

# E.C. Investments (Gloucestershire) Limited

## The Old Rectory

### 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 28 and 29 June 2016 and was unannounced. The Old Rectory provides personal care to 29 older people with a physical and/or sensory disability. At the time of our inspection 29 people were living in the home and of these 25 people were living with dementia. Accommodation was provided in the main house over two floors with shaft lifts to access the first floor and an annexe for five people. All bedrooms had en suite facilities and there were additional bathrooms and shower rooms. People in the main house had access to a large lounge with dining facilities as well as a garden room and other quiet areas.

There was a registered manager in post, who was also the owner of the company. 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 and associated Regulations about how the service is run.

People had developed exceptional relationships with staff which were caring, compassionate and sensitive. People were treated with the utmost respect and their dignity was promoted. When upset or anxious they were reassured by staff who understood them really well. Staff gently touched or spoke with people tenderly encouraging them. Music and singing were used creatively to engage with people to brighten their day and to help them express themselves. People's communication needs had been considered and staff knew how to interpret their feelings and emotions, helping them to engage positively with their environment. People were helped to retain their independence whether eating, drinking, walking around or helping with the gardening or housework. People's feedback was sought on a day to day basis so that any changes to their activities or meal choices could be made quickly. People said they enjoyed both their meals and activities telling us "It's excellent, it's like a hotel. The standard is very high."

People's care was individualised and reflected their unique needs. Their care and support was discussed with them and care records stated how they wished to be supported as well as their wishes and lifestyle choices. People had access to meaningful activities which they had chosen. They enjoyed music and singing, arts and crafts, themed events and going out on trips. People felt safe living in the home and staff protected their rights. Any risks had been assessed and hazards reduced to keep people safe. People were confident expressing their views and knew if they had any complaints these would be listened to.

People's views and those of their relatives and staff were sought to monitor the quality of care provided. The registered manager and provider were open and accessible and strove to sustain the quality of care by making improvements to the service. Quality assurance audits monitored the quality of care provided and health and safety systems. External audits confirmed the high standard of care provided. The Old Rectory had been chosen as a case study reflecting best practice for music and singing in care homes by a national organisation. They had also received an award from local commissioners for being proactive and developing excellent person centred care plans.

## 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's rights were upheld. They were kept safe from the risk of harm or injury.

People were supported by sufficient staff with the right skills and knowledge to meet their needs. People were protected by satisfactory recruitment procedures.

Changes had been made to the administration of medicines to make sure they were managed safely.

### Is the service effective?

Good ●

The service was effective. People were supported by staff who had the skills, knowledge and competencies to meet their individual needs. Staff had access to training and individual support to develop professionally.

People's consent was sought in line with the essence of the Mental Capacity Act 2005. People deprived of their liberty had the appropriate authorisations in place.

People were supported to stay healthy and well through access to a range of healthcare professionals. Their nutritional needs had been assessed and they had access to a healthy and nutritious diet.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring. People had developed special relationships with staff, who treated them with the utmost kindness, sensitivity, reassurance and respect. Staff understood people really well often going that "extra mile" for them and their families.

People's uniqueness was recognised and creative ways were explored to encourage them to communicate and maintain their independence.

People were encouraged to express their thoughts about their care and support on a daily basis and staff responded to ensure they felt valued and able to influence their care and support.

People were supported with dignity and compassion at the end of their lives.

### Is the service responsive?

Good ●

The service was responsive. People received highly individualised care and support which reflected their wishes and preferences. Their care records reflected these and most had been kept up to date with changes in their health and well-being.

People had access to a range of meaningful activities which they reviewed to make sure they continued to reflect their individual likes and dislikes.

People were confident any concerns would be listened to and action taken to address any issues they raised.

### Is the service well-led?

Good ●

The service was well-led. People benefited from the service having good management, who were open and accessible.

People were able to express their views about their experiences of their care and support. The visions and values of the service were understood and promoted by staff.

Quality assurance processes were in place to assess the quality of care provided and to maintain the high standards of care they strived to provide.

