Dr Pepper's Care Corporation Limited

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

Summary of findings

Overall summary

We carried out an unannounced inspection of Vicarage Residential Home on 20 and 22 March 2018. Vicarage Residential Home is a 'care home' without nursing. Nursing care, if needed, is provided by the community healthcare team. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Vicarage Residential Home accommodates up to 35 people in one adapted building. At the time of our inspection there were 29 people living at Vicarage Residential Home.

There was a registered manager at the service. They were supported by a deputy manager. Both had worked at the service for many years. 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 and relatives said of the management team, "All the staff are very approachable", "This place is a home from home", "The managers are as good as gold", "It's the best home I've stayed in" and "The staff and management are excellent. There's good communication from them, they always phone if something is wrong. I have peace of mind."

Following the last inspection in March 2017, we met with the provider to discuss the concerns raised at the last inspection because we had rated the service as requires improvement overall. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, responsive and well led to at least good. There were concerns about safe recruitment of staff, adequate staffing levels at night, the admission assessment process and the effectiveness of quality assurance processes.

During this inspection in March 2018, we found all concerns had been addressed and we rated the service as good in all domains and overall. At this inspection we found the service was meeting all regulatory requirements and we did not identify any concerns with the care provided to people living at the home.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were able to choose what they wanted to do and enjoyed spending time with the staff who were visible and attentive. There was a lot of staff interaction and engagement with people, some of whom were living with dementia and unable to tell us directly about their experiences. They looked comfortable and happy to spend time in the large lounge/conservatory or choose to spend time in their rooms. People were encouraged and supported to maintain their independence. There was a sense of purpose as people engaged with staff, watched what was going on, played games and pottered around the home. Staff engaged with people in ways which reflected people's individual needs and understanding, ensuring people mobilised safely from a discreet distance.

People were provided with good opportunities for activities, engagement and trips out. People could choose to take part if they wished and when some people preferred to stay in their rooms, staff checked

them regularly spending one to one time with them.

People and relatives said the home was a safe place for them to live. Comments included, "They make sure mum always has her call bell on hand", "They stay and make sure I have taken my medication", "I have my door open so the staff can see I am safe and ok" and "The staff are so kind, they make me feel safe." Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well with provider involvement, and the service worked openly with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns and issues would be addressed, and people seemed happy to go over to staff and indicate if they needed any assistance. Staff were vigilant about protecting each person from possible negative interactions with other people living at the home, recognising frustrations and misunderstandings between people due to them living with dementia. They used chatting and distraction techniques as they knew people well, showing patience and understanding.

People and relatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally.

People were well cared for, and people and relatives were involved in planning and reviewing their care as much as they wanted to be. Staff demonstrated kindness and compassion for people through their conversations and interactions. If people found it difficult to communicate or express themselves, staff offered additional support and showed patience and understanding. People's equality and diversity was respected and people were supported in the way they wanted to be. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA).

There were regular reviews of people's health, and staff responded promptly to changes in need. For example, care records showed many examples of staff identifying changes in need and appropriate and timely referrals to health professionals.

People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

Medicines were well managed and administered using a computer system. They were stored in line with national guidance. Records were completed with no gaps, and there were very regular audits of medication records and administration to help ensure the correct medication stock levels were in place.

Staff had good knowledge of people, including their needs and preferences. Computerised care plans were individualised and comprehensive ensuring staff had up to date information in order to meet people's individual needs effectively. Handover and communication between staff shifts was good so there was consistent care. The service rarely used agency staff but were usually able to fill shift vacancies within the staff team.

Staff were well trained and there were good opportunities for on-going training and obtaining additional qualifications. The staff team was stable and many care staff had worked at the home for some years. Staff clearly had good knowledge in identifying people's changing needs and providing appropriate care. People and relatives' comments included, "All the care I receive is wonderful", "They [staff] even brought me a cup of tea at 4am because I was wide awake", "If you need anything, they just get it for you" and "They are sympathetic towards mum's needs".

People's privacy was respected. Staff ensured people kept in touch with family and friends, inviting friends and family to outings and events regularly. People were able to see their visitors in communal areas or in private.

The registered manager and deputy manager showed great enthusiasm in wanting to provide the best level of care possible and valued their staff team. For example, organising staff team outings and working together to ensure people's needs were met as well as facilitating fun opportunities for people. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people in individualised ways. Staff were positive about working at the home.

