

Craigdale Care Limited

# The Old Vicarage Residential 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 

### Overall summary

This inspection was conducted on the 8 July 2015 and was unannounced. The Old Vicarage Residential Home is a care home that does not provide nursing care. People's nursing care needs were being met by the district nursing team through the GP practice. The home can accommodate up to 37 people. At the time of our inspection there were 31 people living in the home with six vacancies. The service supports older people who may live with a dementia.

The home has three double rooms and 31 single rooms, some have ensembles. The double rooms have screening available to give the occupants privacy.

People can move freely around the home and the secure garden to the rear of the property. There was level access to the property and lifts to the first and second floor. There was a key code fitted to the entrance to the home.

# Summary of findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The previous inspection was completed in July 2014 and there were no breaches in regulations. However, there were some areas where the service needed to improve. This included ensuring there was a registered manager, call bells to be accessible and improving the documentation where decisions were made in people's best interest. We also asked the provider to ensure the signage in the home was appropriate for people who have a diagnosis of dementia, to assist them moving independently around their home. Improvements in these areas had been made.

People were receiving care that was effective and responsive to their changing needs. Care plans were in place that described how the person would like to be supported and these were kept under review. However, two people did not have a care plan in place to guide staff in all areas of their care. This was because they were relatively new to the home. This was rectified within 48 hours and copies of the care plans were forwarded to us electronically.

People's medicines were managed safely. People were protected against abuse because staff had received training on safeguarding adults and they knew what to do if an allegation of abuse was raised. Newly appointed staff underwent a thorough recruitment process before commencing work with people.

People received a safe service because risks to their health and safety were being well managed. Staff were aware of the potential risks to people and the action they should take to minimise these.

People had access to healthcare professionals when they became unwell or required specialist help. They were encouraged to be independent and were encouraged to participate in activities both in the home and the local community.

People were treated in a dignified, caring manner which demonstrated that their rights were protected. People confirmed their involvement in decisions about their care. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected. This was done through involving relatives or other professionals in the decision making process.

Staff were knowledgeable about the people they were supporting and spoke about them in a caring way. Staff had received suitable training enabling them to deliver safe and effective care.

The service was well led. The team was supported by the registered manager and the provider. Staff confirmed they received support and guidance from the management of the service. Checks were being completed on the quality of the service, with action plans being implemented to aid improvement.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe. Recruitment procedures were robust to ensure people were supported by staff that had the right skills and were suitable to work with vulnerable adults.

Medicines were well managed with people receiving their medicines as prescribed. Risks were clearly identified and monitored to ensure people were safe.

People were cared for in a safe environment that was clean and regularly maintained.

Good



### Is the service effective?

The service was effective.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People were supported by staff that knew them well and had received appropriate training. Other health and social care professionals were involved in the care of people and their advice was acted upon.

Good



### Is the service caring?

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.

Staff knew people well and were able to tell us how people liked to receive their care.

People were actively supported to express their views and be involved in making decisions about the care.

Good



### Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. Some improvements were made during the inspection as a result of our feedback.

People were involved in developing and reviewing these plans.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family. There were no restrictions on visiting arrangements.

There was a complaints policy and procedure in place. People and their relatives knew how to make a complaint if needed and complaints had been responded to.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff felt supported and worked well as a team. The registered manager and provider worked alongside the staff team to deliver and monitor the quality of the care to people. People, their relatives and staff spoke positively about the leadership of the home and felt listened too.

Systems were in place to review and improve the quality of the service. This included seeking the views of people who used the service, their relatives and staff on the running of the service and day to day care.

Good



# The Old Vicarage Residential 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 was an unannounced inspection which was completed on 8 July 2015. This inspection was carried out by one inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We did not ask the provider/registered manager to complete their Provider

Information Record (PIR) in this instance. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they planned to make.

We contacted three health and social care professionals to obtain their views on the service and how it was being managed. This included the district nurse team, the care home support team and a GP. The Care Home Support Team is a multi-disciplinary team providing a single point of access for care homes, providing clinical support and advice. They support care providers with training and the development of care home staff. Feedback received was positive with no concerns raised.

We spoke with four people living at The Old Vicarage Residential Care Home, four visitors, three staff, the registered manager, the provider and one visiting health professional. We looked at four people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, staff training and recruitment information.

# Is the service safe?

## Our findings

One person told us the reason they had moved to the care home was they were unable to live on their own as they were unable to do many day to day tasks for themselves. Whilst they wanted to return home, they told us they were safer as there was staff available to help them when needed.

Staff were aware of their responsibilities to keep people safe and report any allegations of abuse. They had received training in this area. Staff confirmed they would have no hesitation in reporting concerns to the registered manager or senior care staff and these would be responded to promptly. They were aware of the home's whistleblowing policy. Incidents had been reported to the local authority safeguard team in Gloucestershire where necessary.

The home was arranged over three floors. A passenger lift and a stair lift was in place to enable people to access all parts of their home. These were checked at the appropriate intervals to ensure they were safe for people to use. Checks were completed on the fire equipment, water temperatures and premises. Daily checks were completed by the senior care staff on the environment as part of a daily shift handover to ensure all areas were clean and in a good state of repair.

Medicines were kept safely and were stored securely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager. The medicines were checked monthly by a designated member of staff. There were policies and procedures to guide staff on the safe administration of medicines.

People received a safe service because risks to their health and safety were well managed. This included risks due to choking, poor nutrition, pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed.

Staff completed observations at regular intervals through the night and day. These varied from every half an hour, hourly to two hourly depending on the risks to the person. Records were maintained of these checks. This meant staff were carrying out checks to ensure people were safe.

Where people required assistance with moving and handling, the equipment used was clearly described along with how many staff should support the person to ensure their safety. Staff confirmed they received training in safe moving and handling procedures. A recent complaint had been raised about a member of staff's moving and handling practice. The registered manager told us in response to the investigation further training had been given to all staff.

Staff had taken advice from other health and social care professionals in relation to risks such as falls. Staff were aware where a person was at risk of falls, a referral would be made to the falls clinic and a discussion had with the GP. Staff were clear that where a person had fallen any injuries would be recorded on a body chart so that healing could be monitored. Staff told us they had attended training on the prevention of falls in January 2015. Audits were completed when people fell to help ensure the staff had taken the appropriate action. These were monitored by the provider and the registered manager.

The home was clean and free from odour. Staff had received infection control training. Policies and procedures were in place to guide staff on safe practice. Domestic staff were employed to assist with the cleaning of the home. People were asked in the most recent annual survey if they were happy with the standard of cleanliness in the home and 27 out of 30 people responded positively.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people living in the home.

We looked at the staffing rotas for the last two months. There was a minimum of six staff working in the morning, five staff in the afternoon and three staff working at night. There were also housekeeping, laundry and catering staff. This enabled the care staff to focus on the care of the people living in the home. Each shift was led by a senior member of staff who organised the staff to ensure that people's needs were being met. Staff told us there was sufficient staff working to support people safely whilst spending time and involving people in activities.

There were safe recruitment and selection processes in place to protect people. We looked at the records of two newly recruited staff. All appropriate checks were completed prior to the member of staff working in the

## Is the service safe?

home. This included obtaining references and checking whether they had a criminal record. This ensured that the provider was aware of any criminal offences which might pose a risk to people who used the service. Visitors and professionals told us there had been a recent high turnover

of staff. The provider told us that in the last six months 13 staff had left for various reasons. They told us the registered manager was actively recruiting and there were two vacant care posts. Staff were picking up extra hours to cover the vacancies. Agency staff were rarely used.

# Is the service effective?

## Our findings

People told us they liked the staff working in the home and had no concerns. Staff were knowledgeable about the people they supported. One person said, “It’s alright here, the staff are ok and the food is good, got no complaints really”.

The registered manager told us there was one person presently living in the home that had an acquired pressure wound. This was being treated by the district nurse team. Where people were at risk of developing pressure wounds a care plan was in place describing how the person should be supported. This included any specialist equipment such as pressure cushions or an air mattress that should be in place minimise any risks. There were also body maps to record any wounds and information about how staff should support the person with positional changes. District nurses maintained their own records of the treatment and healing process.

Records were maintained of positional changes to enable the staff to monitor the effectiveness of the care delivery. The registered manager told us they were organising training with the care home support team on the prevention of pressure wounds. This was because some staff were relatively new and would benefit from additional training. Staff confirmed that this area was discussed as part of their induction when they first started working in the home.

Care records included information on people's physical health needs, for example people had their weight and nutritional needs assessed. Where people had been assessed as being at risk of weight loss a care plan had been put in place. Staff had liaised with the person's GP. Where people were at risk of malnutrition, records were kept of their daily food and fluid intake to enable staff to monitor and take action where required. One person's care plan stated that they were on a thickening agent for drinks. The care plan lacked direction and just said as needed. When we discussed this with staff one was adding to every drink and another said only when the person was coughing. There was a risk that this person would choke or aspirate on their drink. The registered manager assured us this would be addressed immediately with clear guidance being given to staff. In addition the registered manager told us they would contact the care home support team for training in this area.

Other health and social care professionals were involved in supporting people. They included dieticians, physiotherapists, occupational and speech and language therapists and the mental health team. Their advice had been included in the plan of care and acted upon.

Staff and the registered manager told us people were supported to see a dentist, optician and a chiropodist. We were told people could choose whether to retain their own dentist and optician or take up the service that was offered by the home. Where people had been seen by a visiting professional staff had recorded any treatment or follow up required.

We observed people at lunchtime and saw they had enjoyed their meal. The meal was unrushed and relaxed. There were three dining areas where people could eat their meals. The registered manager told us one of the areas was for more independent people and the other two areas people required varying degrees of support. The staffing in each area reflected the support people required. The meal time was well organised ensuring people's food was hot and served to them promptly.

The cook told us there was a four weekly menu. People were asked what meals they preferred and this was incorporated into the menu planning. Information was available to the cook on any specialist diets and if anyone required fortified meals because of weight loss. Care staff confirmed that they were aware of this information and were knowledgeable about the dietary needs of people. There was a pictorial menu board outside the kitchen so that people could see what was available. In addition care staff asked people what they would like each day for lunch and tea.

There were jugs of water or squash in people's bedrooms. People were offered tea or coffee in the morning and afternoon with a choice of biscuits and cakes. A person told us, “You only need to ask and the staff will make a cup of tea or a snack”.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of adults who lack capacity to make their own decisions. Staff understood how the MCA 2005 protected people using the



## Is the service effective?

service and supported them to make their own decisions. Staff were aware that where people may lack mental capacity it was still important to involve them in day to day decisions where they were able.

The registered manager had been sending us notifications about people who had an authorisation in connection with the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Where people had been assessed as lacking mental capacity, information was available in their care file about deprivation of liberty safeguards. The registered manager told us there had been 31 applications made on behalf of people. The independent assessor had recently visited and they were waiting for the outcome. The registered manager and senior care staff showed a good level of understanding of the process.

Staff told us they had training as part of their induction and this had equipped them with the skills and knowledge to enable them to fulfil their roles in supporting people. One member of staff told us they were fairly new to care and they had spent six weeks shadowing more experienced staff. They told us they were initially nervous but all the team had been very supportive offering guidance and support.

The provider told us they were introducing the new Care Certificate which is a new induction programme for care staff. This was introduced in April 2015 for all care providers. The registered manager told us they were planning to implement this for all new starters.

Staff completed core training as part of their induction including safeguarding adults, health and safety, basic first aid, infection control, fire, food safety and moving and handling. We were told these were updated and a plan was in place to ensure that this was completed by all staff. Other training included dementia care, prevention of falls, medicines and end of life. The registered manager told us they were organising training on prevention of pressure wounds through the Care Home Support Team. They also told us that staff were completing some training on supporting people with dementia in July 2015.

Staff confirmed they received supervision from the registered manager. Supervisions are a process where staff

meet on a one to one basis with a line manager to discuss their performance and training needs. The registered manager completed annual appraisals of staff performance enabling them to monitor staff competence and plan the training for individuals and as a team. In addition there were observations of staff performance in relation to how they supported people in respect of care delivery.

We saw staff had completed a National Vocational Qualification at level 2 and level 3. This has now been replaced by the Diploma in Health and Social Care and is a recognised qualification for staff working in the care sector. A member of staff told us they were in the process of completing this. From conversations with staff they were confident they had appropriate training to support people effectively. We spoke with the tutor who confirmed they visited every two weeks to meet with staff. They told us the team were supportive of each other and had good links with the local college.

The Old Vicarage Residential Home is situated in the village of Frampton Upon Severn. There were links with the local church and primary school. People told us about a recent social event where the local school children visited and sang songs with them. Photos were displayed of the event in the main entrance.

Since our last inspection the registered manager had made some improvements in relation to the signage in the home. Bedroom doors had been personalised to include photographs and the name of the person and their keyworker. This helped people to familiarise themselves with the home and assisted in locating their bedroom. The registered manager told us people and their families had been involved to ensure it was personalised to the person. Some people did not want photographs on their bedroom door and this was respected. Toilets and bathrooms were clearly labelled. This assisted people living with dementia move freely around their home.

There were also notice boards containing photographs of the staff on duty, the date, what activities were available and a pictorial menu. This again assisted people living with dementia in knowing what was happening in the home and their involvement.

People had access to outside space with a secure garden to the rear of the property. A person confirmed they had access to the garden where there was a covered outside smoking area.

## Is the service effective?

The provider told us they were planning to make some changes to one of the lounges as it was rarely used, and make this an activity room with sensory equipment for people to use. The changes were taking place on the day of the inspection with shelving being put up for the activity equipment.

The registered manager told us there was a planned refurbishment programme in place. Bedrooms were being

painted and new furniture and curtains being purchased as they became vacant. The provider had purchased ten profiling beds and the plan was to replace all the beds in the home and replace all bedroom furniture. Profiling beds are electric beds that can be adjusted to meet specific patient and carers needs.

# Is the service caring?

## Our findings

People told us they were treated with respect and staff were caring. Comments included, “I am alright here, would prefer to be at home but the staff are caring and help me when I ask” and, “It’s ok here, the staff are good”. We did not receive any negative comments about the home from people or their relatives. Relatives told us they could visit whenever they wished and were made to feel welcome. A visitor told us they would have no hesitation in choosing The Old Vicarage for their loved one. They told us they visited weekly and found the staff approachable and caring. A health professional told us, “Staff try their best, they are never rude or uncompassionate”.

People told us they could get up and go to bed when they wanted. Care records included information about people’s personal routines including their preferences in relation to getting up, how they liked to spend their day and when they wanted to go to bed. Daily records confirmed that where people could not communicate their choice, this was done in accordance with their care plan. Staff described to us how people were supported in an individual way. They told us they would always ask and never assume on a person’s behalf.

We spoke with a member of staff that had worked nights and they confirmed people were only assisted with getting up if it was their preference or they were awake. They told us this would vary each night depending on who was awake. They told us often people would come down to the lounge area in the middle of the night. Staff would offer them a cup of tea and a snack and then encourage them to go back to bed or sit with the person.

We observed staff asking people if they would like assistance and their wishes were respected. Where people had declined personal care we observed staff returning later in the morning to offer assistance. This meant people were supported to make day to day choices on when they would like to receive care and these were respected.

People looked well cared for. This included ensuring people had their glasses, some ladies had painted nails and others had jewellery that matched their outfits and people’s hair looked clean and groomed. A member of staff promptly went to find a gentleman’s slippers as he had wandered through the dining area with no footwear. Staff told us a hair dresser visited weekly.

Staff described people in a positive manner and they were knowledgeable about people’s life histories and important family contacts. We spent some time in the lounge and dining area observing interactions between staff and people. Staff were respectful and spoke to people kindly and with consideration. Staff were unrushed and caring in their attitude towards people. Where people became upset, staff responded to the person offering reassurance which quickly calmed the person.

Staff knew they needed to spend time with people to be caring and have concern for their wellbeing. Staff told us they was sufficient staff to enable them to spend time on a one to one basis with people. Staff told us personal care was not rushed enabling staff to spend quality time with people.

People could move freely around their home and could choose where to spend their time. The home was spacious and allowed people to spend time on their own if they wished. People were asked where they would like to sit and offered a newspaper or a book to read.

We observed people being supported with lunch. The meal was relaxed and unrushed. Where people required assistance this was done sensitively and at the pace of the person. Staff were observed sitting alongside the person explaining what they were eating and offering encouragement.

One person was walking through the dining area; a member of staff promptly saw that the person had forgotten their walking aid. The staff member rectified the situation quietly without drawing attention to the person ensuring they were safe. This showed the staff member was knowledgeable about the person but also caring in their approach.

People’s wishes were respected about their end of life care. Care files showed people were asked about their end of life care. Relatives provided further information including their contact details and when and if they would like to be contacted. Some staff had completed training in palliative care. A health professional told us the staff will ask for assistance promptly and appropriately and will liaise with the GP in relation to end of life care. This would include support with specific medicines to ensure people were pain free and any specialist equipment.

People were supported to make advance decisions to refuse treatment or appoint someone with lasting powers

## Is the service caring?

of attorney, if they wished to do so. Information in people's care plans clearly recorded who they had appointed where relevant and their legal responsibilities in respect of what

decisions they could be involved with. The registered manager had obtained copies of the documentation and was aware of their responsibility to include the person's representative in any decision making.

# Is the service responsive?

## Our findings

People had their needs assessed before they moved to the home by the registered manager. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. However, two newly admitted people did not have a care plan that detailed how staff should support them. There was a very brief overview in the person's daily records but this did not fully capture how the person should be supported in relation to their day to day needs.

We found that the registered person had not protected people against the risk of unsafe or inappropriate care and treatment arising from a lack of proper information about them. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person Centred Care.

Two days after the inspection the provider forwarded to us care plans for both people. These were comprehensive and person centred and it was evident the person had been consulted about how they wanted to be supported. This was a rectified breach.

The registered manager told us they had previously understood that when a person was admitted to the home that the care plan had to be in place after the first month. The registered manager told us this practice will now be reviewed and everyone will have a care plan prior to them moving to the home which would evolve as they got to know the person. Care plans were reviewed monthly by the staff and six months with the person and their representative.

People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies, preferred daily routines and interests. There were risk assessments detailing any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported. For example, when they wanted to get up, their likes and dislikes and important people in their life. Relatives had been involved in sharing life histories to enable staff to get to know the person. This enabled staff to respond to people living with dementia who may not recall all their life histories and aid conversation with the person.

Care plans were tailored to the person and included information to enable the staff to monitor people's well-being. Where a person's mental or physical health presentation had changed it was evident staff worked with other professionals including the community mental health team and GP. A person confirmed they had regular contact with their community mental health nurse who was supporting them in managing their condition. A member of staff clearly described how they were responding to this person's needs and the importance of medicines being offered at time crucial times.

The registered manager told us since the last inspection a new call bell system had been installed. Call bells were now situated close to people's beds to enable them to call staff when they needed assistance. Where people were unable to use their call bell, frequent checks were completed by staff throughout the day and night. Records were maintained of the checks. The registered manager was able to audit the response times for the call bells and told us she checked these daily. We saw that over a 24 hour period all call bells had been answered in less than two minutes.

Daily handovers were taking place between staff. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. Staff described how they worked as a team to enable them to respond to people's needs and stated that communication was an important factor. For example, if a person refused personal care this was shared with other colleagues so this could be offered at a more convenient time to the person.

A health professional said, "There has been a good working relationship in supporting people; the staff make prompt and appropriate referrals and act on our advice". They told us the staff communicated well with each other ensuring important information was shared with the team. They said had recently improved when the registered manager started a communication book for professionals to record any advice given and any follow ups required.

Activities included games afternoons, film evenings, coffee mornings, bingo, pamper sessions, discussion groups to aid memory, gentle exercise, quizzes, baking, gardening and arts and crafts. There was an activity co-ordinator employed to support people with activities of their choosing, either in group sessions or on a one to one basis. Care staff were observed interacting with people playing

## Is the service responsive?

games, doing jigsaws and sitting chatting with people. The provider told us they were planning to employ a further activity co-ordinator to enhance the activities available to people.

Staff told us trips were organised for people to the local garden centre, places of interest, trips to the local pub and café in the village and recently a trip on a canal boat. We were also told external entertainers visited every four to six weeks.

On the day of our inspection the local priest visited the service to offer people holy communion. They told us they visited every fortnight. Another visitor said they visited every Monday to help with a sing-a-long with the residents of the home.

The registered manager told us they had recently reviewed how activities were recorded. Previously they had been recorded in a diary and whilst this contained lots of information the manager had implemented a new system to improve how this could be audited. This was to ensure that each person had a record of activities they had taken part in and there was a section to record whether the person had enjoyed the session. Care records included information about people's hobbies and interests.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach.

People had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. A recent survey completed by relatives indicated that they were not always aware of the name of the key worker. The registered manager told us they had spoken with relatives and now the name of their relative's key worker was recorded on the person's bedroom door.

The service had good links with the local community. Care records contained the information staff needed about people's relationships and family backgrounds. Relatives confirmed they could visit whenever they wanted.

Information was made available to people about the service. This included a statement of purpose, a brochure about The Old Vicarage Residential Home and what it has to offer including information about how to raise a complaint. These were available in the main entrance of the service.

There was a complaints policy and procedure. It contained contact details for the Care Quality Commission and Gloucestershire Council and the management team. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been 3 complaints since our last inspection and these had been investigated thoroughly.

# Is the service well-led?

## Our findings

Since the last inspection the manager successfully completed their fit person interview with the Commission. This meant there was a registered manager and the necessary improvements had been undertaken since the last inspection. In addition there was a change of ownership of the service in October 2014. Both the registered manager and the new provider were available during the inspection process.

The registered manager told us the new provider met with staff, relatives and people living in The Old Vicarage Residential Care Home within the first week of purchasing the home. This was to explain the change in ownership and to provide reassurances about the continuity of care. This showed the provider was being open and transparent with people.

Staff told us the provider was approachable and visited the service on a weekly basis. Relatives were seen approaching the registered manager and the provider during the inspection. The registered manager told us they had an open door approach to the management of the home. People were observed coming to the office seeking out the management of the home. The registered manager told us people would often come into the office and sit and chat whilst she was working.

Staff spoke positively about the team and the leadership in the home. They described the registered manager as being approachable. Staff told us they could always contact the registered manager or the provider for advice and support. Staff described a positive culture in the home, including a team that worked together to meet people's needs. Staff told us the registered manager was open and transparent and worked alongside the team. A member of staff said, "The manager is dedicated to providing person centred care, she will always come and help and if you have any query or concern, you know it will be dealt with there and then". A visitor told us, "The manager is very passionate and caring and puts residents first".

People's views were sought through an annual survey. The last annual survey was completed in February 2015 by most of the people who used the service or their representative. The provider told us it was important for them to gauge how people and staff were feeling about the change of ownership and to make improvements where

necessary. The results of the survey had been made available to people in the entrance of the home. This included information about any actions that needed to be taken to improve the service. The survey showed that generally people were happy with the support that was in place. The action plan included arranging more trips for people and to make the menu board more accessible. The registered manager told us they were able to book transport and arrange trips out and this would be enhanced with the appointment of a second activity co-ordinator. Other ways of seeking people's views were through care reviews and resident meetings. This enabled them to voice their opinion about the service.

Feedback from relatives who completed the survey was overall positive. Some relatives said they were not aware of the name of their relative's key worker. The provider told us a letter had been sent to relatives so that this could be rectified. Comments included 'excellent, caring and friendly staff, the manager and the office staff are always very helpful', 'always well informed and updated of any changes' and, 'always impressed with friendly and caring staff that are very kind and helpful. The quality of the care is outstanding'.

Some relatives had made suggestions for improvements including arranging more trips out and making use of the garden in the warmer months. From talking with both the provider and the registered manager they were making improvements in these areas. One relative had suggested organising a 'garden party' and it was evident they were involved in arranging this along with the registered manager.

Surveys were also sent to staff. Most staff said they strongly agreed that there were supported in their role, the registered manager would respond to any areas of concern and their training needs were being met. Areas for improvement were identified in relation to communication. In response the registered manager had reviewed the handover, set up a communication book and devised a notice board with important information for staff to aid the handover between each shift. Staff confirmed that these improvements had been made and reported that there were good communication systems in place. This included regular staff meetings, daily handovers, supervisions and annual appraisals.

A member of staff told us they were regularly supervised and the registered manager or a senior carer regularly



## Is the service well-led?

observed their practice. Records were seen confirming these were completed on a monthly basis to check staff's competence. This covered specific areas of care that staff were involved in, for example supporting people with meal times, moving and handling, medication and personal care. This ensured staff were following the correct procedures in relation to their roles and supporting people safely and consistently. The provider told us they were planning to review all the policies and procedures to ensure they were based on current good practice and legislation.

Systems were in place to review the quality of the service. These were completed by either the registered manager or the provider. They included health and safety, medicines, care planning, training, supervisions, appraisals and infection control. The service had recently been inspected by the Gloucestershire environmental health team in respect of food safety. They were awarded a five star rating which is the highest rating that could be achieved.

The provider completed monthly checks on the service detailing areas for improvement. This included a review of people's care records with any actions required and checks on the environment. The provider told us there was a refurbishment plan in place. It was evident that this had started with flooring being replaced, bedrooms being redecorated and new furniture being purchased.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. From the incident and accident reports we could see that the registered manager had sent us appropriate notifications. A notification is information about important events which the service is required to send us by law.