]. They take time to talk to them and are respectful of their privacy and dignity."

Everyone we spoke with said that their privacy and dignity was protected. Individuals said, "They protect my dignity definitely. They make a point of covering me up when doing personal care" and "They always knock on the door." "They're very good at leaving you in peace" and "They take care not to embarrass you when looking after you."

When we asked people if the staff encouraged them to be as independent as possible, they replied, "I can't do much but they never hurry me" and "Yes I do what I can for myself whilst I can." Visitors we spoke with were also positive about how staff provided care and support. We were told "There is very little my relative can do for themselves, but the staff really look after them" and "The family was asked to complete a personal history for our relative so staff knew more about them. This helped the staff give them more personalised care."

Good

# Is the service responsive?

## Our findings

We found that the majority of the care plans were person centred, but those in two care files we looked at did not always clearly describe the person's needs. We saw no evidence that these people were not receiving the care they required, but noted this information was not well recorded. For example, in one file we looked at we found that care plans on continence care, personal care and medicines documented that the person required support, but did not describe what this would look like and how often it was required. Staff and the registered manager were able to 'fill in the gaps' showing that they had up to date knowledge of what personalised care people required, but had not recorded this.

Discussion with the registered manager indicated that this had been recognised through their care plan audits and that work was underway to improve the content of the identified care plans. The registered manager assured us that person centred care was at the heart of the service. We were told that the service had been awarded the NHS "Time to Think" contract with the NHS Clinical Commissioning Group". To achieve the contract the service had a rigorous evaluation of policies, care plans and an on-site visit. A large part of the evaluation focused on person centred care. The contract started on 7 December 2015.

In discussions with staff they told us they had handovers at each shift change. They used this time to discuss the people who used the service and any concerns that had been raised. These meetings helped staff to receive up to date information about people. There were information sheets (patient passports) in care records for use when people were admitted to hospital to provide staff with important details about health needs such as mobility and personal care.

We noted that the level of activities in the service was low key and the registered manager told us that three weeks prior to our inspection the activity co-ordinator had left their employment. We were told the registered provider had not replaced the activity co-ordinator, but the care staff were carrying out various activities. We saw there was a timetable of weekly activities for people who used the service including, baking with the cook, making pizza with other staff, quizzes, films and bingo. Other available activities were chair based exercise, colouring and PAT a dog visits.

On the first day of our inspection people were supposed to be colouring. However, there was no evidence of this taking place, but the PAT dog did arrive and people appeared to enjoy the visit. There was a lot of photographic evidence of activities and parties that had taken place in previous months and one person told us, "Most days there is something going on. I like to read and I get my newspaper every day." Another person told us they liked to read, but found that the lighting in their bedroom was not good enough. This was discussed with the registered manager at the end of our inspection.

People were able to personalise their own rooms with furniture and pictures that they liked, which made each room individual and reflected their personalities. Visitors could come at any time of day and were able to use the quiet lounges or people's bedrooms to visit in private. One relative told us that they had been involved in all the reviews of their family member's care file and that these took place on a six monthly basis. We were told, "I am kept informed and have been involved in decisions about everything."

Relatives told us that they felt confident if they needed to they could raise a complaint. One told us that they had never raised a complaint, but had a few 'little niggles' which had been sorted immediately.

We saw that there was a copy of the registered provider's complaints policy and procedure in each bedroom. People who spoke with us were confident about discussing any issues or problems they may have with the staff and registered manager. We saw that the registered manager had investigated four formal complaints in the last year; these were well documented and showed that the registered manager had responded to each person making the complaint and these were now resolved.

Good

# Is the service well-led?

## Our findings

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and there was an open door policy as far as they were concerned.

We sent the registered provider a provider information return (PIR) that required completion and return to CQC before the inspection. This was completed and returned with the given timescales. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

There was a registered manager in post who was supported by senior staff and the registered provider. Everyone who spoke with us was able to tell us the name of the registered provider and the registered manager and were confident about raising any issues with either one of them. People told us they felt the home was well run and they were happy there. The home had a calm atmosphere about it on the day of the inspection and the registered manager told us they aimed to provide people with a pleasant and relaxing place in which to live.

Care staff said they felt their work was appreciated, they felt valued and their opinions mattered. We were told, "I've been treated very well in my time here. I've been supported to progress through my career. We are paid for time spent on training and for attending staff meetings. I get annual appraisals and regular supervision." Staff said, "The owners have an open door policy and we can speak to them if ever we need to" and "We're left to get on with our jobs without interference, but we communicate well with each other."

Staff told us that they held a monthly residents' meeting where people got together over a glass of sherry and discussed such topics as food, cleanliness, staff and their care. Some people who spoke with us could remember these meetings, but others were unaware. Relatives told us that they attended regular relatives' meetings where they were able to discuss any subject. Additionally, relatives had 'training sessions' on such things as DoLS, dementia and other legislative matters that could affect the care of their family members. We were able to look at the records and minutes of these meetings during our inspection and found these were held on a monthly basis for people using the service and a quarterly basis for relatives.

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was usually analysed by the registered

provider and where necessary action was taken to make changes or improvements to the service. We saw the results from the analysis completed from the February and June 2015 questionnaires. People had said they were made to feel welcome and staff were professional and pleasant. The majority of people were satisfied with the decoration and furnishing of the service and felt the standards of cleanliness and hygiene were acceptable. People had commented that they would like more activities, the food was tasty and they were very happy in the service.

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The registered manager carried out monthly audits of the systems and practices to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in December 2015 and covered areas such as reportable incidents, recruitment, complaints, staffing, safeguarding and health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the registered manager monthly, and again annually. We also saw that internal audits on infection control, medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified.