

Mrs R Elango & Mr P Elango

# The Old Vicarage

## Inspection report

Vicarage Lane  
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Deal  
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Date of inspection visit:  
31 October 2016

Date of publication:  
09 December 2016

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on the 31 October 2016 and was unannounced.

The Old Vicarage provides care for up to 39 older people some of whom may be living with dementia. On the day of the inspection there were 30 people living at the service. The Old Vicarage is located in the village of Tilmanstone. It offers residential accommodation over two floors and has two communal areas together with a conservatory on the ground floor which is also used as a dining area. There is a secure garden at the rear and side of the premises.

The service had a registered manager in post. 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.

We carried out an unannounced comprehensive inspection of this service on 24 and 25 September 2015 and The Old Vicarage was rated 'Requires Improvement'. We issued requirement notices relating to safe care and treatment, fit and proper persons employed, person centred care, good governance, staffing and duty of candour. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Improvements had been made and the provider had complied with the breaches but we found some other areas that still needed improvement.

One person did not have personalised guidance in place for when staff should administer medicine to help them when they were stressed or anxious. The registered manager wrote these guidelines on the day of the inspection and staff read and signed them to show they understood what they said. Staff had identified on the morning of the inspection that one person had not been getting their medicine at the correct time. They contacted the pharmacy and were told that the person should not suffer any ill effects. Staff had sometimes hand written people's medicine administration records (MARs). These were not signed by two staff members to confirm that they had been checked and were accurate. We have recommended that the provider reviews their medicines policies and procedures.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them.

Staff completed incident forms when any accident or incident occurred. The registered manager analysed these for any trends to see if any adjustment was needed to people's support. Risks relating to people's health and mobility had been assessed and minimised where possible. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills

were completed.

There was enough staff to keep people safe. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

Staff had the induction and training needed to carry out their roles. They had received training in people's healthcare needs. Staff met regularly with their manager to discuss their training and development needs. They had received training in topics relating to people's needs?

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People were supported to eat and drink healthily. Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible. Staff followed guidance and advice given by health care professionals. Some people's health had improved on moving to the service.

People and their relatives said that staff were kind and caring. Staff knew people well and their likes and dislikes formed part of their care. People were supported to dress how they wished and wear jewellery and perfume when it was important to them. People were treated with dignity and respect.

Staff were responsive to people's needs. Detailed assessments were carried out before people moved into the service. People's care plans were reviewed monthly by staff to ensure they reflected the care and support people needed.

People took part in a variety of activities within the service. People participated in pumpkin carving and listened to music on the day of the inspection. People and their relatives told us musicians and entertainers regularly visited the service to perform. There was a complaints policy in place and people's relatives said they knew how to complain if they needed.

Staff and relatives told us they thought the service was well led. Staff told us they were well supported by the registered manager and there was an open and inclusive ethos within the service. The registered manager told us that, "The resident was at the forefront of everything."

The registered manager was experienced in working with older people and providing person centred care. The CQC had been informed of any important events that occurred at the service, in line with current legislation.

The registered manager regularly carried out audits to identify any shortfalls and ensure consistent, high quality, personalised care. People's relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service. These were collated and analysed and the results were displayed within the service so everyone could read 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?

**Requires Improvement** 

The service was not consistently safe.

Staff had identified that one person had not received their medicine at the correct time. One person did not have personalised guidance in place to tell staff when to administer medicine when they were anxious.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

There was enough staff to keep people safe. Staff were checked before they started working at the service.

Staff had received training and knew how to recognise and respond to different types of abuse.

### Is the service effective?

**Good** 

The service was effective.

Staff received the induction, training, and supervision to support people effectively.

Some people had Deprivation of Liberty Safeguards (DoLS) in place. Staff had an understanding of DoLS and the Mental Capacity Act (MCA).

The service provided a variety of food and drinks so that people received a nutritious diet.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

### Is the service caring?

**Good** 

The service was caring.

People and their relatives said that staff were kind and caring.

Staff knew people well and their likes and dislikes.

People were encouraged to be as independent as possible. Staff encouraged people to do as much as they could for themselves.

People were treated with dignity and respect. Staff gave people the support they needed in a discreet manner.

### Is the service responsive?

Good ●

The service was responsive.

Detailed assessments were completed before people moved into the service. People's care plans were updated regularly when their needs changed.

People took part in a variety of activities within the service. On the day of the inspection people took part in pumpkin carving.

Complaints were investigated in line with the provider's policies and procedures.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager undertook regular audits to ensure consistent, high quality, personalised care. They regularly surveyed staff, people, their relatives and other stakeholders to gain feedback and the results were analysed and displayed within the service.

People, their relatives and healthcare professionals said the management team was approachable and they could go to them with any issues.

The Care Quality Commission (CQC) had been notified of important events within the service, in line with current legislation.

Staff were aware of the provider's values to provide person centred care.

# The Old Vicarage

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2016 and was unannounced. It was carried out by two inspectors.

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. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, the deputy manager and the provider. We spoke with four members of staff. We looked at six people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with five relatives and a district nurse.

We last inspected this service in October 2015. Breaches in the regulations were identified at this inspection.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. They were relaxed in the company of staff and staff reacted quickly if people became distressed or anxious. Staff knew people well and said they had built up good relationships with the people they supported. One person told us, "I feel safe, I can't think of anything that makes me feel unsafe at all." A relative told us, "Oh yes, [my relative] is definitely safe." Another relative said, "I feel [my relative] is very safe. Staff identified they were at risk of falling and did something about it; that was very reassuring."

At our last inspection in November 2015 there was no guidance or direction for staff on when to give people medicines that were prescribed on an as and when basis (PRN). At this inspection, some improvements had been made. There was now guidance in place for staff to tell them when they should administer people's pain relief. Staff we spoke to told us they understood the guidance and knew the signs that indicated when different people were in pain and how much pain relief medicine they might need. However, one person had been prescribed medicine to help keep them calm if they became distressed or anxious. There was no guidance in place to tell staff how the person may appear if they were distressed or anxious, and at what point staff should administer their medicine. We raised this with the registered manager and guidelines were immediately written. Staff read and signed them to confirm they understood the guidance.

On the morning of the inspection staff had identified that one person's medicine had been given at the wrong time for the past four days. Ferrous sulphate (iron) had been given at the same time as calcium, which impacts on absorption into the body, meaning it may not work as well. On discovering this staff immediately contacted the person's pharmacist. The person suffered no ill effects as a result. The registered manager took action to make sure this would not happen again.

Most people had printed medicine administration records that came from a local pharmacy. However, some people had handwritten medicine administration records. Staff had written the medicines on these records and had signed to say the information was correct, but this had not been double checked by a second member of staff to ensure it was accurate. This was not in line with current guidance.

We recommend that the provider should review the management of medicines to take into account 'The Royal Pharmaceutical Society of Great Britain Guidelines for medicines in care homes' with regard to the safe storage and administration of medicines.

Medicines were stored securely and at the correct temperature. There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were routinely dated when they were first opened. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. When staff gave people their medicines they signed the medicines administration records. The medicines given to people were accurately recorded.

At the previous inspection risks to people had been identified and assessed but guidelines to reduce risks

were not always available or were not clear. Accidents and incidents had not been analysed to look for trends or ways of reducing the chances of them happening again. At this inspection, improvements had been made.

Staff had identified the risks associated with people's care, such as mobility, eating and drinking and unstable health care conditions such as diabetes. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring.

Some people had diabetes and there was clear guidance in place to tell staff how people may appear if their blood sugar levels were too high or too low. Staff had been trained to test people's blood sugar levels and knew what to do if they were outside of a healthy range.

When people were at risk of developing pressure sores they had beds with air flow mattresses and special cushions were available for people to sit on. Staff regularly checked and recorded the pressure of this equipment and ensured that they were on the correct settings. Staff acted quickly when people's skin became sore to ensure it did not become worse and nobody had any skin breakdown at the time of the inspection. One healthcare professional told us, "Communication has improved, they let us know if someone is sore or if there are any skin tears."

Staff recorded accidents and incidents when they occurred. The registered manager reviewed each form and action was taken to reduce the risk of incidents happening again. Accident and incident forms were collated and the registered manager looked for any trends or themes so they knew what action to take. When people fell staff sought appropriate medical advice. Some people struggled to use their call bell when they fell so staff had put in place sensor mats to alert them if people fell and needed assistance.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

The provider had a business continuity plan in place to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. There was an on-call system in place so there was always a member of the management team available in an emergency. Staff told us they were aware of the continuity plan and were confident they could reach a manager out of hours.

At the previous inspection the relevant safety checks had not been completed before staff started work to make sure they were safe to work with people. The registered manager had failed to gain a full employment history and references for people before they started work. At this inspection improvements had been made.

Written references were now obtained and checks were carried out to make sure staff were of good character and were suitable to work with vulnerable people. A full employment history had been gained for each member of staff. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us that although



they were busy they had the time to speak with people and ensure that they all received the care they needed. One person told us, "They have got enough staff." A relative told us, "There are always plenty of people here, I come every day, every evening and they seem organised." Another said, "There is always someone there and I know if [my relative] presses the buzzer they will come running." There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. The Kent and Medway safeguarding protocols were available for all staff to refer to if needed. Staff told us they would report any concerns to the registered manager. One member of staff said, "I'd record any concerns that I had and would let the management team know. They would refer it on to social services. I would talk to the care quality commission (CQC) if I felt it was not handled correctly, but I am sure that would not happen." Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again.

## Is the service effective?

### Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the right support. Staff were knowledgeable about people's needs and followed guidance from a variety of health care professionals such as district nurses and speech and language therapists (SALT). One relative told us, "They definitely seem to know what they are doing. I am very impressed."

At the last inspection staff had not received the training they needed to make sure they were suitably qualified, competent, skilled and experienced to work with people. Specialist training relating to people's health care needs such as diabetes, pressure care and catheter care had not been provided.

At this inspection improvements had been made. Staff had now received specialist training relating to people's health care needs. One member of staff said, "My training has all been updated. I can ask for more and they try and sort it. I have had training in diabetes and epilepsy. I feel confident to support people with their needs." Another member of staff said, "I feel that staff have had training now so they know what they have to do and feel confident." Staff had also completed basic training on topics such as safeguarding and moving and handling.

Staff put their training into practice and gave people the support they needed. One person became distressed and staff gave them reassurance in a calm manner. Staff moved people safely and let them know what was happening before they moved them. Staff spoke to us about people's needs with knowledge and understanding. A healthcare professional told us, "I feel that diabetes is managed well now."

New staff worked through induction training which included working alongside established staff. New staff completed the Care Certificate as part of their induction, which is an identified set of standards that social care workers work through based on their competency. The registered manager and deputy manager had recently been on a course to help people through the Care Certificate. They told us this had been beneficial, and they would be applying their knowledge when they had new starters.

At the previous inspection staff had not received regular supervision from their line manager. At this inspection improvements had been made. Staff told us they felt supported and that they had the opportunity to attend regular staff meetings and one to one supervision meetings. The registered manager and deputy manager organised regular supervision meetings with staff in advance. This gave staff the opportunity to talk about any training and development needs. The management team also carried out regular observations on staff, to check they were providing safe, compassionate care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff and the registered manager spoke with confidence about MCA and DoLS. One member of staff said, "We always assume people can make decisions for themselves. Some people can't but I know they have DoLS in place." The registered manager had applied for DoLS for some people, and these had been authorised by the local authority. People were able to make day to day choices about if they spent time in their rooms or communal areas of the service and what they ate and wore.

People's healthcare needs were managed well. One relative told us, "They have been very proactive over health conditions and always call the GP." Prompt referrals had been made to professionals such as district nurses to ensure that staff had up to date advice and guidance on how to support people effectively.

Staff assisted people to attend a variety of healthcare appointments and check-ups. On the day of the inspection several people were attending appointments with their family members. On their return staff were updated on any changes needed to people's support. The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

Some people's health had improved since they moved into the service. One relative told us, "When [my relative] came here they couldn't walk...The service has got them walking again and they have got their strength up." Some people's mobility had increased and one person no longer needed a catheter because staff supported them to use the toilet so it had been removed.

People and their relatives told us that they enjoyed the food and they received the support they needed to eat and drink. One relative told us, "The food looks really good and smells nice. [My relative] loves it. They said to me, "You get proper meals here." Before they were just eating ready meals in their flat." Another relative said, "The cook knows [my relative] loves the crackling, so she always saves it for them."

People visibly enjoyed their lunch time meal and the atmosphere was relaxed, with people chatting to staff and each other. The day of the inspection was Halloween and the chef had prepared a Halloween themed dessert, with bright red and blue mousse and jelly. Last year the chef had cooked blue mashed potato and they told us this had gone down well. One person told us, "I love it when they do stuff like this, it makes me smile."

Some people had eating and drinking guidelines in place from speech and language therapists (SALT). Staff followed these guidelines and food and drinks were served at the correct consistency. People received the support and supervision they needed to eat safely.

Staff monitored people's weight to ensure it remained stable. When people's appetite had declined or they were losing weight staff had sought advice from dieticians. One person was on a fortified diet and the ingredients for their favourite milkshake were displayed on the fridge in the kitchen. The chef told us, "[The person] loves their milkshakes, so it is important we make it the way they like."

# Is the service caring?

## Our findings

People and their relatives spoke positively about the care they received and the kind and caring nature of staff. One person told us, "They are nice. I like [Staff member]. They are good; they are kind to me, that is the main thing." A relative told us, "The girls are superb; always smiling. They are always cheerful and they are always helpful." A staff member said, "I have suggested this as a place for my relative, if I am happy for her to be here then that says it all."

Staff knew people well and had built up strong relationships with them. One staff member told us, "I like my job, I like working here, I adore the residents." There was information in people's care plans about their loved ones and personal histories so staff were able to talk to them about their lives before moving to the service. One person's care plan said, "[The person] likes to have her jewellery and perfume on every day." We spoke with the person and they proudly showed us the necklace they were wearing. Staff also confirmed that the person was wearing their favourite perfume.

People were encouraged to be as independent as possible. One person's care plan said, '[The person] can be encouraged to wash the top of their body and staff to wash the bottom half.' Another person's said, 'Staff to assist [the person] to brush their teeth by applying toothpaste to their toothbrush and handing it to them.' Staff confirmed that they always encouraged people to do as much as they could for themselves.

People received the support they needed in a discreet manner and staff treated them with respect and dignity. One relative told us, "The staff are sensitive, and my loved one says they are respectful." When people received assistance to move staff patiently explained to them what was about to happen and offered gentle reassurance.

Staff treated people with compassion and kindness. Two people were talking and one person suddenly become confused and distressed. Staff immediately intervened. They spoke to the person gently and placed an arm on their shoulder. They redirected them to another part of the service and offered them a cup of tea as a distraction.

Staff protected people's privacy as much as possible. Staff used screens to protect people's privacy in communal areas if they required assistance. One staff member told us, "We know why people behave the way they do, so we don't make a big deal about it. We just make sure they are ok and it doesn't affect other people." Staff knocked on people's doors and asked whether they could go in before entering.

People personalised their rooms in line with their particular likes and preferences. Some people had decorated their rooms with pictures of things that were important to them such as family members or loved ones. One person invited us into their room and showed us new furniture they had chosen. They were really pleased with the colour, and said, "Do you like my cupboard? It's new. I love the colour."

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. Information was displayed

about advocacy and the support it offered to people.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. Relatives we spoke to said they were always kept well informed about any changes to the health and welfare of their loved one. One relative said, "They communicate with me, tell me what kind of mood my relative is in, and if there is anything else I need to know."

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

# Is the service responsive?

## Our findings

People received the care and support they needed and staff were responsive to their needs. When people became distressed or anxious staff reacted quickly, and healthcare professionals told us people's healthcare needs were managed well. One relative told us, "Staff deal with things quickly when they crop up." Another said, "The care here is fabulous...I have no concerns and [my relative] has settled in so well."

People's needs were assessed before moving into the service, with as much involvement from people, their relatives, health professionals, and the person's funding authority as possible. A care plan and associated risk assessments were written to ensure staff had as much detail as possible to know how to support the person. A relative told us, "They asked me lots of questions the day [my relative] moved in. The deputy manager came and it was like a handover, so I knew they had everything they needed to support my loved one."