Observations of meal times showed these to be a positive experience, with people being supported to eat a meal of their choice where they chose to eat it. The cook dished out individual plates from a hot trolley and clearly knew what food people personally enjoyed. Staff engaged in conversation with people and encouraged them throughout the meal, noting who liked to sit with whom. Nutritional assessments were in place and robust monitoring to ensure people were encouraged to have a balanced diet. Special dietary needs were catered for as well as specialist crockery and cutlery.

There were now effective quality assurance processes in place to monitor care and plan on-going improvements overseen by regular provider audits and topical surveys. During the inspection, a food survey was being completed to enable people to add items they liked to the menu.

There were systems in place to share information and seek people's views about the running of the home, including relatives and stakeholders. All responses were positive from the recent quality assurance questionnaire. People's views were acted upon where possible and practical, and included those living with dementia. Their views were valued and they were able to have meaningful input into the running of the home, such as activities they would like to do, which mattered to them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People benefitted from support from enough staff, including at night, to meet their needs in a timely way.

People benefitted from well maintained and equipped accommodation in a homely environment.

People were protected from the risk of harm or abuse whilst independence was promoted in a balanced way.

People were supported with their medicines in a safe way by staff who had appropriate training.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

Is the service effective?

Good

The service was effective.

People and/or their representatives were involved in their care and were cared for in accordance with their preferences and choices.

Staff had good knowledge of each person and how to meet their needs.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People saw health and social care professionals when they needed to. This made sure they received appropriate care and treatment.

Staff ensured people's human and legal rights were protected.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect, promoting independence and maintaining people's privacy.

People and/or their representatives were consulted, listened to and their views were acted upon.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their changing needs, and met people's social and leisure needs.

People made choices about aspects of their day to day lives.

People and/or their representatives were involved in planning and reviewing their care.

People and/or their representatives shared their views on the care they received and on the home more generally.

People's experiences, concerns or complaints were used to improve the service where possible and practical.

People and/or their representatives were confident their wishes related to end of life care would be followed.

Is the service well-led?

Good

The service was well led.

There were now effective quality assurance systems in place to make sure areas for improvement were identified and addressed in a timely way.

The service took account of good practice guidelines and sought timely advice from relevant health professionals, and used various resources to improve care.

There was an honest and open culture within the stable staff team who felt well supported by management and the provider.

People benefitted from a well organised home with improved lines of accountability and responsibility within the management team.

Staff worked in partnership with other professionals to make

sure people
received appropriate support to meet their needs.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 22 March 2018. This was an unannounced inspection and was carried out by one adult social care inspector, a specialist advisor and an expert by experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The specialist advisor is a person who is currently working in a relevant field.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law. The provider had not completed a provider information return (PIR) since the last inspection in 2017, as we had not requested one. However, we reviewed the information the provider had sent us in their previous PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection there were 29 people living at the home. During the day we spent time with all 29 people who lived at the home and two relatives. We spoke in depth with 9 people. We also spoke with the provider, registered manager, deputy manager, seven care workers, a visiting nurse practitioner, the cook and a domestic.

We looked at a sample of records relating to the running of the home, such as audits, quality assurance, medicine records and care files relating to the care of four individuals. We discussed staff recruitment processes with the registered manager and looked at three staff files.

Good

Is the service safe?

Our findings

At the last inspection we rated this domain as requires improvement and we raised concerns about the effectiveness of the staff recruitment process and staffing levels at night. During this inspection in March 2018 we found these areas had been addressed and this key question was now rated as Good.

The service was safe. People and relatives told us they felt the home was safe and they were well supported by staff. Comments included, "They make sure mum always has her call bell on hand", "They stay and make sure I have taken my medication", "I have my door open so the staff can see I am safe and ok" and "The staff are so kind, they make me feel safe."

The registered manager had systems in place to make sure people were protected from abuse and avoidable harm. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well with provider involvement, and the service worked openly with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns or issues, and that these were addressed. People seemed happy to go over to staff and indicate if they needed any assistance. Some people were not able to respond directly about their experiences due to living with dementia but appeared happy and comfortable with staff and each other.

Staff encouraged and supported people to maintain their independence in a caring way. Care staff ensured they prompted people to dress themselves and assisted with ensuring people dressed in the correct order. People were wearing appropriate clothes for the weather. The balance between people's safety and their freedom/choice was well managed. Staff were visible around the home and quickly noticed if anyone was trying to mobilise on their own without waiting for help if they needed assistance. Where people were at risk of recurrent urine infections which could affect their safety such as mobility, dementia and cognition, staff were vigilant in ensuring prompt health professional assistance and ensuring the person had appropriate treatment to keep them safe.

Risk assessments and actions for staff to take were included for risk of pressure area skin damage, falls and nutrition. For example, records showed good information about the application of topical creams, body map records and information for staff on how to manage moisture lesions. Where people required pressure relieving equipment to maintain their skin integrity, staff ensured cushions, for example, were moved with the person when they moved. One person was at risk of falling out of bed. Staff had ensured they used the least restrictive method to ensure the person was safe and had clear risk assessments in relation to falls, diabetes, sensory impairment and infection risks. When we visited them, their care was as the care plan and risk assessments stated. There were details about how a person's body language may indicate pain. Each person had a full medicine profile . Staff had consulted a GP to check that dissolvable tablets were safe for a person on a soft diet.

There were now enough skilled and experienced staff to ensure the safety of people who lived at the home, including at night because the provider had increased staffing levels and monitored the impact with the

staff team. During our inspection there was the registered manager, deputy manager, a senior care worker and six care workers, a cook, a domestic and a housekeeper. People said, "They always answer my call bell quickly" and "There's always enough staff around to help me". One person said, "Day or night, nothing is too much trouble for staff." Staffing numbers were determined by using a computerised dependency tool, which looked at people's level of need in areas such as mobility, nutrition and maintaining continence, although these remained flexible. Staffing could be changed if required, for example if people became particularly unwell or if a person was nearing the end of their life. We saw that people received care and support in a timely manner. Care plans detailed whether people could use their call bells effectively and monitored people accordingly. Staff were attentive to people's needs, knowing them well and interpreting body language. For example, one person became agitated in the lounge when another person sat down close to them. Staff discreetly assisted them, ensuring they were comfortable in another quieter area.

The home was very clean and tidy and there was a programme of on-going refurbishment and decoration. There were no offensive odours throughout the home and rooms were fresh. Staff used personal protection equipment (PPE) when delivering care and changed aprons and gloves between rooms or when dealing with food. Staff had had training in infection control. A maintenance person was available who checked the maintenance book regularly ensuring the home was well maintained and homely. The kitchen had a food hygiene certificate of five stars, which is the highest rating.

People were protected from the risk of harm or abuse because safe recruitment procedures had been followed. We looked at the recruitment records of three staff who had been recruited since the last inspection. These showed that risks of abuse to people due to unsuitable staff were minimised because the registered manager carefully checked prospective new staff to make sure they were suitable to work at the home. These checks included seeking references from previous employers, photo identification and carrying out Disclosure and Barring Service (DBS) checks. These checks made sure the applicant had not been barred from working with vulnerable people, and they did not have a criminal record that indicated they were untrustworthy.

Medicines were well managed. We saw medicines being given to people at different times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medicine record. The care worker stayed with people whilst they took their medicine at their own pace. Medicines were thoroughly audited by the deputy manager. There was good staff knowledge and records showing why and when people should be offered 'as required' medicines. For example, the care worker administering medicine on the first day of our inspection told us how they had been concerned about a person's swollen legs and were monitoring how often they needed pain relief, updating the GP regularly. A medicine fridge was available for medicines which needed to be stored at a low temperature such as eye drops. Some people were using medicine which required additional secure storage.. We saw these were stored and records kept in line with relevant legislation. When the medicine round was under taken the trolley was left safely locked in the corridor.

All staff who gave medicines were trained by the local pharmacy and had their competency assessed before they were able to administer medicines. Medicine administration records were computerised, and detailed when the medicines were administered or refused. An alert appeared if a medicine had not been given or was late. Medicines entering the home from the local dispensing pharmacy were recorded when received and prescriptions could be quickly faxed through from the GP. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. Stock checks were done every evening for two different people meaning that each person's stock was regularly checked.

The registered manager had systems in place to manage emergency situations such as fire. Each person had a personal evacuation plan (PEEP) to enable emergency services to know how to manage people. Accidents and incidents were recorded to show they were well managed and appropriate actions taken.

Good

Is the service effective?

Our findings

At the previous inspection in March 2017, we found this area was Good. At this inspection in March 2018, this area remained Good.

The service was effective. Some people who lived in the home were not able to choose what care or treatment they received due to living with dementia. Therefore the registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Mental capacity assessments had been carried out or recorded to determine each person's individual ability to make decisions about their lives. Where restrictions were in place appropriate applications had been made to the local authority to deprive the person of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) set out in the Mental Capacity Act 2005.

DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Where people were restricted, for example by the use of bed rails, best interest decisions had been made in consultation with other people involved in their care, and the decisions had been recorded. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff were aware of the implications for people's care and had also included discussions about a complex family situation which had been managed well for the benefit of the person living at Vicarage Residential Home. The registered manager kept up to date with changes in legislation to protect people, and acted in accordance with changes to make sure people's legal rights were promoted. Throughout the day staff demonstrated they were familiar with people's likes and dislikes and provided support according to individual wishes.

Staff gave us examples of how they communicated with people who were unable to verbally communicate and explained how they used hand gestures, facial expressions, pictures and written word to support understanding. Simple language was used to explain and involve people. Staff offered people living with dementia simple choices, putting out different clothes for people to choose for example, or showing them different meals.

The provider ensured people had accessible information in line with the Accessible Information Standard (AIS). Care reflected people's diverse needs and social situations. Care plans and information could be provided in larger fonts and the registered manager was looking at how the accessible information standards could be further incorporated into people's care (The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.) For example, kitchen staff had taken photographs of meals so they could show people living with communication difficulties, such as dementia, what was on offer. The home action plan referred to the AIS with the task to 'make menus more accessible to those with communication and/or information difficulties'. The registered manager was also looking at

technology to use pictures for visual prompts related to consent such as a shower picture, yes and no and facial expressions pictures. This showed the staff team cared about ensuring the service was inclusive.

Staff said they tried to promote people's independence within the environment as much as possible, ensuring people had easy access to mobility aids, call bells, drinks, visible staff and easily accessible bathrooms and room door signage. The deputy manager was also planning to make collage frames of items people liked to further assist people in identifying their own rooms independently.

People and relatives all said they thought the staff had the correct skills and training to meet their personal needs. Comments included, "All the care I receive is wonderful", "They [staff] even brought me a cup of tea at 4am because I was wide awake", "If you need anything, they just get it for you" and "They are sympathetic towards mum's needs". There was a stable staff team at the home who had a good knowledge of people's needs. Most staff had been employed at the home for a number of years. Staff and the registered manager were able to tell us about how they cared for each individual to ensure they received effective care and support. For example, one person had put their clothes on incorrectly so a care worker gently assisted them whilst chatting about a topic they knew the person was interested in. Staff knew who were expecting visitors that day and reminded people who was coming if they were anxious. There was good communication, with shift handover notes kept on the computer system, where a red flag alerted staff to any recent changes in people's needs since the last shift. Staff carried out a wellbeing check first thing on a shift to check everyone was ok. One person said, "The provider popped in to see if I was ok. I said 'you have a good crew here'. A care worker then came to have a chat with the person as they liked to stay in their room.

Relatives also spoke of how the staff knew the needs of family and friends too, treating them as part of the 'family'. One relative said how staff kept the same room available for their loved one's respite care which they thought helped reduce everyone's anxiety. Some staff also had their relatives living at the home and were happy with their care.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Most of the staff were qualified in the national vocational qualification (NVQ). Mandatory training was detailed in the staff new employee book and included safeguarding, comprehensive manual handling, fire, infection control, health and safety and food hygiene. This included working with more experienced staff for a period until each new staff member felt confident to work independently. Staff said they liked working at the home and felt they could say if there was an area of training they were interested in. External courses completed also included nutrition and diet, dementia training and diabetes management. The three day induction pack included Skills for Care and the Care Certificate. These are nationally recognised qualifications for people working in care and was clear about what was expected from staff. A new staff member told us, "It's very nice so far. I'm working with a senior care worker, I've done care before so I would know if a home didn't feel right." Policies and procedures were accessible to staff. The registered manager told us how they tried to ensure good quality staff through the interview and induction/probation process. For example, one care worker had not passed their probation as it was felt a care role was not for them.

There was a computer programme to make sure staff training was kept up to date. This was managed on a training spread sheet. Training due was highlighted and booked. All training was practical rather than online. Staff commented, "We have good training and we can refresh any time if we feel we need to. I've just learnt more about diabetes and glucose management" and "I love it here, there is good team work and it's a happy home." Staff received regular one to one supervision sessions. This enabled staff to discuss career and training needs, any issues and for the manager and deputy to assess competency using a set format. If there were any issues there was also a more informal supervision communication book showing the registered manager had met with staff promptly to discuss any issues. The provider and registered manager

were well informed about the staff team and showed they valued staff. For example, employing people they felt had potential to grow with support, supporting staff in personal issues and praising staff. One staff member said, "If I'm feeling down, coming here cheers me up, we are a good team." Staff felt supported by management at the home and the provider, and told us they felt listened to. For example, a training provider was changed following staff comments to a more suitable training session.

People had access to health care professionals to meet their specific needs. Records showed people attended appointments with GPs, dentists, chiropodists, district nurses and speech and language therapists. Staff made sure people saw the relevant professional if they were unwell and there were lots of recorded examples. One person said, "These people [staff at Vicarage Residential Home] have been excellent. There's no way I could have got better after being in hospital without them".

Staff said they had a good relationship with local GP surgeries and the community healthcare team. There was a communication book for the community nurses to write in during their visits, which was completed each day. A visiting nurse practitioner stated that the staff had all the documentation ready for their prearranged visit. The people they had come to see appeared well. The nurse practitioner didn't have any complaints. The registered manager said communication had recently improved since a change in the nursing team dynamics. People's changing health needs were well met and monitored. Another person was at risk of water retention in their legs so staff monitored this regularly. One person was unable to communicate verbally so staff noticed when they appeared in pain using body language and pictures.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. Care plans included nationally recognised nutritional assessment tools to ensure staff knew who was at high risk of weight loss for example and what action to take. Recording of nutritional needs was computerised and showed very clearly how staff monitored people's input and took action if there was a risk of weight loss. There were graphs to show food and fluid and weight trends and details showing how staff could encourage food in a person centred way such as offering finger foods. Monitoring of people's needs was excellent . Staff told us, and people's care records showed, that appropriate professionals had been contacted to make sure people received effective treatment. For example, staff offered regular snacks and high calorie supplements as well as food that people particularly liked. One person living with dementia was telling staff they were really enjoying the home made pastry.

Everyone we spoke with was happy with the food and drinks provided in the home. Comments included, "I can eat, it's really good food", "The cook deserves an award especially for the cheesecake", "The food is very good", "There's always a good choice and they always offer seconds", "We have a fantastic chef, she's been here years". A relative said, "Mum has a fantastic appetite and she looks forward to meal times." The cook had been at the service for many years and was very involved in understanding and ensuring people received food they enjoyed. Lunch was a happy, social event with lots of laughter and banter. Most people came to the dining room, set up with laid tables and condiments, with others choosing to eat in their rooms or the lounge. People had different meals they had chosen, smaller plates if they wished and were offered seconds. Staff were able to understand what people would like by using their knowledge of their preferences in the past. There was a varied menu. At the time of the inspection people were enjoying steak and kidney pie, or chicken and vegetable pie minced beef and vegetables followed by a choice of dessert. People were offered their choice of drinks. Relatives were encouraged to visit over mealtime if they would like to assist and share the experience. People were not rushed but food was served in a timely way. This all helped to make mealtimes pleasant, sociable events which also encouraged good nutritional intake.

People had the equipment and spacious environment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. There was a stair lift

to assist people with all levels of mobility to access all areas of the home, including the garden and people had individual walking aids, wheelchairs or adapted seating to support their mobility. There were enough hoists and stand-aids available.

Good

Is the service caring?

Our findings

At the previous inspection in March 2017, we found this area was Good. At this inspection in March 2018, this area remained Good.

The service was caring. People were supported by kind and caring staff. Staff had good knowledge of each person and spoke about people in a compassionate, caring way. They were attentive, passing time with people and relatives. One person arrived for regular respite care and was surrounded by care staff greeting them, as they had not been for a while. Relatives told us how they always felt welcomed and all staff were able to give them an update on their loved one. One relative said, "My Dad is even eating vegetables now which he never did at home." Tea and biscuits were offered throughout the day including to relatives. One relative was enjoying tea and cake with a group of people. They said she and other family members were made to feel welcome and were always offered a hot drink on arrival.

People and relatives told us, "The staff and managers (including the provider) call in to have a chat and make sure I'm ok", "All the staff are friendly, co-operative and sociable", "They [staff] are all excellent, from the cleaners to the top. I won't have it said any other way. They are so loyal and really care." A relative said, "I know the provider too. He came to say hello earlier, now he's mowing the lawn." The provider information return (PIR) stated that the ethos of the home was "to promote person centred care and duty of care at all times, and to promote wellbeing and freedom of choice for people." We saw this throughout our inspection. Staff were also spot checked by the managers on 'working ethics and resident communication styles'. Informal supervision showed that staff recognised good practice and ensured they raised any issues amongst the staff team with managers for the benefit of the people in their care. For example, ensuring that language staff used was professional at all times. The provider and managers had attended a local Dignity in Care Forum run by the local authority and were implementing a health and well-being champion as a role for designated staff.

We saw staff interacting with people in a caring and professional way. Staff also enjoyed their work and all said they enjoyed working at the home. One care worker said, "One person was singing a song and staff joined in, knowing which songs the person liked. There was a good rapport between people; they chatted happily between themselves and with staff. When staff assisted people they explained what they were doing first and reassured people. Staff were seen to be comforting one person who was crying and had become anxious. This person was supported to their room and appeared more relaxed after staff had calmly spent time with them. One person said, "When I came I was feeling down, now I'm up here!"

People's care plans detailed family and friends who were important to them and those with authority to make decisions on their behalf. This helped staff to be knowledgeable about people's family dynamics and enabled family members to be involved as they wished. People and their relatives were encouraged to express their views and be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place. The 'welcome pack' detailed how to access external advocacy services and people's rights and freedoms. There were regular resident's meetings which were well attended by people and relatives. Minutes could be in large print and emailed to appropriate advocates or absent family. Recent

minutes stated, "Residents and family members were unanimous in their praise for the care staff and there was a long round of applause to commend their efforts. It was agreed that staff could not be more caring and pleasant to people and their families." This was passed on to the staff team as a whole.

Some people were not able to tell staff about their choices directly due to living with dementia. So, care plans contained people's preferences, likes and dislikes, which gave staff a basis to work with. Staff said they could update care plans as they learnt more about people. They knew what people liked to do and their preferred routines and topics for starting conversations. For example, staff all knew one person had lived abroad and two sisters had very opposite tastes in food.

People looked well cared for. They said they were able to choose how they spent their day. Comments included, "I can have a shower when I want, no problem" and "We can get up and go to bed when we want or have a bath." One person was supported to go home and use their shower at home, they said, "They [staff] are great. I go home just because I can!"

People appeared to be of a smart, clean and tidy appearance. Some people had their nails painted and hairdresser visits were a social event. Care plans included people's usual routines. One person liked to go to bed early so staff ensured they had enough to eat and drink before they went to bed. Another person had behaviour which could challenge staff and preferred particular staff so there was clear guidance about how to minimise this behaviour and staff were matched with the person each shift. We saw then being very patient with the person, clearly knowing them well.

Rooms were very personalised. Relatives said they could decorate them as people wished. One relative said how they had helped their loved one choose the colours. There was a good laundry service with care taken of people's belongings.

The home had no offensive lingering odours and staff ensured people were assisted to the bathrooms discreetly to maintain their privacy and dignity. Staff supported people who were in pain or anxious in a sensitive and discreet way. This included thinking about whether there may be a physical reason why someone was not behaving in their usual way. Staff told us how they regularly checked people in their rooms. When staff had not been working for a few shifts they were genuinely pleased to see people, chatting about how they had been and sharing what they had been doing. Some people were unable to communicate directly and staff sat with them singing or chatting about topics people responded to.

Staff understood the need for confidentiality, the safe storage of people's records, and knew not to share information without people's consent or unnecessarily.

Good

Is the service responsive?

Our findings

At the previous inspection in March 2017 we found the admissions process may not have been sufficient as people moved between services. During this inspection in March 2018 we found this area had been addressed and this key question was now rated as Good..

The registered manager advised referrals came through word of mouth and through the local authority system. The service undertook their own comprehensive assessment of people's strengths and needs and had now included a section to note if a person had received care in other services previously to inform the care planning process. These now included assessments of people's skin care and nutritional needs, level of dependency and risk. Care plans were then developed to incorporate people's needs. The registered manager wrote all the home's policies and kept them up to date, ensuring people were treated equally and fairly. The assessment process also helped to identify when staff may require further training before they were able to support people, for example for a specific medical condition. If people were coming home from hospital, the service ensured all the necessary equipment was also in place to support a safe transition.

The Vicarage was part of a local scheme which enabled people to be discharged from hospital for assessment before aiming to go home. The registered manager said this meant they had good relationships with social workers and it was good to see people enabled to go home. One person could not praise the home enough saying they were in and out of hospital a lot and enjoyed staying at the home. The home was also part of the Red Bag pilot scheme "Enhanced Health in Care homes". This scheme was designed to support care homes meet the National Institute for Health and Care Excellence (NICE) guidelines in providing good transition experiences for people between emergency services. The home had already used the Red Bag system with success, where the bag was packed with the person's paperwork, medicine, discharge clothes and personal items including communication aids, glasses/hearing aids. A form with the bag detailed the concern, what action had already been taken, response and examination details. This showed the service worked to benefit people in their care and worked with other services in the community.

People received care and support that was responsive to their personal care needs because staff had good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. People were involved in discussing their needs and wishes if they were able and people's relatives also contributed.

Care plans were computerised, easily accessible for staff on password protected electronic tablets to keep up to date and very comprehensive records. During the inspection we read four people's care records. These support plans showed person centred language and gave good detail about exactly how staff should care for people. For example, staff were vigilant about people's bowel management if necessary and took prompt action.

Staff at the home responded to people's changing needs. For example, staff recognised when people were not eating so well, were not themselves or had a sore place on their skin. We spoke to all staff who were very knowledgeable about people's needs including the housekeeping staff. Staff referred people to appropriate

health professionals in a timely way. For example, in relation to chiropody, eye care and to the community nurses or GP. There were regular reviews of people's health. Each person had a 'hospital passport'. This was intended to be given to external health professionals/paramedics so they would know how to respond to people's care for consistently.

Some people were unable to be directly involved in their care planning but relatives were able to be involved if they wished. Relatives felt they were able to chat to staff or the manager/provider at any time. People and their representatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. There had been no formal complaints this year and any smaller 'grumbles' were recorded showing what action was taken to minimise a complaint being necessary. Issues were taken seriously and responded to in line with the provider's policy. For example, there had been a complaint unrelated to care but about refuse disposal. This had been discussed in a staff meeting, communicated to all staff and and resolved quickly.

There was good end of life care. Staff were involving families in adding end of life information within the care plans as an on-going process. For example, whether people were for resuscitation, what their wishes might be and information about power of attorney and arrangements. The deputy manager told us how they had prepared when one person's health had deteriorated. They had arranged for a hospital bed and a new room to prepare for the future. Staffing levels could be increased if needed to provide additional support for people at the end of their lives. Appropriate health care professionals and family representatives had been involved in end of life discussions such as GPs, the local hospice and community nurses. For example, to ensure emergency medicine was available. Staff attended people's funerals and there were thank you cards from grateful relatives.

The home provided good leisure and social activities that also included appropriate engagement for people living with dementia. When we arrived some people were enjoying a late breakfast, chatting with staff, napping or pottering around the home. The staff were very visible and seen chatting to people in a meaningful way during the inspection. People were therefore able to interact with visible and attentive staff and watch what was going on, or were visited by staff in their rooms or quieter areas, so there was a low risk of isolation.

Each care file had a background information form which was completed with relatives if possible. This also included those people receiving respite care. The computer system care plans had details of what social activities people liked and who was important to them. For example, staff knew when people regularly had visitors and whether people needed to be assisted to get ready to go out. People's care plans showed how they liked to be addressed and then went on to detail people's past experiences.

All staff worked as a team to provide activities, the activity co-ordinator previously in place was working less hours so the registered manager had just recruited a new co-ordinator. Therefore, some people told us they had been a bit bored lately, but the managers were aware and were addressing the need for more in-house activities. People and relatives commented, "I like to do my wordsearch books", "I enjoy the singers that come in", "There's not a lot going on recently, I get bored at times", "I enjoy watching the sport and nature channels on my TV" and "The staff are very interactive." Staff told us, "I do a bingo session in the afternoon. It's the best part of the job. I'm so proud of this home."

People said they were able to arrange to go out with family and friends and the staff always asked them how their day had been. There was an activity programme with regular visits by external entertainers such as singers, musicians. A regular newsletter, 'The Vicarage Periodical' informed people and their families what was happening at the home. This included staff changes, food, maintenance, entertainments, events and

questionnaires. People were updated about the recruitment of the new activity co-ordinator and residents meetings had drawn up a list of activities people would like to try. For example, staff were looking at re-introducing film afternoons, more regular communion from a visiting clergy and families had offered musical and dance demonstrations.

Good

Is the service well-led?

Our findings

The service was well led. At the last inspection in March 2017 we found the provider did not always operate effective systems and processes to make sure they regularly monitored and reviewed the quality of the service and staff supporting people. During this inspection, in March 2018, all these areas had been fully addressed and this key question was now rated as Good.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. The registered manager ensured governance was well managed with regular monitoring of a range of topics, especially those where concerns had been identified in previous inspections. For example, in relation to staffing levels, medicine management and record keeping. There were comprehensive audits and checks in place to monitor safety and quality of care including medicine audits, care plans audits and falls. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. For example, where people had fallen, individual risk assessments were reviewed and preventative measures taken. This demonstrated the home had a more robust culture of continuous improvement in the quality of care provided.

There was a management structure in the home which provided clear lines of responsibility and accountability. People and relatives told us the culture at the service was positive. The Vicarage Residential Home brochure described the service mission as, "We are committed to the person centred approach and providing the best care possible. All residents are respected and treated as an individual. Dignity, inclusion and self-esteem are promoted at all times within a safe environment whilst maintaining the feeling of homeliness." We found this to be the case during our inspection. There was a happy, busy atmosphere with people being well cared for, noticed and people going about their day.

The provider and their spouse (a director) were very involved in the running of the home. For example, the provider knew each person and their family situation and was visible around the home, gardening and chatting to people. They were completing a food survey during our inspection to find out people's views on the menu and knew each person's particular likes. The provider had now clarified their input with the registered manager to ensure each role was better defined. The provider now met with the registered manager more formally on a weekly basis with a clear agenda to enable them to have oversight of the service. The provider would discuss timings of monitoring visits for the future with the registered manager to promote their responsibility and day to day management.

The provider, registered manager and deputy manager were open, transparent and person-centred. People knew who the management team were. Both managers had worked at the home for some years and worked well together. The registered manager told us they were always available across the week and there was an on call system for out of hours. People and relatives said of the management team, "All the staff are very approachable", "This place is a home from home", "The managers are as good as gold", "It's the best home I've stayed in" and "The staff and management are excellent. There's good communication from them, they always phone if something is wrong. I have peace of mind."

The provider, managers and staff showed enthusiasm in wanting to provide the best level of care possible and this showed in the individualised way they cared for people and their families. For example, recognising and addressing family anxieties and ensuring that people were protected from negative situations. People and relatives had lots of communication about the home such as user friendly service user guide and home's statement of purpose, newsletters and notice boards.

There were systems in place to share information and seek people's views about the running of the home as well as relatives, external stakeholders and professionals. A recent quality assurance survey had been completed with the provider telephoning relatives themselves. Comments were all very positive. An audit of the outcome had been done and an action plan devised. For example, the food survey was instigated and a new activity co-ordinator employed.

The managers had an open door policy and they were available to relatives, people using the service and health professionals. The managers kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area. For example, they were on the committee for the council 'Red Bag' scheme and told us how they had learnt from the recent Dignity in Care forum. The registered manager worked in partnership with other agencies when required, for example primary healthcare service, the local hospital, the local hospice, pharmacy and social workers.

All staff were positive about working at the home. We heard how the registered manager had links with the local job centre and had a project to safely enable suitable people, particularly those unemployed for long periods, a chance. Staff received regular supervision support, completed employee quality surveys and were regularly listened to and consulted. There were lots of examples of how the managers supported and encouraged staff retention to promote a consistent, skilled staff team.

The registered manager and provider had a range of organisational policies and procedures which were available to staff at all times. The registered manager's whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.

The registered manager and provider understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.