

Tovic Limited

The Old Vicarage

Inspection report

The Old Vicarage Care Home
Leigh
Sherborne
Dorset
DT9 6HL

Tel: 01935873033

Date of inspection visit:
23 November 2015
24 November 2015

Date of publication:
27 January 2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The service provided accommodation and personal care for up to 41 predominantly older people. This service did not provide nursing care. At the time of our inspection there were 37 people using the service.

The registered manager had resigned in the month prior to our inspection. 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. The provider had reviewed the service's management structure and had at the time of our inspection decided to put forward both of the services existing care managers for registration.

We carried out this unannounced inspection on 23 and 24 November 2015. The service was previously inspected in February 2014 when it was found to be fully compliant with the regulations.

Everyone we spoke with told us they were safe, comfortable and well cared for at The Old Vicarage. People told us; "I am safe here", "the staff are wonderful, caring and compassionate" and, "They look after me beautifully. Relatives commented, "people are definitely safe here" and, "they are incredibly patient and caring with [my relative]."

People's care plans were personalised, up to date and accurately reflected their individual care and support needs. These documents provided staff with clear guidance on the level of support each person required and comprehensive risk assessments designed ensure people's safety while enabling people to take risks in order to maintain their independence. Staff provided care compassionately and respected people's choices and decisions.

Each person's care plan included highly detailed information about their life history, hobbies and interests designed to help staff see people as individuals with specific likes and preferences. The service's activities team was working with volunteers on a project to develop interactive life history presentations.

We found there were sufficient skilled staff available at all times to meet people's care needs. Staff received regular formal training and innovative techniques, designed to provide staff with an insight into what it was like to need care' were included in the services induction training.

Staff and volunteers were highly motivated and demonstrated throughout our inspection a clear commitment to provide dignified and compassionate support. The provider was a strong role model and demonstrated both a detailed understanding of people's care needs and evident concern for their individual welfare. People told us; "The positive atmosphere is created by the boss who is excellent" and, "[the provider] put us completely at ease." While staff said; "[the provider] is a good boss, very fair" and, "I love [the provider] she is fab with the residents."

People were involved in village life and the wide selection of activities available within the service. People told us; "it's great fun here", "the activities are fantastic" and, "We are very fortunate indeed with our activities coordinator."

People told us the Old Vicarage was, "spotlessly clean" and we found the service was well maintained with light and warm communal areas. People were able to decorate their rooms with their own furniture and other personal items. The service had extensive well maintained gardens including areas designed to enable people who used wheel chairs to enjoy gardening.

Where people lacked the capacity to make specific decisions the service had consistently acted in the person's best interests involving family members and health professional in these decision making processes when appropriate.

Mealtimes were relaxed and social events at The Old Vicarage and people told us; "the cook is first class", "we can have a nice little drink of wine when we want one" and, "if I don't fancy what's on the menu they will make me something else." All meals were freshly prepared in the services kitchens from local ingredients. Where people required support with their meals this was provide discreetly by care staff.

The service worked well with local healthcare providers to ensure people's care needs were met. All of the professional we spoke with were highly complementary of the service and told us; "I would choose to come here myself", "It does stand out from those I visit", "and, "I would recommend it and would be happy for one of my family to come here."

The service had achieved "beacon" status under the Gold Standards Framework for its innovative and established good practice in meeting people's needs at the end of their lives. Relatives described as "extraordinary" the care and support staff had provided their relatives at the end of their lives.

The Old Vicarage had won numerous national accolades. Recently received awards included, best menu, best arts activity, best apprentice and pet friendly home of the year.

None of the people we spoke had ever felt the need to complain about the quality of care they received. People's told us; "I have absolutely no complaints" and, "there is nothing here to find fault with and you cannot say that about many places." Responses to a recent survey of people who used the service were universally complimentary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

The risks management procedures were robust and designed to protect people from harm while enabling them to be as independent as possible.

There were sufficient staff available to meet people care needs and people were safely supported with their medicines.

Good 

Is the service effective?

The service was effective. Staff were well trained and the service had incorporated innovative training techniques into the induction training for new members of staff.

Staff were well supported and received regular supervision and annual performance appraisals.

People's choices were consistently respected and staff understood the requirements of the Mental Capacity Act.

Good 

Is the service caring?

The service was caring. The well-established staff team had developed caring and supportive relationships with people at The Old Vicarage.

People were well cared for by staff who had sufficient time to provided dignified and compassionate care.

The service provided consistent, high quality end of life care

Outstanding 

Is the service responsive?

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

People were actively encouraged and supported to engage with

Outstanding 

the local community and there was a wide range of varied activities available within the service.

The service was developing innovative techniques to help enable staff to understand people's life history and interests.

Is the service well-led?

The service was well led. The provider and management team were strong role models and provided the well-motivated staff with appropriate leadership and support.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

Outstanding 

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 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 23 and 24 November 2015 and was unannounced. The inspection team consisted of one inspector.

The service was previously inspected on 27 February 2014 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the seven people who used the service, three relatives who were visiting, ten members of care staff, two managers, four volunteers, the provider and four health professionals who regularly visited the service. In addition we observed staff supporting people throughout the home and used our Short Observational Framework for Inspection (SOFI) during the lunchtime meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also inspected a range of records. These included four care plans, three staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

Everyone told us they felt safe and comfortable at The Old Vicarage while relatives commented, "people are definitely safe here". Staff told us, "people are well looked after here" and "we always put people's safety first." Professionals who visited the service regularly reported that people were comfortable and relaxed in The Old Vicarage and they had no concerns about people's safety or the care provided.

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff had received training on how to identify abuse and understood both the providers and local authorities' procedures for the safeguarding of vulnerable adults. Posters displayed in the manager's office and staff room provided staff with immediate access to information and guidance on how to report any concerns about people's safety directly to the local authority. Staff told us they were confident that any concerns reported to managers would be treated seriously and appropriately investigated. One staff member told us, "you can really trust them [provider and managers], you know if you tell them something it will not get round."

We found telephones were provided in all bedrooms so people could keep in touch with their friends and family. This also enabled people to report any concerns they might have to either their relatives or health professionals privately from their rooms.

People's care plans included detailed risk assessments designed to ensure the safety of individuals and staff while enabling people to take risks when they wished to. Risk assessments were sufficiently detailed and contained guidance for staff on the action they must take to protect people from each identified risk. These assessments had been regularly reviewed and up dated to help ensure they accurately reflected current levels of risk to the person. The provider recognised the benefit of enabling people to take risks where this positively impacted on their independence and well-being. For example, the service had recognised that one person's increased confusion heightened risks when this person used the stairs independently. Consideration had been given to the possibility of the person moving to a ground floor room but staff and the person's family had recognised this change may not have been in the person's best interest. A specific risk assessment of the person's independent use of the stairs was completed. After a period of monitoring it was confirmed that the individual was able to continue to safely and independently use the stairs. This demonstrated how the services approach to risk assessment enabled people to take appropriate risks and thus maintain their independence.

People lived in a pleasant, well maintained and tidy home. There were appropriate cleaning schedules available and all rooms were cleaned regularly by the service's domestic staff team. People told us "it's spotlessly clean" and during both days of our inspection we saw the service was clean and odour free. Personal protective equipment (PPE), was used appropriately and all cleaning materials were stored securely when not in use.

There were appropriate emergency evacuation procedures in place and all firefighting equipment was

regularly serviced. A routine fire drill was held on the second day of our inspection. We observed that all staff responded appropriately during the drill. In addition, this event was used as an opportunity to review staff knowledge and understanding of the services emergency procedures.

All lifting equipment within the home was in good condition and had been regularly tested and serviced. All electrical equipment, water supplies, boilers and cookers had been regularly tested to help ensure their effective operation.

Where people required support to mobilise this was fully documented in their individual care plan. Staff were provided with detailed guidance on how to meet each person's mobility needs and where appropriate this included clear guidance of the use of lifting equipment including details of what size of sling the person required.

There were sufficient staff available at The Old Vicarage to meet the needs of the 37 people living at the service. Throughout the inspection we found that staff were not rushed and routinely took time to provide reassurance and support to people while moving around the service. We observed, staff and the provider chatting with people individually and supporting them to engage with activities. Call bells were consistently positioned within people's reach and where people requested support it was provided promptly and discreetly by staff. People told us, ""the staff always provide immediate support when you ask" and, "they usually come quite quickly."

People were cared for by suitable staff because the provider followed robust recruitment procedures. Disclosure and barring service and reference checks had been completed before staff were appointed to positions within the home. In addition appropriate recruitment checks had also been completed for all of the service's volunteers. The service had appropriate staff disciplinary procedure in place and the provider explained the service approach to staff management by stating, "we go to a lot of trouble to support staff but will not accept unprofessional behaviour, our staff are not just carers they are caring professionals."

People received their medicines safely, when they needed them. People's individual medicines were stored securely in locked cupboards within their individual rooms. All medicines that require stricter controls by law were stored securely and accurately documented. Medication Administration Records (MAR) were used to record when people had received their medicines. We reviewed three people's MAR charts and found that on some occasions, when the individual had declined offered medicine, this had not appropriately documented. The deputy manager responsible for the services medicines recognised this was not good practice and undertook to provide additional refresher training to staff. Regular monthly medicines audits had been completed and minor issues identified during a recent external audit by a pharmacist had been addressed and resolved. Records showed that all staff who dispensed medicines had received appropriate training.

The service had an up to date homely remedy policy in place for the use of medicines that are not formally prescribed such as pain killers or cough medicines. We saw this policy had been authorised by a general practitioner and that people's care plans included specific guidance on the use of homely remedies.

Is the service effective?

Our findings

Managers and the established staff team knew people well and understood their specific care needs. Staff spoke warmly of the people they cared for and provided us with accurate and detailed descriptions of people's preferences and individuals care needs. People told us; "the staff are wonderful" and, "the staff are so good, it's like being in a house as opposed to a home."

Staff received regular training to enable them to provided safe and effective care. On the day of our inspection a safeguarding refresher course was planned for staff in the evening. The service's deputy manager was responsible for managing staff training needs and used a training matrix to record details of all training staff had completed. The services training matrix and individual staff files demonstrated that staff had received regular training in topics including; dementia awareness, the Mental Capacity Act, infection control, first aid and moving and handling. Staff told us; "we do nine compulsory courses each year", "I really enjoy the training" and, "we definitely do enough training."

In addition the provider had made arrangements for local health professionals to provide staff with additional specific training on the best ways of meeting the care needs of the people living at The Old Vicarage. Staff told us, "The community matron also comes in to give us training every month" and commented, "it's quite handy really". A GP had also agreed to provide staff with additional training on end of life care and the dying process, this was planned for the weeks following our inspection.

Staff had previously travelled to Belgium for a residential training experience. This involved care staff taking on the role of a person in need of care and receiving care for a 24 hour period in a residential setting. During this event staff had recognised the degree of trust necessary to allow people to provide them with care. This learning had been incorporated into The Old Vicarages induction training. Staff told us their induction had included being assisted to mobilise using a hoist and receiving support to eat while blindfolded.

The provider had recently identified a similar learning opportunity in the UK and two staff had attended an overnight training event during the weekend prior to our inspection. These staff told us, "I acted as a resident and the trainee nurses had to provide the support, it was a fantastic experience." They described how this experience had helped them understand what it must be like to be dependent on others for support and explained how they intended to use this knowledge to help improve people's experiences at The Old Vicarage.

Staff completed an induction programme when they started work at The Old Vicarage. The induction consisted of a week of formal training and a period of shadowing experienced members of staff before they were permitted to provide care independently. During their probationary period all new staff completed training in the 15 fundamental standards of care in accordance with the requirements of the Care Certificate. A recently appointed staff member told us, "the induction was good I did a lot of shadowing." Where new staff had completed the care certificate with their previous employer they were expected to complete assessments to demonstrate they had acquired the relevant knowledge and skills.

The service provided both apprenticeships and work experience opportunities to young adults from the local community. These opportunities were well managed and designed to provide young people with an appropriate introduction to the care sector while ensuring the safety of people at the service. On the second day of our inspection we saw a work experience student assisting with activities and completing domestic and administrative tasks under the direct supervision of staff.

Staff were well supported by The Old Vicarage's management team. Each member of care staff had received regular supervision and spot check staff observations from managers. Staff told us they found this support useful and one member of staff said, "my supervision was amazing." Staff also received a formal annual appraisal. This process include a detailed self-assessment completed by the individuals member of staff and a formal meeting with their manager to review their performance, discuss future training needs and specific areas of interest. Staff meetings were held regularly at The Old Vicarage and the minutes of these meetings demonstrated all issues raised by staff had been addressed and resolved by the homes leadership team.

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. We found evidence within people's care planning records of appropriate capacity assessments and clear best interest decision making processes. Where people lacked the capacity to make specific decision the service had consistently acted in the person's best interests. Where appropriate, family members and health professionals had been involved in these decision making processes. For example, one person's care plan included a best interest decision for no further dental treatment. Staff had identified that a previous dental examination had caused significant distress to the person and after discussion with the person's dentist and family had made the decision that further dental treatment and check-ups were no longer in the persons best interests.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were no restrictive practices within The Old Vicarage home and we observed people moving freely and independently around the building and gardens. Staff told us, "We do not lock everybody in" and people were able to lock their own rooms if they wished. The service had correctly identified that some people's care plans identified the need for continual supervision. Appropriate applications to the local authority for these care plans to be authorised under the Deprivation of Liberty Safeguards had been submitted.

Records showed people had been involved in the development of their own care plans and had signed these documents to formally record their consent to the planned care. We observed that staff consistently sought people's consent before providing care or support.

Mealtimes were relaxed and social events at The Old Vicarage. The atmosphere in the dining room resembled a restaurant with high quality table clothes and napkins and bubbly conversation. People told us the flowers on the table were "lovely." We saw meals were served promptly and people were able to choose which vegetables they wished to accompany their meals at the table. Two hot menu options were available each lunch time and people were able to request other dishes if they wished. Where staff supported people to eat this was done discreetly, the staff member sat next to the person throughout and chatted informally while providing support. People were offered a variety of drinks to accompany their meals including water, orange juice, squash and red or white wine. Everyone we spoke with recommended the food at The Old Vicarage. People told us, "the food is very nice", "the cook is first class", "we can have a nice little drink of

wine when we want one" and, "if I don't fancy what's on the menu they will make me something else."

The services kitchens were clean, well maintained and had recently been awarded five stars during a food hygiene inspection. We found all meals were prepared from fresh ingredients by the kitchen staff. The service catering manager told us they had a good budget which enabled them to provide a varied menu including dishes that people had requested. The provider told us "[Persons name] likes Moroccan orange marmalade and I see no reason why [they] should not have it" and the catering manager told us the provider regularly purchased additional specialist ingredients for people. On the day of our inspection staff told us one person was having crab for dinner and this was their favourite meal.

The service worked successfully with local providers to ensure people's health care needs were met. The Old Vicarage supported people to access services from a variety of health care professionals including; GPs, occupational therapists, dentists, physiotherapists and district nurses. All of the professionals we spoke with told us the staff at the Old Vicarage were, "good at sharing information and do follow any guidance provided."

We met one person who told us that when they moved into The Old Vicarage they had spent most of their time in bed and required support from two staff to mobilise. On the day of our inspection this person was able to walk independently around the building and gardens. This person told us that after their arrival in the service the provider had worked with local professionals to have their condition investigated. These investigations had then led to surgery which the person told us was, "like they flipped a switch" and had resulted in the significant improvements in their quality of life. Staff told us, "[they] are up and about, it's amazing how much they have changed" and the provider commented, "I had to fight hard to get [the person] the scan" but, "I am very anti ageism."

The Old Vicarage was well maintained and decorated in a homely manner. Communal rooms were light, warm and comfortable. People's bedrooms were personalised and included pictures, furniture and other personal items people had brought with them when they had moved in. There were appropriate maintenance schedules in place and we saw one vacant room was in the process of being redecorated at the time of our inspection. The premises enjoyed fine country views and people were able to access the service's gardens directly from their ground floor rooms if they wished. Professionals told us, "It's a really nice place, homely with nice comfortable rooms."

The extensive, well maintained gardens included areas designed to be accessible to people who used wheelchairs and numerous well maintained pathways. During our inspection despite the cold weather we observed a number of people enjoying walks around the garden and we found there was sufficient outdoor seating available to enable everyone to enjoy the gardens if they wished. Bird tables had been installed outside the rooms of people who enjoyed watching nature. Staff told us people were encouraged and supported to help maintain the gardens if they wished and reported that one person had taken over responsibility for maintaining the rose beds. We saw raised flower beds and potted plants were provided to enable people to enjoy gardening in a seated position.

Is the service caring?

Our findings

There was a warm and happy atmosphere at The Old Vicarage and it was clear from our observations that staff provided support with compassion and kindness. Everyone was happy with the care they received and complimented their care staff. People told us, "the staff are wonderful, caring and compassionate", "they look after me beautifully" and, "there is a good spirit about the place." Staff told us they enjoyed their work and liked the company of the people they supported. Staff comments included; "I get on with everybody", "people are looked after here", "It's a lot like a family atmosphere" and, "I want to look after people like they are my own [relatives]."

During our observations we saw people greeting both staff and the provider warmly and sharing news of recent events. People told us; "I can't praise them highly enough, those girls are amazing they are so caring", "you feel it's not just a job for the staff they really are caring" and, "they are just so good, I came here for two weeks respite and have stayed here four years."

People's relatives were also impressed by the staff teams caring approach and told us; "I am amazed how nice everyone is and how well they look after mum", "they have made it their mission to help" and, "they are incredibly patient and caring with [my relative]." Visiting health and social care professionals told us; "I have no concerns about the care", "the staff are very caring" and, "It's one of the better home's I visit, It's a really, really nice home."

During the morning of our first day of our inspection we saw one person approaching a member of administrative staff in some distress as their torch was not working. The staff member immediately recognised the significance of this concern as they knew the person was afraid of the dark. The staff member comforted and reassured the person and offered a hug which was gratefully accepted. One of the services emergency torches was provided and maintenance staff were called to repair the torch if possible. The staff member spoke at length with the person about their specific preferences in case the torch required replacement and reassured the person that if necessary they would go out and purchase a replacement before dark. The person was comforted and clearly more relaxed following this conversation. When we checked later in the day maintenance staff confirmed that had been able to repair the person's torch. This incident demonstrated the commitment of the whole staff team to ensuring people's needs were met.

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose where and who they sat with at lunchtime. Staff respected these decisions and moved furniture and reset tables in response to people's choices. People told us they were consistently treated as individuals and were, "always given choices." While staff commented, "It's a free and easy home, we do what people want."

Everyone in the home were smartly dressed and well cared for. Staff told us they routinely supported people with their hair, nails and makeup. We observed that when staff offered support this was done discreetly and politely by staff who ensured they were at the person's eye level while engaging them in conversation. Managers told us, "We promote the 10 Dignity Do's in everyday working practices" these are values and

actions identified by Dignity In Care, as necessary when delivering care in order to respect people's dignity. We noted throughout our inspection staff consistently acted in ways designed to promote people's dignity. Where staff wished to share information with their colleagues this was done quietly and discreetly. People told us, "I am terribly happy here" and, "I live here now, this is my home". People's relatives recognised that the service met their relative's needs and commented; "nothing is ever too much trouble" and, "it is not an institution." While professionals commented, "They do seem to have the time to get to know people."

People told us care staff helped them to keep in touch with friends and family. Free Wi-Fi was available throughout the service and desk top computers and iPads were provided to enable people to access the internet and maintain contact with relatives and friends using video conferencing technology. Staff and volunteers had provided support and training on the use of this technology and people were now able to use it independently.

People's care plans included sections on "advanced thinking" with details of their decisions and preferences for care at the end of their lives. This information had been consistently completed in each of the care plans we reviewed. The service followed the "Gold Standards Framework for End of Life Care" and had been awarded "Beacon" status during a recent external re-assessment. This meant the service had been recognised for its innovative and established good practice in the provision of end of life care.

Two relatives of people who had recently died in the service choose to visit the inspector during the inspection process. These relatives described as "extraordinary" the care and support they and their relatives had received at The Old Vicarage.

There was a flat available for relatives to stay in while visiting and staff described actions and support they had previously provided to enable relatives to comfort people at the end of their lives. The provider described how the service aimed to ensure people had a comfortable, pain free and dignified end to their lives in accordance with their individual wishes. During our review of medicines we saw the service had arranged for end of life pain killers to be available in the home in case one person's condition deteriorated suddenly. Staff told us they had received specific training on how to support people at the end of their lives and described how they worked with relatives and professionals to ensure people's needs could be met in the service at this time. Professionals told us, "terminal patients are very well looked after and they are good at supporting families."

Is the service responsive?

Our findings

People's care plans were detailed and informative. They included records of initial assessments completed prior to individuals moving into the home. As part of the initial assessment process a manager and keyworker visited the person at home to discuss in detail the individual's specific care needs and wishes and establish whether the service was able to meet their needs. People were encouraged to visit The Old Vicarage before moving in on an initial six week trial basis. This gave people a chance to meet other residents, get to know staff and gain an understanding of how the service operated before moving in permanently.

All of the care plans we reviewed were up to date and accurately reflected people's current care needs. People's care plans were personalised and sufficiently detailed. They included information about the level of support the individual normally required and details of the person's preferences in relation to how care and support was provided. People and their relatives told us they had been involved in the development of their care plans and one relative showed us a section of their relative's care plan that had been recently updated. Staff had asked the relative to review the updated care plan before it was formally adopted. This demonstrated the service worked in partnership with people and families to help create care plans which were relevant and accurately reflected how people wished their care to be delivered.

Information about people was shared effectively between staff. Prior to each of the three daily shift changes staff met together to share information about any significant incidents, events or changes to people's needs. Daily care records accurately recorded details of the care and support people had received along with information on how the person had chosen to spend their day. These records demonstrated that people's choices and decisions were respected by care staff. For example, one person's records regularly recorded that they had declined support to get changed for bed. This choice was respected and the person was regularly supported to change their clothes the next morning.

Each person's care plan included detailed and extensive information about their life history, background and interests. This information included family tree's, details of significant life events and photographs. These records had been developed with the person and their relatives to provide staff with understanding of how their life experiences effected who they were today. The provider explained that the service aimed to learn as much as possible about the people as this helped staff to see people as individuals.

The activities coordinator told us they had recently begun a new project building upon the current life history records. This project aimed to develop interactive presentations about people's life history and interests using a variety of digital resources. The activities coordinators and two young volunteers, undertaking the Duke of Edinburgh's awards, were supporting people to find videos, images and other information about their life history on the internet. This project had recently discovered footage of one person performing in a choir during the interwar period. People's relatives were also involved in the development of life history records and one relative commented; "We are doing a project together matching names to photos."

People were supported and encouraged to engage with the wide variety of activities available both within the service and in the local community. Activities were developed and scheduled by the services activities team in collaboration with people living at The Old Vicarage. A detailed and varied calendar of events and activities was available to advise people of what had been planned. Planned activities for December included, bingo, quizzes, musical performances, lectures, a nativity play, wine tasting, visits to tourist attractions, holy communion and visits by a number of community carol singing groups. People's comments in relation to activities at The Old Vicarage included; "it's great fun here", "the activities are fantastic" and, "there are always two or three outings each month." The new activities were developed to meet people's specific interests. For example, one person had previously kept chickens. Each year a staff member brought in newly hatched chicks for the person to see and subsequently provided regular updates and photos of how the chickens were doing. Another staff member described how the "Bug man" came regularly with animals including insects, spiders and snakes. People liked handling these animals and the staff member told us some people had grown up overseas and were used to them and enjoyed seeing them again..

On the first day of our inspection a planned externally provided music event was cancelled as the performer failed to arrive. Instead one of the services activities coordinators hosted an ad hoc poetry and rhyme recital involving approximately 20 people. We observed people laughing and joking together while enjoying this entertainment. On the second afternoon of our inspection volunteers from the local table tennis club ran an event in the lounge. People played "Push Pong" a sport invented by the service's activities coordinator. Table tennis equipment was used but instead of the net being positioned across the table two nets were positioned along the side edges. The atmosphere in the lounge was positive with players, including people who used wheelchairs and other mobility aids, fully focused on the competition while spectators discussed individual performances. Staff commented, "[Person's name] is a very different person with a bat in her hand." The service's activities coordinator had recently received an award from the National Association For Providers Of Activities For Older People (NAPA) for her work in developing this sport.

Staff understood the importance of ensuring people were able to access activities from their rooms if they wished. Staff told us, "If we have an external entertainer we always go to see people in their own rooms if they wish" and, "We had the owls two weeks ago they were flying across the lounge and we've done room visits with horses and donkeys before". One staff member had received training in hand and food massage techniques and during our inspection we saw the hairdresser regularly provided beauty treatment in people rooms.

People consistently praised the activities team and commented; "We are very fortunate indeed with our activities coordinator." Relatives said, "They are always looking for new things to do to stimulate and encourage people", "there is nothing they [staff] won't do to make it as pleasant as possible" and, "they do some many events, it is wonderful."

We found there was a real sense of community within The Old Vicarage and people were encouraged to take on responsibilities within the home. Two people worked together to produce the service's monthly newsletter, while others were responsible for introductions and showing people around when they first moved into the service. Staff told us one person read the newspaper to another person each day as their deteriorating eyesight meant they could no longer do this independently.

People and their relatives were encouraged to celebrate significant events and host parties at the service. People told us of numerous family occasions that they had celebrated at the service and we saw that toys and games were available to help keep children entertained while visiting their relatives. People described a recent 80th birthday celebration that had been held in the gardens. The service had arranged a flight in a

Tiger Moth for the person's birthday and people told us the person had waved to them in the garden as they flew past.

We saw people were involved in the planning and development of new ideas for the home. The regular residents' meetings were well attended. The minutes of these meetings showed that suggestions people had put forward had been adopted by the service. For example, people had requested changes to the menu and we saw these changes had been made.

The Old Vicarage was a pet friendly care home and previous winner of the Cinnamon Trust's Pet Friendly Home of the Year. Each person's pet had their own individual care plan including a life history details, meal preferences and records of vets visits. In addition where owners were no longer able to provide adequate levels of exercise the service made arrangements for people's pets to be walked by volunteers from the local community. People's wishes for their pets were discussed during the end of life care planning processes and when asked the service was willing to look after people's animals following their owner's death.

Although the service had not received any formal complaints there were appropriate procedures in place to respond to and investigate any complaints received. People told us; "I have absolutely no complaints", "there is nothing here to find fault with and you cannot say that about many places" and, "I reported an issue about the height of the bed. It was addressed immediately; someone came and adjusted the height of the castors."

Is the service well-led?

Our findings

People and their relatives consistently told us how happy they were with the care they received and that they enjoyed living at The Old Vicarage. People's comments included; "you would be foolish not to be happy here", "This is a heavenly place, first class" and, "I would never have thought a home could be as nice as this." While relatives commented, "it's just home from home" and "I would give them 10 out of 10."

Staff morale was high and the atmosphere within the home was relaxed, happy and supportive. Staff told us; "I love it here" and, "I think I have the best job in the world." All of the healthcare professionals we spoke with complimented The Old Vicarage on the standard of care and support provided. Professionals' comments included; "I would choose to come here myself", "It does stand out from those I visit", "and, "I would recommend it and would be happy for one of my family to come here."

The Old Vicarage was well led by the provider and management team. The service's registered manager had resigned shortly before our inspection. Since this resignation the provider had reviewed the service's management arrangements and had decided that the service's existing two care managers would in future lead the service. One manager had applied to become the new registered manager and the provider was in the process of clearly defining each manager's specific areas of responsibility before the second manager applied for their own registration.

The Old Vicarage had a well-structured management hierarchy. Both of the services managers were office based while the deputy manager was worked part time on the floor providing care and hands on guidance and support for staff. In addition the service operated a key worker system. Each key worker was responsible for developing and maintaining up to five people's care plans while ensuring their service met people's individual needs. Keyworkers told us there were given designated time each week to focus on reviewing and updating people's care plans.

The provider, who lived next door to the service, visited each day and provided effective leadership and support to the management team. The provider was a strong role model for staff and demonstrated during our inspection both a detailed understanding of people's care needs and evident concern for each individual's welfare. For example, during the inspection there was a change in the weather which resulted in a significant decrease in outdoor temperatures. The provider asked each person if their room was warm enough. Where people had noticed the change in temperature the provider offered to adjust radiators or supply additional sources of heating. People told us; "The positive atmosphere is created by the boss who is excellent" and, "[the provider] put us completely at ease." While staff said, "[the provider] is a good boss, very fair" and, "I love [the provider] she is fab with the residents."

The staff and volunteer team were highly motivated and demonstrated a clear commitment to providing dignified and compassionate care. There was obvious mutual respect between the well-established staff team, the managers and the provider. People told us the service was, "really well run" and managers commented, "we have a lot of loyal and long serving staff". Staff told us, "you know you can really trust them [managers]" while professionals commented, "It is well managed."

The provider actively encouraged and supported staff to further their professional development and told us with pride of the achievements of both current staff and those who had left the service. The provider told us; "I always wanted to help people progress" and "my job is to empower and value the staff". We found that most of the current management team had originally joined the home as apprentices and had been supported and encouraged to develop their skills within the service.

The provider and managers were active participants of both formal and informal local peer support groups. Managers told us these meetings were beneficial and provided them with opportunities to share experiences and knowledge. In addition managers routinely attended national conferences to broaden their knowledge in respect of issues currently affecting the care sector.

The Old Vicarage had won numerous national accolades. The provider had been awarded an MBE for services to the care sector in 2006 and in 2015 the service had received awards from NAPA for Best Menu, Best Whole Home Approach and Best Arts Activity. In addition in the week following our inspection a member of staff won the "Best Apprentice" at the Caring Times awards where the activities coordinator was also a finalist in their category.

The Old Vicarage had strong and varied links to the local community and people actively participated in village life.. People told us they regularly attended events in the village including religious services and the monthly village hall lunch. The service hosted numerous events for the local community including a summer fayre, garden parties, card game nights, dog shows, wine tasting events and performances by local community and children's groups. People told us, "we bring the village up here occasionally", "we had a Christmas fete last week half the village was here" and, "we are part of the village." While relatives and volunteers told us, "It is very much part of the village."

People, their relatives, the service's volunteers and visiting professionals all told us that The Old Vicarage was valued by the local community. People told us; "I received 13 or 14 recommendations from local people about this place before I decided to move in here" and "It has an incredible reputation locally." We saw the service routinely provided day care and respite support for people living in the village and the provider told us; "We always take people from the village if they want to come here."

The services' pro-active engagement of the local community had resulted in a number of local people volunteering their help and support. Volunteers worked alongside the service's activities coordinators to support and encourage people to engage with the wide and varied programme of activities available. All of the services volunteers had received induction training and regular supervision from the service activities coordinators. Volunteers understood their roles and commented; "We have a talk when we start and we know all the rules" and, "for me it is very important for people to be having fun."

The home's records were well organised and staff were able to easily access information from within people's care notes. Regular audits designed to monitor the quality of care and identify any areas where improvements could be made had been completed. Where issues or possible improvements were identified these had been addressed and resolved promptly and effectively.

All accidents that occurred within the service were appropriately documented and investigated by the managers. In addition a monthly analysis of all accidents and incidents was completed to identify any areas of increased risk or incident trends. The results of this analysis was reviewed during management team meetings and shared with staff to raise awareness of identified areas of increased risk within the service.

The Old Vicarage encouraged people to provide feedback on the quality of service they received and

people's views were actively sought before changes were made within the service. Resident's meetings were held regularly and the minutes demonstrated that feedback provided was valued and acted upon so that the service could work to constantly improve. In addition, we noted that the provider routinely sought people's informal feedback during her daily visits. The provider told us; "People will tell me if they are not happy, it is my job to empower people to tell us what they want". The provider also described how people who had received respite care were always asked for their feedback to identify any areas in which the service could further improve.

Formal surveys of people who used the service, their relatives, staff and professionals were completed annually to provide a more formal feedback on the services performance. Responses to the most recent survey were universally complimentary with the majority of people reporting the service was excellent in all areas. People and their relative's survey responses included; "We continue to be extremely impressed by the full range of support and services provided and especially by the outstanding attention of all the staff and the varied activities and interests laid on" and, "I am grateful for the dignity and respect that you always show [my relative]". While professionals had written; "Exceptional, high quality, personal care to all patients delivered in caring and professional manner whilst still being a home to the clients. I have no criticisms and would recommend this care home."