# The Old Rectory

## **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.

The inspection took place on 28 and 29 June 2016 and was unannounced. One inspector carried out this inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with seven people using the service and three relatives. We spoke with the registered manager, the office manager, the activities co-ordinator, the cook and five care staff. We reviewed the care records for four people including their medicines records. We also looked at the recruitment records for one member of staff, staff training records, activities audits, accidents and incident records and quality assurance systems which included feedback from relatives. We observed the care and support being provided to people. We used the Short Observational Framework (SOFI) for inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from two health and social care professionals.

# Is the service safe?

## Our findings

People's rights were upheld. Safeguarding information was provided for them in reception areas. Staff had completed safeguarding training and had a good understanding of their roles and responsibilities in recognising and reporting suspected abuse. Staff explained what they would do to safeguard people by reporting any incidents to the registered manager or the local authority safeguarding team. Robust records had been kept monitoring unexplained bruising and possible causes had been explored. People told us they felt safe and relatives confirmed, "It's lovely to know she is safe and well" and "Staff never lose their temper, I can't fault what they do." The registered manager confirmed there had been no safeguarding alerts in the last 12 months.

People occasionally became upset or anxious. Staff knew people really well and explained how they helped people to manage their emotions and to become calmer. People's care records provided guidance about how to communicate with them when they were unhappy and what strategies staff should use, such as distracting people with music, a drink, a walk or giving them space. A missing person's profile had been put in place for each person which could be taken out with them, just in case this was needed.

People were kept safe from the risks of harm or injury. Any hazards had been assessed and risk assessments noted the action taken to minimise these risks. For example, people identified as at high risk of falling had been provided with equipment to help them walk safely such as walking frames or hoists to help them reposition safely. People had also been provided with alarms in their rooms to alert staff if they had moved from their bed or chair so staff could react promptly to ensure they were safe. A visitor reflected how their relative had been moved to a ground floor room after falls in their upstairs room making sure they were kept "as safe as possible". Accident and incident records were reviewed to see if any trends were developing and to assess whether the necessary action had been taken. People had been referred promptly to health care professionals to make sure they had access to the appropriate equipment. People who were at risk of developing pressure ulcers were monitored closely. When staff had observed any red areas these were immediately treated with creams and if needed the appropriate equipment was provided.

People were safeguarded against the risks of emergencies. Each person had an individual profile in place describing how they should be evacuated if they needed to leave the property quickly. A summary of these individual plans had been produced for emergency services using a colour coded system to identify those people who needed support from staff. An out of hour's system was in place should staff need support or advice from the registered manager. Health and safety systems were maintained to ensure a safe environment was provided and that equipment was serviced at the appropriate intervals. A fire risk assessment was in place along with environmental risk assessments. Audits had been completed to make sure systems continued to function efficiently.

People were supported by enough staff to meet their needs. People commented, "All staff from the manager to care staff and cleaners cope well" and "They do their best." Staff confirmed they were able to meet people's needs and appreciated the support of the activities co-ordinator who provided not only activities but was also around to help out when needed. The registered manager also provided hands on support if

care staff needed additional support. Rosters confirmed staff covered annual leave and sickness and staffing levels were maintained. No agency staff were used. New staff confirmed they worked alongside existing staff during their induction so they could develop the skills and knowledge needed to meet people's needs. Good use was made of volunteers to help staff with activities.

People were protected against the risks of potential harm through satisfactory recruitment procedures. Gaps in employment had been explored with new staff although written evidence had not always been kept. This was rectified for one applicant during the inspection. References confirmed people's reason for leaving former employment and were verified with referees. Satisfactory Disclosure and Barring Service (DBS) check had been obtained prior to employment. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Health questionnaires had been completed and evidence of previous training supplied.

