Care Quality Commission

Mr John Forrester Collins & Mr Jeremy Russel Collins & Mr Antony Dixon

The Old Vicarage

Inspection report

56 Main Street Hornby
Lancaster
LA2 8JT
Tel: 01524 221284
Website:

Date of inspection visit: 07 October 2014
Date of publication: 26/08/2015

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

We inspected The Old Vicarage on the 7th October 2014. This was an unannounced inspection which meant the staff and the registered provider did not know we would be inspecting the home.

The last inspection was in November 2013. This was undertaken to check that the home had made improvements with their management of medicines and supporting people with their consent to care and treatment. At that inspection the registered provider was found to be compliant.

The Old Vicarage can accommodate up to 15 people, who require nursing or personal care and who are elderly. The home is not registered to care for people with dementia. At the time of our visit the home was fully occupied.

The Old Vicarage is an old stone house, adapted for use as a care home. The house is a listed building and is set within its own grounds in the village of Hornby in the Lune Valley. Hornby is situated between Lancaster and

Summary of findings

Kirkby Lonsdale. It is close to local shops, churches and public facilities. The Old Vicarage is served by its own drive and there is car parking available outside the home for visitors.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality commission to manage the service. They share the legal responsibility for meeting the requirements of the law; as does the registered provider.

We spent time in the communal areas of the home, including the lounge and dining areas. This helped us to observe the daily routines and gain an insight into how people`s care and support was managed.

The staffing levels in the home were not sufficient to meet the assessed needs of people who used the service. We saw that not enough staff were available to assist people living over busy periods of the day. There was only one call bell in the lounge. This meant people had limited means of summoning assistance should they require it. We found staff did not have sufficient time to monitor and support people adequately. You can see what action we told the provider to take at the back of the full report.

We found there were suitable arrangements in place to protect people from the risk of harm and abuse. All staff we spoke with, including the cook and the cleaner had undertaken safeguarding vulnerable adults training. Our discussions with staff showed us they understood their responsibilities to protect people from the risks of abuse. They all consistently told us they were aware of what actions to take if they had any suspicions of abuse. People we spoke with told us they felt safe. One person told us, “Everyone is kind and helpful, there are people around and they are very good. I know there are other people about. The whole atmosphere is there are people around me. A second person told us “I never think about it, the general feeling is there’s always someone around.” People we spoke with were positive regarding the care they received. One person told us, “I would say they are more than outstanding. I could recommend this place to the queen". One person we spoke with was very complimentary regarding the responsive care and attention they had received from staff.

In the care records we looked at, we saw the home had safeguards in place for people who may have been unable to make decision about their care. This included a pre assessment and various risk assessments. Records showed us people had been supported to understand their care plan and people had signed their consent to their care and support.

The service had policies and guidance in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs) The MCA and DoLs provide legal safeguards for people who may be unable to make decisions about their care. The registered manager told us that they had not been required to make any applications to the Local Authority. She told us that she was aware of who to contact should she be required to make a referral in the future. Our discussions confirmed she was aware of her responsibilities with regard to this legislation

We looked at the management of medicines within the home. We found there were appropriate arrangements in place to safely manage and administer medicines. We observed people were supported to take their medicines and be supported with their underlying health conditions. The registered manager and staff told us they were very well supported by the local doctors and healthcare team. The staff at the home were developing Advanced Care Planning to support people with their end of life wishes.

Staff told us they felt very well supported by their registered manager. They told us they had opportunities to undertake relevant training and personal development. The registered manager also spoke highly of her staff team and told us how much she valued their support. The staff team we met had all worked for a long time at the home. There was not a high staff turnover.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Staffing levels in the home were not sufficient to meet the assessed needs of people. Although staff felt there had been some improvements made regarding the staffing levels, staff still did not have sufficient time to monitor and support people adequately.

The service had a range of safeguarding systems in place to protect people for the risks of harm and abuse. Staff spoken with had an understanding of the procedures in place to safeguard vulnerable people from abuse and had received training and attended relevant courses. This meant staff knew how to recognise and respond if they witnessed or suspected abusive practice.

There were appropriate arrangements in place to safely manage and administer medicines.

Is the service effective?

Good

The service was effective.

People who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. Relevant staff told us how people's needs were monitored.

The registered manager and staff had developed close partnerships with healthcare professionals in order support peoples care effectively.

Staff were supported to undertake a range of training to meet the needs of the people they supported.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

Is the service caring?

Good

The service was caring.

People who lived at the home and relatives told us all staff and management were caring people. People who lived at the home were seen to be supported by attentive and respectful staff. We saw staff showed patience and gave encouragement when supporting people.

Staff had a good understanding of the individual needs of people.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Summary of findings

Although we saw two people were able to participate in activities independently, we noted there was a lack of stimulating activities provided by staff for other people living in the Old Vicarage. Staff showed concern for the lack of time they had available to support people with activities both inside and outside the home.

People were supported to maintain relationships with friends and relatives. Family members were made welcome in the home.

Records showed people had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

Is the service well-led?

Good

The service was well led.

People who lived at the home and staff we spoke with told us they felt supported by the registered manager and that they felt comfortable sharing any issues or concerns with them. They felt confident they would be listened to and action taken where necessary.

We found by talking to a variety of people the registered manager had actively sought and acted upon the views of others. Formal meetings were now being organised for the residents by the registered manager.

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 checked whether the registered 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.

We inspected The Old Vicarage on the 07th October 2014. This was an unannounced inspection which meant the staff and the provider did not know we would be inspecting the home.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience taking part in this inspection had a nursing care background.

We contacted Lancashire County Council Contracts Commissioning Team, in order to ask their opinion of the service. There were no concerns reported to us regarding this service.

We also reviewed the information we held about the home such as statutory notifications, safeguarding information and any comments and concerns. This guided us to what areas we would focus on as part of our inspection visit to The Old Vicarage. We looked at previous inspection reports.

During this inspection we used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This involved observing staff interactions with the people in their care. We spoke with nine people who lived in the home, the registered manager and four members of staff, two relatives and a visiting professional. We also looked at a range of records which included people`s care plan records and risk assessments.

Requires Improvement

Is the service safe?

Our findings

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home.

We found some people required support from two members of staff regarding some aspects of their care at various times through the day. Although we saw staff were caring and attentive, we saw there were periods of time when there was no staff available to support people. We noted at breakfast time, one person was sat for a long period of time without any support or encouragement to eat their breakfast. At lunchtime we saw staff were busy serving meals in the dining room; as well as providing care for those people who remained in their rooms. We saw there was not always sufficient staff on duty to monitor people and provide assistance should it be required. This meant the staffing levels were restricted at busy periods of the day when people were likely to require higher levels of support.

After lunch we spent time with people in the lounge. During the half hour we spent with people there were no staff available to provide assistance should people require it. We noted there was only one personal alarm in the lounge. It was positioned on the wall near to the door was not placed in an accessible location. It was a large lounge and this meant that people would require a level of mobility and independence to activate the alarm. If someone was unwell it would be difficult for them to summon assistance should it be required. One person told us, “They can be hard pushed sometimes, if I rang the bell it would take them as long as it takes them to come upstairs.” “They do their best; it takes them about ten minutes to answer the buzzer.”

We spoke with staff to gain their views of the staffing levels within the home. One staff member told us, “Most of the time we have enough staffing. Although we don`t have time to help people with activities, which is a shame. People’s needs have changed and this takes us away from activities.” The registered manager told us that at night time they had one staff member on duty, with a staff member on sleep in duty. This meant there was always two members of staff available should this be required. The registered manager told us although they had increased their staffing levels in the morning they agreed with us that their staffing levels could be improved.

We found the staffing levels in the home were not always sufficient to meet the assessed needs of people.

This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During the inspection we spoke with four members of staff and the registered manager. All the staff we spoke with told us they had worked at The Old Vicarage for long periods of time. Staff were very positive regarding working at the home. Although no one had been recently appointed all comments were positive regarding their work and personal development. One staff member told us they received induction training and shadowed more experienced staff. We found people were protected against the risks of abuse because the home had a recruitment procedure in place. The registered manager told us there was not a high staff turnover. Some staff we met had worked at The Old Vicarage for a long period of time. There were no staff vacancies although the registered manager had plans to increase their bank staff. We were told they had recently appointed a new deputy manager. This was an internal appointment, due to the promotion of an existing staff member. We were told that this had proved popular decisions with the staff team, because they respected and valued their colleague. The registered manager told us their employment checks included an application form, references and DBS (Disclosure Barring Service) checks.

We looked at the management of medicines within the home. There was always a member of staff designated to administer medicines. This meant they were not to be disturbed for other roles whilst they were supporting people to take their medicines safely. We noted that one person had been recently unwell, and their care plan indicated that advice and guidance had been sought from the local GP. As a result the staff were able to offer pain relief. We observed the staff member consult with and discuss this person`s pain relief in relation to their health problem. This is good practice as it demonstrates staff are promoting people`s choice and involvement.

We observed that medication charts (MAR) were signed and recorded each time someone had been administered their medication. A sample of MAR charts indicated that records were organised, clearly written and maintained. Maintaining clear and accurate information helps to reduce the risks of errors. Staff used a drugs trolley, which enabled them to store medicines safely. The home also had a separate locked facility for the safe storage of classified

Requires Improvement

Is the service safe?

drugs (CD's) which due to their legal classification need enhanced storage. Our discussions with staff showed us they had a good knowledge and understanding and had been supported to attend training. Staff were aware of what actions to take if there was a medication error. Records of drug side effects were maintained in people`s individual care plan records. Allergies were clearly recorded on medication charts and in care plan records. One staff member told us, "Things have totally changed. Everything is in the trolley and it is much safer. We lock the trolley and it is easier all round." The registered manager undertook medication audits on a regular basis. This helped to keep people safe from the mis -management of medicines.

People who lived at the home told us they felt safe when being supported. One person said,

"You don`t need to worry, everybody is kind, helpful and pleasant. It`s a lovely place, everyone is so kind." We found the service had procedures in place for dealing with allegations of abuse. There was a copy of the local Safeguarding protocol available in the office. This contained the contact details for reporting concerns. It included guidance and information for staff to follow should they have any concerns.

Members of the staff team we spoke with, including domestic staff and the cook had all attended safeguarding training. Our discussions confirmed they were knowledgeable regarding their responsibilities to protect people from potential risks of harm or abuse. Staff we spoke with were confident when discussing aspects of safeguarding with us. They were aware of the various types of abuse and were conversant with their policy and guidance. They told us they would not hesitate to report any concerns to their manager.

As part of our regulatory functions it is a requirement of the Health and Social Care Act 2008 that the registered manager or provider should report any safeguarding concerns to the Commission. At the time of the inspection there had not been any safeguarding notifications submitted; and there were no safeguarding incidents being investigated by the local authority. The registered manager confirmed she was aware of her responsibility to report any concerns to the appropriate bodies in a timely way.

Good

Is the service effective?

Our findings

People living at The Old Vicarage received effective care because staff had a good knowledge of each person and how to meet their needs. The registered manager told us for the exception of two staff, all staff had attained national vocational qualifications in care (NVQ2) One staff member had recently completed a level 3 in advanced care. Staff had completed a range of training courses including medication awareness training, safeguarding, fire safety, moving and handling and End of Life care.

One staff member told us, "Our manager is really good. She will look into training for us and sort it out." A second staff member told us, "Our manager is brilliant, I feel supported." Staff told us they received regular supervision meetings and feedback regarding their performance and personal development. Our discussions with staff showed us they were very committed to providing good quality care for people. Staff gave us good examples to show how their learning had impacted upon the care they provided. They showed us staff were motivated, caring and compassionate towards the people they supported. One staff member told us that as part of their advanced apprenticeship they had selected Dementia Awareness training as an additional section. They told us, "I chose that, I said to my manager that I would really like to do that. Since completing this course they added, "I feel more confident actually. Some things you already know and some are new and different ways to look at a situation." They explained to us that by using relationship charts had assisted them to understand what networks people had for support. This enabled them to explore ways of supporting people living in the home.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with the registered manager and senior staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. This meant clear procedures were in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk. People had open access to come and go as they pleased and we did not observe any restrictions were in place.

We found by talking with people and looking at individual care and medication records, people's health and care needs were assessed with them, and they were involved in developing their plans of care where possible. Care plan records indicated people had consented to their care and support and were involved in regular reviews. People we spoke with told us they felt well supported if they required seeing a doctor or attending health care appointments. One person told us, "Of course they would send for the doctor. They do everything possible to help." A second person commented "The doctors here are good; they always come the same day." District nurses attended the home to provide care and advice regarding pressure care and catheter care. The Parkinson nurse also attended the home to give specialist advice for one of the people living in the Old Vicarage. There was evidence to indicate people received support from regular chiropody and optometrist visits. Care plan records reflected the involvement of health visits taking place.

We spoke with the cook and were shown how meals were planned to take account of people`s dietary needs and food preferences. Records were maintained indicating people`s food choices and preferences. The cook explained how they spent time talking with people as part of their menu planning. When new people moved into the home she was involved in the care planning process to learn what people`s individual preferences were. Any allergies or dislikes were noted in people`s care plan records. The menus were seasonal and were based on a four week cycle. This meant people had a variety and choice in their meals. The cook told us there were no restrictions upon the budget. This enabled them to purchase a selection of products form a range of suppliers.

Staff were aware of and could explain how they met the dietary requirements of people. This included how to support people who may require a special diet or specialist support for advice and guidance. The cook told us they recorded what people ate to help them monitor people for any potential risks should anyone`s healthcare needs change. The cook was aware how to fortify food and prepare foods in different consistencies.

Good

Is the service effective?

The home had recently been awarded 5 stars from the local Food and Hygiene Standards Agency. The top rating of 5 means that the home was found to have very good hygiene standards.

Most people told us they enjoyed the food provided by the home. The meals were well presented and looked and smelled appetising. Tables were set out with condiments and napkins. A selection of hot and cold drinks were provided. We noted there were no menus on display and some people did comment to us that they were not informed about the meals for the day and choices available to them. However we did receive some very positive comments about the meals, one person told us they liked the flexibility of choosing their own food from the local butchers. They told us, “We get to choose what we want to eat. If it’s something I don't fancy I can go to the local butchers and buy something and they will cook it for me. Nothing is too much of a problem.” A second person told us, “We are always getting treats; you should be here at teatime.”

The Old Vicarage is an old Listed building. Because of this the layout has been adapted within the restrictions of the property. There was a large lounge area, with plenty of room for people to use their equipment freely. There was also a separate conservatory area and a separate dining room. This meant there was a range of room options available for people to use.

Some people preferred to spend time in their bedrooms and this was facilitated by the staff. The registered provider had made adaptations to the home to make areas more accessible. However upstairs there was a steep ramp to one of the bathrooms. There was also a step down from one corridor to the lift. The registered manager told us they never used that bathroom. She added that people with mobility needs usually occupied the bedrooms on the ground floor. The home had two alternative accessible bathrooms that were used on a daily basis. One was on the ground floor and second was on the first floor.

As part of their pre assessment process and care plan reviews, the registered manager told us she assessed people`s mobility needs. This assisted people to choose their room dependent upon their needs and availability. The registered manager told us she had not undertaken an environmental risk assessment regarding the risks we had identified. She told us she would undertake a risk assessment and send us a copy as confirmation this had been completed. When we spoke with people who lived in the Old Vicarage, no one appeared to object to the layout of the home. People enjoyed living in the home, and benefitted from the outside garden areas. One person told us, “I haven’t had any problems. I can get around alright. If there are any problems they [the staff] help us.”

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. We received many positive comments from the people we spoke with regarding their support and care. When we asked people what they liked best about living at The Old Vicarage one person told us, "This place is marvellous and helpful. I feel looked after." The house is a listed building and stands within its own well-kept grounds. This was appreciated by the people we spoke with. A second person told us, "It's much more countrified. I try to go for a walk in the garden every day, I like watching the wildlife." People told us they felt staff were kind and compassionate. One person told us, "Yes, of course they're kind." A second person added, ""It`s easy going, they [staff] are very friendly and full of fun, it`s not strict. Everyone is very good and helpful." All the people we spoke with said they would be supported with their spiritual needs if they wished. A third person told us "I wouldn't go to church, but I think somebody comes in to give communion."

We observed there was a relaxed and friendly atmosphere within the home. The staff looked to be very happy working at the home and this helped to create a nurturing and caring environment. We arrived during breakfast time, and saw there were flexible routines within the home. Many of the people chose to eat their breakfast in their bedrooms and we noted that many people did not venture downstairs until mid-morning. People`s personal tastes and preferences were reflected in the way they dressed and in the way they chose to spend their time.

All staff we spoke with were respectful of people's needs and described a sensitive and empathic approach to their role. One staff member said, "I see really happy residents here and we get lots of visitors. It is a happy place to work; the carers go above and beyond their duty." A second staff member told us, "I like it here; we have a good manager and lovely residents. We are a good team and this helps to provide the best care for residents."

During the inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI helped us assess and understand whether people who used the service were receiving the level of care that met their individual needs. We spent time in the lounge and dining room for short observational timeframes. During the time spent in the lounge there were people sat in lounge chairs. We saw staff were busy throughout our inspection. Although our observations showed us there was a lack of staff on duty, we did see staff showed patience and gave encouragement when supporting people.

We spoke with staff to check their understanding of how they treated people with dignity and respect. One staff member told us they had recently completed End of Life care training. They went on to tell us how this training had helped to think about how to respect people`s individual values. They added the importance of involving people`s family and told us they worked together to ensure they could offer the best possible care. A second staff member told us how they considered people`s individual preferences and choices in the food they provided. We observed throughout our inspection people were supported by caring and respectful staff.

We looked at care records and other associated documentation. We saw evidence people who lived at the home, and their family members had been involved with developing the person's care plans. Care plan records reflected people and their relatives were supported to make decisions regarding their future care needs. This demonstrated that people were encouraged to express their views about how their care was delivered. The records were well organised and laid out in such a way that it was easy to locate information.

Requires Improvement

Is the service responsive?

Our findings

People did not always receive care and support that was responsive to their needs. We noted there was a lack of stimulating activities available for people.

We spent time in the lounge and dining room areas. In the afternoon some people enjoyed the company from their visitors. We noted that visitors could spend time with their relative in the privacy of the conservatory area. We saw one person spend time during the morning completing a jig saw, which they appeared to enjoy. We observed a second person listening to their talking books in the dining room. These were obtained from a local charity that provided tape recordings for people who had sight impairment. This showed us the home had developed working relationships with outside agencies to meet the needs of the people they were caring for.

Although we saw two people had benefitted from some activity during our inspection, this was not the case for other people living at The Old Vicarage. We observed staff were busy throughout our inspection. We noted that due to the staffing levels within the home, staff had limited time available to spend with people. There was little interaction observed between staff and the people who lived at The Old Vicarage. One person told us, "We don't do much, we used to do dominoes and games but we don't do them now, I don't know why." A second person told us, “I sometimes go downstairs, but there aren’t any activities. I like my own company.” Although we recognised some people liked their own company and were able to maintain their independence this was not the case for other people living at the home. Some people were more isolated because of their underlying health conditions. Other people may not have friends and relatives to visit them. We spoke with staff regarding the activities available. One staff member showed concern for the lack of activities. They told us they had recently discussed this at a staff meeting. They told us they worked alternate Saturdays in order to provide some individual activities for people. Although it was clear staff were trying their best to achieve good outcomes for people, the current staffing levels did not enable a programme of stimulating activities to be provided. There was a notice in the hall saying “Todays activities” but it was blank.

When we asked people if there was anything the home could do better one person replied; “I don’t think so. No. I’m quite happy. Nothing important, they’re good at responding.” A second person told us, “I’ve never complained, but I’d find out if I needed to. It’s a super place, all the staff are helpful. I can’t think of anything, but they would accommodate us.” Although a third person told us they didn`t know how to make a complaint, they did feel comfortable about raising a complaint if required. None of the people living at the home we spoke with had felt the need to complain or raise concerns. The registered manager told us they worked closely with people on a daily basis, which meant that any concerns could quickly be managed. The home had not received any formal complaints.

Throughout the care planning process staff supported people to express their views and wishes about their care and support. The home had developed their systems to ensure people were fully involved and had consented to their care. Care plans included a full assessment of people`s individual needs. People`s capacity to make decisions was considered as a requirement of the Mental Capacity Act 2005. We saw details of these assessments being undertaken as part of the assessment process.

Care plan information included people`s preferences and an outline of their preferred daily routine. This included what outcomes people expected from their care and support. Care plans reflected how the support was aimed at promoting people`s independence and the management of risks posed to them. The home had devised a hospital transfer record. This meant information regarding the needs of individual people were clearly recorded to enable nurses and doctors to provide care for people. One person we spoke with was very complimentary regarding the responsive care and attention they had received from staff in the home when they had become very unwell. They went on to tell us how they continued to be supported to attend follow up hospital appointments as part of monitor their on-going health care needs.

The registered manager had a system in place to regularly review and update care plans and risk assessments. We saw evidence of regular care planning and reviews taking place. Records indicated people were supported to be fully involved in their care, with assistance from their relatives. However in one care plan review we read, it noted this person`s health needs had changed. The review record did not indicate what those changes were. The registered manager told us that changes were documented in the

Is the service responsive?

daily records. However, this meant that staff would have to look at separate records to obtain this information. This may not always be practical for staff such as in an emergency situation. The registered manager agreed with our feedback and told us she would take immediate action to record changes to people`s conditions within their care planning review system.

Staff attended daily formal handover meetings, when they updated each other regarding people`s changing needs. Daily records were maintained. We saw recent evidence when advice was sought from the local doctor regarding one person complaining of pain. As a result of this staff had responded quickly and were providing regular pain relief whilst closely monitoring this person. A second person we met told us they had recently received treatment from a regional hospital. They told us how poorly they were at the time, and spoke very highly of the staff support provided at the home. They told us the registered manager acted very quickly to ensure they received emergency care and attention. As a result they told us how pleased and relieved they felt to be back at home feeling fitter and recuperating.

Since the last inspection members of the staff team had recently attended advanced care planning training delivered by the local Hospice. Advance Care planning is a means of improving care for people nearing the end of life, to help them live and die in the place and the manner of their choosing. As a result of this training, staff were better equipped to support people to consider and plan for their end of life wishes. We saw the home was working closely with the local doctors and health care professionals to support people with their wishes. advanced care plan records we viewed were up to date, signed by the GP and included a review date. This was to ensure staff periodically had checks in place to ensure any changes in a person`s circumstances were reflected in their advanced care plan. The registered manager told us how this training had assisted them to feel more confident when supporting people with these important decisions.

Care plan records included a section named “Residents Rights”. This section informed people what services and support they should expect the home to provide. This included a copy of the home`s Statement of Purpose (SOP). The SOP sets out how the home intends to support people with their health and care needs. Within the resident’s rights section, information was given regarding how to make a complaint. This showed us the home was taking steps to support people and their relatives with information that upholds their rights.

People who lived at the home had a named staff member to support them known as a key worker. This enabled staff to get to build up a closer working relationship and understand people`s individual needs in more detail. We spoke with two members of staff regarding their role as a key worker. Our discussions with staff showed us they had a good understanding of person centred care. Staff were able to demonstrate they were aware what action to take should they have any concerns for the well-being of the people they cared for. One staff member told us how they worked with a Parkinson`s nurse for guidance and support to meet the needs of one of the people they cared for. Staff we spoke with were able to reflect upon their training and implement their knowledge and skills into the care and support they were providing. Staff spoke with a depth of knowledge and understanding of the people they cared for. One staff member showed a good understanding of the underlying psychological and emotional needs of people. This showed us staff were very motivated and committed to providing the best levels of care for people.

Good

Is the service well-led?

Our findings

We found the service was well led by the registered manager. Staff and people who lived at the home and relatives we spoke with told us they felt supported by the manager. They told us they felt comfortable sharing any issues or concerns with them. They felt confident they would be listened to and action taken where necessary. They spoke very positively regarding the management and leadership of the home.

There were a range of audits and systems put in place by the manager to monitor the quality of the service being provided. This enabled the management to continually develop the service and ensure quality care and support was being provided for people. Audits included care plan records, and medication procedures were undertaken. Accident forms were completed by two staff on duty and were always reviewed by the registered manager. This meant there was always an independent review of accidents undertaken by the registered manager. We saw evidence indicating a range of actions had been taken following a recent accident. We saw that this person`s care had been changed to reflect their changing needs and staff were very clear regarding what actions they had to take to provide this person with appropriate care and support.

The registered manager told us they were a member of an outside care organisation in order to assist them with their quality standards and governance. We were told that care plan records and risk assessments had been reviewed and updated following external guidance. We saw some good examples of risk assessments that had been developed and implemented. Although the home was in a remote location people had benefitted from being supported to access to a wide range of health care professionals. The registered manager told us she valued being involved with outside agencies. She told us she kept up to date with good practice via weekly on line communication sessions. We found in our discussions with the manager that she had an open style of communication and demonstrated she was very willing to make changes to improve the quality of the care they supported.

The registered manager was aware of her responsibility to submit notifications to the Commission regarding certain events that may take place within the home. This information assists the Commission with their on-going monitoring of services. No notifications had been required. Since the last inspection.

Under the leadership of the registered manager staff had developed knowledge skills and confidence to meet the needs of people who lived at the home. This meant they had recently made improvements to introduce advanced care planning for people. Staff told us they felt more confident to support people as a result of their training.

Relatives were informed of any incidents or accidents and the manager worked in an open and transparent way. Staff were supported and motivated, and encouraged through the appraisal and supervision process. We saw evidence of changes taking place as a result of the manager listening to people`s views and taking action.

The home had a Whistle blowing policy in place. Staff told us they were aware of their whistle blowing policy and how to report concerns to a third party.

The registered manager had introduced a safeguarding risk assessment into their care planning system. This risk assessment included undertaking a mental capacity assessment. This was to identify people`s individual capacity to keep themselves safe from harm. In one care plan record the assessment had identified this person was at high risk due to their lack of capacity to keep themselves safe from harm. This was good practice as it highlighted to staff the potential vulnerability and associated risks posed to individual people, they were caring for.

Although it is a small home, formal staff meetings were being introduced as feedback from a staff member as a result of attending a recent training course.

The registered manager told us the views of people who lived at the home were sought by a variety of methods. These included care review meetings. Annual surveys were completed by people who lived at the home, relatives and visiting professionals. Surveys we looked at were all positive in the way the home was run and the care the service provided. One professional had written, “All excellent, consistently high quality of care with compassion. I would be happy for my family to be a resident.”

However, there were no formal resident meetings organised within the home. We fed back our findings to the

Good

Is the service well-led?

registered manager. She told us she would arrange for formal resident meetings to be implemented. This would support people to share their concerns and help them to influence the way the service developed through a collective voice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing Staffing In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity: How the regulation was not being met. There were insufficient staff to meet the assessed needs of people.