At the previous inspection people's care plans had not been updated when their needs had changed. People had lost weight and their mobility had declined but staff had not documented these changes. At this inspection improvements had been made.

People's care plans were reviewed monthly by their keyworkers to check that any necessary changes had been made. Key workers are members of staff who take a key role in co-ordinating a person's care and support and promote continuity of support between the staff team. One relative told us, "They [my relative] has got the continuity here. They have got their main carer, in fact the carer has just introduced herself to me."

Some people's health had improved and this had been clearly documented. One person needed less support with their mobility and continence and their care plan had been updated regularly, highlighting what the person was now able to do for themselves.

Other people's needs had changed and they now needed more support from staff. The changes in their health and wellbeing, and how staff should support them as a result had been documented month after month and people's care plans and risk assessments had been updated accordingly.

People received the care and support they needed, in the way they wanted. Preferences with regards to people's personal care and daily routine were documented in their care plan. One person's care plan said, "Prefers a shower to a bath." Staff told us that they felt records had improved and they now had more guidance on how to support people.

People took part in a range of activities within the service. On the morning of the inspection staff supported people to decorate pumpkins, as it was Halloween. The finished pumpkins were placed on tables in the conservatory and people commented on them whilst eating their lunch. One person said, "How funny, I hope we don't get any trick or treaters."

On the afternoon of the inspection, there was music playing in the lounge and people and staff were singing and dancing together. One person told us, "This is terrific" and another person said, "It is nice to listen to."

People participated in a range of other activities and musicians and entertainers regularly visited the service to perform for people. One relative said, "I just think it is great." At a recent residents meeting people had requested to play bingo and this had been organised.

The service had a complaints policy which staff were aware of and knew the process for. The policy was displayed in the entrance hall of the service and with the visitor's book so visitors could see it as they walked in. There was a comments box in the hallway where people could post anonymous thoughts on the service. The provider checked this box regularly and acted on any concerns that were raised.

When complaints were made they were logged and investigated and responded to promptly. The provider had employed an independent consultant to review or investigate complaints to ensure they were looked into fairly.

Relatives told us that they knew how to complain and said they would raise any concerns with the registered manager. One relative told us that their loved one had not liked their bedroom. They had discussed this with the registered manager and the person had moved to a bedroom that they preferred. They were now much happier in their new room. The service had received thank you cards and compliments from relatives of people who used the service. Comments included, "[My relative] is happy. That is all that matters."

## Is the service well-led?

### Our findings

People and their relatives told us they felt the service was well led. One relative told us, "I can go to the manager if I have any concerns, everything I have asked for they have done." Another relative said, "They work very hard here, and I think the manager is doing a good job." A health care professional told us that the management team was visible and they regularly saw them chatting with people and assisting staff when they visited.

At the previous inspection the registered manager had failed to complete effective audits as they had not identified the issues we had found. At this inspection improvements had been made. The registered manager and deputy manager carried out regular monthly checks on the service. These covered a range of areas, including the quality of completed paperwork, including daily notes and incident forms and whether relevant health and safety checks were carried out. Senior staff completed weekly medicines audits to ensure medicine had been administered properly. These checks had identified that one person had received their medicine at the wrong time for the four days prior to the inspection, they took immediate action about this. The provider was actively involved in the running of the service and visited the service weekly.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. At the previous inspection notifications had been sent to the wrong email address, so these had not been received. At this inspection the registered manager confirmed they had the correct address to send notifications to. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months.

Annual questionnaires were sent out to people, their relatives, staff and other stakeholders so they could give their views about the service. The responses were collated and action was taken when any areas of improvement were identified. One relative had raised that their loved one's clothes had been damaged in the wash and this was immediately rectified. The survey results were displayed in the entrance hall so people and their visitors were aware of said the results.

Records were detailed and up to date. People had detailed care plans and risk assessments in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.

The registered manager and deputy manager worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it.

There were regular meetings for people and staff. The minutes of these showed these were an opportunity to share ideas, keep up to date with good practice and plan improvements. Staff said there were always opportunities to discuss issues or to ask advice. At a recent staff meeting staff had discussed the importance



of completing paperwork accurately and recent changes in people's care.

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which was based on equality and mutual respect. The registered manager told us, "The resident is at the forefront of everything."