People received their medicines at times they needed them. Each person had an individual profile detailing their current medicines and any allergies. Medicines were kept securely and stored at the correct temperatures. Staff had completed training in the safe handling of medicines and their on going competency had been assessed through observation and refresher training. The medicines administration charts (MAR) had mostly been completed correctly. A gap we found on one MAR would have been followed up by the registered manager as an error. One person liked to be independent when taking their medicines and staff had signed the MAR to confirm the medicines had been taken before the person had taken them. We discussed with staff how they could make the system for administering medicines more robust. This was implemented during the inspection. The safe administration of medicines was observed on the second day of our inspection. Medicines which needed additional security were kept in line with national guidance. Over the counter medicines had been authorised by the GP for each person to use alongside their prescribed medicines.

# Is the service effective?

## Our findings

People were supported by staff who had the skills, knowledge and understanding to meet their needs. Staff had opportunities to develop professionally and to complete training specific to people's needs such as dementia awareness and end of life courses. Staff said they felt supported to acquire expertise in their roles and an awareness of people's needs. New staff confirmed they shadowed existing staff during their induction which included the service's own induction as well as the national care certificate. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. New staff told us they felt "really supported" during their induction by "a good team who work well together". People commented, "They know exactly what you need" and "They do everything really well." Visitors told us, "Excellent staff, can't fault them, they do all they can."

People benefitted from staff who were helped to develop in their roles. They confirmed they had individual meetings (supervisions) with the registered manager to discuss their responsibilities, their training needs and to focus on themes such as medicines, key working and the quality of care. Annual appraisals provided the opportunity to reflect on their performance as well as their aspirations. Staff confirmed they were supported to register for leadership awards and the diploma in health and social care at all levels. Any performance issues were addressed through supervisions for example, exploring the reason for medicines errors. Staff were supported to complete refresher training when needed and their competency was confirmed through observations of them carrying out their day to day responsibilities.

People were supported to make decisions about their day to day care and support. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's care records clearly identified if they had fluctuating capacity to make decisions and what might affect their ability to make decisions such as physical illness or difficulty understanding larger decisions they might be faced with such as going to hospital for treatment. People were observed being given plenty of options to make choices about how to spend their time, what to eat and drink, times for getting up and going to bed. One person said they liked to get up mid-morning and staff confirmed they respected the person's preferences for when they retired at the end of the day.

Some people had a lasting power of attorney who had had the legal authority to make decisions on behalf of the person who was unable to make decisions for themselves, in their best interests. A record of this authorisation had not been obtained for everyone but the registered manager said they would request these to make sure relatives had the appropriate authorisation in place. The provider information return confirmed, "We promote personalised services with maximum choice and control for residents within our care."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the



Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager confirmed authorisations had been submitted and granted where appropriate. An urgent authorisation had been put in place when a person's liberty had been restricted to keep them safe from harm. Authorisations had been reviewed when needed.

People's health and well-being were encouraged through a healthy and nutritious diet. Snacks, fresh fruit and hot and cold drinks were available around the home for people to help themselves. During a food audit people had suggested to the registered manager they would like a change to the menu. This was done adding dishes such as crab, prawns and alternatives to roasted or mashed potatoes. After a period of time people said they preferred the old menu and so those dishes had been reintroduced. People told us, "The food is good", "The roast lunches and sweets are lovely, top marks" and "They take note if you dislike something." Relatives had commented, "Staff are aware of small appetites" and "Food is home cooked and very nice." Staff were observed serving vegetables to people individually and giving them choices about which vegetables they preferred and the size of the portion.

People's dietary needs were considered. People living with diabetes had sugar free alternatives. Information about allergens in food was available and any allergies people had were highlighted in their care records. People's weights were monitored closely when needed. Staff were using the malnutrition universal screening tool (MUST) to identify if people were at risk of malnutrition. This tool used the person's body mass index, recent weight loss and their medical conditions to highlight to staff if they need to monitor the person more closely for malnutrition. Strategies were put in place to help people maintain their weight, for example they were offered food fortified with full cream milk, butter and cream. People were encouraged to eat as independently as possible; this included providing adapted crockery to help people feed themselves. Staff were observed assessing when people needed prompting or help to eat their meals. One person was initially helped with their meal but staff withdrew prompting and reassuring them to eat their meal independently.

People's physical and mental well-being were promoted through access to a range of health care professionals. The home benefitted from the enhanced services provided by a local surgery, whereby one GP was responsible for visiting each week; this meant that people saw a doctor when they needed to and their medication was reviewed regularly. One person told us they had been able to keep their own GP when they moved into the home which they really appreciated. People were referred to other health care professionals when needed for example the mental health team or community nurses. A health care professional said, "They always call when needed. We complete records in people's care plans and staff take on board our recommendations."

## Is the service caring?

### Our findings

People had developed exceptionally positive relationships with staff. Each person was treated with the utmost kindness and compassion. Staff reflected how "We are family driven, the residents are what we are here for" and "We are one big family." People told us, "Staff are very helpful and very pleasant", "Staff so caring, always patient and kind" and "They look after me very well." Relatives enthused about the care and support people received, "They are excellent, I can't sing their praises highly enough", "Staff are amazing, they have a good relationship with people" and "They are very professional, marvellous, it's very person centred and they respond well to people's needs." One visitor commented, "Staff go above and beyond. When we had a family crisis they offered to help us". They said this reassured them at a difficult time and they knew their relative was also in good hands. Another visitor confirmed, "They go that extra mile." People were observed enjoying the company of staff. All staff from the cleaners, cooks, and care staff to the managers shared the visions and values of the home to deliver very individualised care which focused on the person and not their condition. Staff acknowledged people by their preferred name and chatted with them socially, sharing jokes and poignant moments. We observed one person, who was not very happy, being joined by the activity co-ordinator who sang to them, brightening their mood. Staff responded quickly to people in distress offering them reassurance by gently touching them, holding their hands or quietly and calmly comforting them. A relative commented, "Staff understand her, they know when she is not herself."

People's life histories were vital to ensuring they received care and support which reflected their very unique experiences. Staff were prompted in one person's care plan "get to know the real me." The registered manager confirmed it was important to "Get it right from the point of admission; finding out what's important to people." People and their relatives had been provided with easy to read guides which offered explanations about a range of topics. For example, living with dementia and why reminiscence and knowing people's life histories were so important. The registered manager said a relative had asked why they wanted to know about people's past and the registered manager had realised not all relatives had appreciated the importance for both people and staff to share this vital information. A relative confirmed this saying, "A wonderful caring staff team who understand and accept mum for what she was and had a good sense of the person she was before." Staff clearly understood people well and reflected how they could help and support people on the anniversaries of the birth or death of people important to them. They explained how in November each year they put up a remembrance tree. People wrote a note on a poppy to a person they wished to remember which was placed on a tree in the lounge.

People were encouraged to express their views and were actively involved to make decisions about their care and support. People expected their feedback about activities and meals which was made on a daily basis would be responded to instantly. Records were kept of their comments. As a result changes could be made quickly, acknowledging when things did not work and trying something new or making changes promptly. For example, after trying out the new menu people said they actually preferred the old one, which was quickly reinstated. A relative also raised concerns about losing laundry and said this was dealt with "straight away". A person commented, "They are constantly trying to improve and get better and better." A relative told the provider, "Carry on the fantastic work ensuring [name] is involved in all aspects of daily living and her care."

People's feedback about new activities or opportunities was also sought. They were observed talking about a grant from a local charity staff were applying for. They had been asked what they would like to purchase to improve their activities provision. The favourite option was to buy some musical instruments. A person shared with us booklets which had been produced along with a monthly newsletter describing what they had been involved in. These were illustrated with photographs and relatives said they were useful prompts for conversation when visiting people. People confirmed they also talked with a named member of staff (key worker) about the care they individually received and a relative commented they were kept informed, "no matter how minor they always tell us".

People were treated with the greatest respect and their privacy was considered. A person said, "Staff are very polite they always knock on my door when visiting me." One person described staff as being "really patient" which was confirmed by a relative. Comments received by the provider included, "Subtle caring techniques" and "Really sensitive to everyone's needs." Staff poignantly described how they responded to people's emotions and well-being. "We sit with people and share their sad memories, which we can address and share." A relative said, "She looks great just now, relaxed and in good health, top notch." Staff talked about how they used music and singing to help calm people, or to share joyful moments. A representative of a national project promoting music and singing in care homes commented, "Singing is natural and takes place right through the home and across the day, [name of the activities co-ordinator] is doing just that." The activities co-ordinator described how singing helped one person, whose speech could be "erratic" but singing helped them to engage with others and staff, enabling others to understand their speech. Staff were heard helping people to orientate themselves to the time of the day, by singing appropriate songs. At breakfast a person joined them in a rendition of "Oh, What a beautiful morning." The well-being of other people also showed the effectiveness of music to brighten their mood, as they participated through tapping, jiggling or dancing.

People were encouraged to be independent in daily living tasks and their personal care. One person proudly said they helped to set the table for lunch. They had told staff they would like to keep their room clean and had been supplied with their own cleaning equipment. People helped to grow vegetables in raised beds or the greenhouse and if they could not get into the garden, then vegetable pots were brought into them in the home, to help maintain. A person had requested to grow marigolds and these were now growing in the garden near their room. Thought had also been given to the decoration of the home providing paintings on the walls which people could touch or feel encouraging them to interact with their environment.

People's preferred form of communication was highlighted in their care records. Staff were guided to "talk slowly", "do not raise voice", to "give time and space, do not repeat" and "make sure you have her attention". Step by step guidance was provided in care plans for people living with dementia and how they responded to being addressed. Staff were prompted to consider the lighting in rooms when talking with people as well as ensuring they had people's attention by addressing them by name and getting eye contact. Staff were observed effectively communicating with people making them feel at ease and relaxed. A relative said, "Staff are good listeners." The provider information return stated, "We never assume residents are not able to make decisions, no matter what stage of dementia they are at" and "Employees have the necessary skills to include residents with cognitive or communication difficulties in decision making." Written information including care records, menus and guidance had been produced on yellow backgrounds with large black print improving access for people with sensory disabilities. This was in line with guidance from the Royal National Institute of Blind People and the NHS accessible information standard.

People's human rights were upheld. Staff had completed equality and diversity training and respected the diversity of the people they supported. People living with dementia who experienced sun downing, which

resulted in them becoming more confused or agitated in the late afternoon and in the evening or as the sun goes down, were supported during these periods of time. Their care plans described the support offered to them to reduce their anxieties such as staff reassuring them, putting lights on, distracting them and just being with them. People's choice about their spirituality and religious beliefs were respected and they were supported to follow these through services at the home and in local places of worship. Visitors said they were made to feel "very welcome" and "we are always welcomed". They said they were offered private rooms to meet their relatives if they wished and could have a meal with them. One visitor commented, "[name] is always in the lounge when I arrive and full of smiles." People's personal information was kept securely and safely, respecting their right to confidentiality. People had access to lay advocacy. Advocates are people who provide a service to support people to get their views and wishes heard.

People had discussed their end of life wishes. Their preferences for how they wished to be supported at the end of their lives had been recorded in their care plans. Do not attempt cardiopulmonary resuscitation (DNACPR) orders were in place. These had been discussed with them, their next of kin and authorised by the GP. People's spiritual or religious requests had been acknowledged. Advanced directives were in place and all staff were aware of these. Staff described how they would sit with people, hold their hands and talk with them if their relatives were not present. A relative commented, "You gave us real peace of mind" and staff said they joined with people living in the home to reflect on people's funerals and their lives.

## Is the service responsive?

### Our findings

People received care which reflected their individual needs, wishes and previous life experiences. Assessments had been completed prior to people moving into the home to confirm that their needs could be met. People told us staff talked to them about how they wanted to be supported with their care and day to day lifestyle choices. People said, "My appointed carer keeps me informed" and "Staff know exactly what you need." Relatives commented, "Staff are really tuned in to her needs" and "Staff respond to people's individual needs." One relative described how quickly staff had responded to changes in their relative's needs, providing a new pressure relieving mattress when they had developed sore areas on their body. Another relative had told us how responsive staff were when their relative was at increasing risk of falls.

People's care records detailed the care and support they required with step by step individualised guidance for staff to make sure it was delivered in the way people wished. For example, strategies were described for people living with dementia to help them manage their feelings and emotions. One person needed reassurance at certain times of the day when they wanted to go home, staff simply told them bed and breakfast had been booked for them by their family, they were reassured and calmed. Another person was supported to speak to their daughter over the telephone to assure them they had were at home and safe. People's changing needs were reflected in their daily records and care plans updated to reflect these. For example, changes in their mobility or monitoring any skin pressure areas. We discussed with the registered manager a discrepancy with a care plan for one person which had not been updated as indicated in their monthly review. This was done during the inspection. Another person's care records contained an out of date care plan, which had been reviewed to reflect changes in the level of support they needed. This was removed immediately. Other records were satisfactory.

People's level of independence was clearly highlighted in their care plans. Staff were observed prompting people to do things for themselves such as using their walking frames when moving around the home or eating snacks and meals. If people could manage their personal care tasks themselves they were supported to do these, staff only stepping in to help when needed. One person had been given a personal alarm in case they felt unsafe walking. Staff had discussed different strategies to encourage them to use this.

People enjoyed a wide range of meaningful activities and had opportunities to be involved in different events held at the home. An activities co-ordinator had been employed to organise these and people, staff and visitors spoke enthusiastically about the positive impact they had on people's day to day lives. They said they had completed training in activities and took part in a local activities network to share good practice. The registered manager and activities co-ordinator discussed how they had empowered all staff to consider their role in engaging people in activities from chats in their bedrooms to participating in group activities. People were fully involved in reviewing activities and if they did not work other activities were offered. They particularly enjoyed singing together and also had choirs from the local schools, church and a ladies group performing with them. A brass band also performed for people. People said, "I do enjoy the music" and "We like to join in." Favourite activities were visits which involved animals; a dog which loved to be patted, lambs and donkeys had all visited the home.

People said they particularly liked arts and crafts. They showed us the murals which decorated their lounges. At Christmas they had made cards to sell, which had been decorated with people's finger prints. People were busy sewing making articles they could sell or give away as presents. One person discussed with a volunteer about a hanging ornament they wished to make and they agreed to plan to do this. A relative commented they visited in the morning because whenever they arrived in the afternoon people were fully engaged in activities and they didn't want their relative to miss out because "she really enjoys the activities". Another relative said, "Activities are plentiful, varied and really sensitive to everyone's needs."

People were taken for trips out. A visitor was pleased their relative had been "out to see the bluebells" and for an old fashioned afternoon tea. Themed events were held in the home for example, the Queen's birthday celebrations and Wimbledon. Lounges displayed items which would prompt people to remember the events. For example, tennis dresses, tennis rackets and a display of green and purple adorned one lounge. A person was observed enjoying watching the tennis. If people chose not to be involved in group activities they were offered individual activities in one of the lounges or their own rooms. These included hand massage, sharing a drink over a chat, reading and playing games. People were observed choosing where to spend their time and with whom, utilising the array of lounges and quiet areas around the home. The gardens were accessible to people and made good use of sensory plants which had pleasant aromas or which encouraged wildlife such as butterflies or bees. A water feature and sculptures were also a feature of the garden.

People had access to information about how to make a complaint. This had been produced in an easy to read format using illustrations to help explain the text. People told us they would talk with staff or the registered manager but they had no complaints. They told us, "I haven't got any complaints" and "They do all they can to please." Visitors verified this saying, "They would try and resolve concerns, but we haven't had any issues", "I am happy to speak to any of the staff, but I can't praise them highly enough" and "Nothing bad to say." The provider information return stated, "We make sure residents have choice and control over their lives, that they maintain good relationships with families and friends and develop a good relationship with staff." The registered manager said any issues were dealt with as they arose and this prevented concerns escalating into complaints. There had been one complaint in the last 12 months which had been dealt with to the satisfaction of the complainant.

## Is the service well-led?

### Our findings

People and staff were involved in shaping the service, giving feedback and making improvements. The registered manager commented, "Staff empower the residents to make informed decisions and retain as much self-determination and independence as possible and for as long as possible, we thrive in making everyone feel that the home is not a care environment but their own, they have ownership within it." People told us, "It's excellent, it's like a hotel. The standard is very high" and "It's a real homely atmosphere. Nothing is too much trouble." Visitors enthused about the quality of service telling us, "I can't sing their praises high enough" and "Absolutely thrilled with the whole set up. Lovely family atmosphere, like a big family and the care is very good." Health care professionals also confirmed, "A lovely place" and "It's much improved."

People's feedback was sought in a variety of ways including day to day feedback after they had eaten meals or participated in activities. More formally they took part in meals and activities audits which had resulted in changes to the menu and replacing some activities with new experiences. In addition people had individual meetings with a named member of staff to talk about their own care and support. Each year people and their relatives were asked to complete a survey about their experiences and the results of these formed an action plan for improvements to be addressed. Feedback from relatives included, "A wonderful team of caring staff" and "The building is immaculate, inside and out." Staff gave feedback through staff meetings, individual meetings and through delegated responsibility for key tasks around the home such as medicines, meals and activities. They were also encouraged to make suggestions in response to feedback from the residents forum. A member of staff commented, "this is the nicest care home" and others spoke proudly about the service they provided. The registered manager said she brought "in new ideas from staff".

The registered manager had a clear vision for the home, "We offer a place which is safe; everything is checked, we look at the individual, at the person not their dementia. It is home from home rather than an institution." She said, "We offer an excellent service, we are proud of what we offer, residents come first, their choice is first and we fit around them." She confirmed this saying, "It is our passion that the care team work within our ethos and thrive to aim to achieve maximum individual person centred care to all who live within our care setting." Staff were observed putting these beliefs into action, delivering individualised care and support which was responsive and caring. Staff told us the registered manager was "very good, she is accessible and supportive" and they were "very well supported". The registered manager confirmed, "I lead a strong team of staff who are confident to raise concerns and know any issues would be managed in confidence."

The registered manager kept up to date with current best practice and changes in legislation through networking with other registered managers and was also currently completing the dementia leadership award. The registered manager said they met as management team with one of the directors to "discuss any issues, challenges, positive outcomes within the home". These were then fed back to the provider who frequently visited The Old Rectory supporting them in their managerial role. She said there were plans to formally record the outcome of these visits. People, staff and visitors spoke positively about the provider and said they were open and accessible to them. The registered manager confirmed the provider was always around "ensuring the residents have the best of what they require or need".



The registered manager recognised the challenges of maintaining a service with expectations of high standards. A new position of office manager had been created to "implement changes and evolve new ideas". Changes had also been introduced to the staff structure in response to the need to improve the effectiveness of the staff team. She reflected, "No one likes change. We discussed the reasons why this was happening. We monitored and reviewed the changes with staff, everyone had a say." The impact of the changes had improved people's experience of their care and support and staff commented on greater "consistency" and staff working as a team. The registered manager was aware of their responsibility to submit notifications to the Care Quality Commission. Statutory notifications are information the provider is legally required to send us about significant events. Staff were confident any concerns raised under the whistle blowing procedure would be listened to and the registered manager would take the appropriate action in response.

People benefited from a quality assurance system which closely monitored their experiences of living in the home. Staff were involved in these processes auditing medicines administration, activities and health and safety systems. The registered manager commented, "Staff have an excellent understanding of their roles" and their responsibilities are clearly defined. Records confirmed appropriate checks had been carried out for fire systems, legionella, food hygiene and infection control systems. Accidents and incidents were closely monitored to ensure the appropriate action had been taken in response to emerging themes. The registered manager promoted "a relationship centred approach and positive risk taking" and acted "openly and transparently about any incidents" which were reported to "the appropriate people".

A number of external audits had also been carried out including inspection by the Food Standards Agency who had awarded the home the top rating of five stars for the operation of its food services. Local commissioners had awarded The Old Rectory the care home of the month award for being proactive and developing excellent person centred care plans. A national organisation promoting the use of music and singing in care homes had also chosen The Old Rectory as an example of best practice and were using them as a case study to share with other care homes.