Barchester Healthcare Homes Limited

# Vecta House

## Inspection report

24 Atkinson Drive
Newport
Isle of Wight
PO30 2LJ
Tel: 01983 525521
Website: vecta@barchester.com

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on 5 and 8 October 2015 and was unannounced. The home provides accommodation, nursing and personal care for up to 54 people living with dementia. There were 53 people living at the home when we visited.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and relatives were positive about the service they received. They praised the staff and care provided. People were also positive about meals and the support they received to ensure they had a nutritious diet.

People felt safe and staff knew how to identify, prevent and report abuse.

# Summary of findings

Legislation designed to protect people's legal rights was followed correctly. People's ability to make decisions had been recorded appropriately, in a way that showed the principles of the Mental Capacity Act (MCA) had been complied with. Staff were offering people choices and respecting their decisions appropriately.

The Deprivation of Liberty Safeguards (DoLS) were applied correctly. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely. There was an environment maintenance and improvement program with consideration and action taken to ensure the environment supported people living with dementia or those with visual perception difficulties.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs. People had access to healthcare services and were referred to doctors and specialists when needed. Reviews of care involving people or relatives (where people lacked capacity) were conducted regularly. A range of daily activities were offered with people able to choose to attend or not.

There were enough staff to meet people's needs. Contingency arrangements were in place to ensure staffing levels remained safe. The recruitment process was safe and helped ensure staff were suitable for their role. Staff received appropriate training and were supported.

People and relatives were able to complain or raise issues on a formal an informal basis with the registered manager and were confident these would be resolved. This contributed to an open culture within the home. Visitors were welcomed and there were good working relationships with external professionals. Staff worked well together which created a relaxed and happy atmosphere, which was reflected in people's care.

The registered manager and providers representatives were aware of key strengths and areas for development of the service and there were continuing plans for the improvement of the environment. Quality assurance systems were in place using formal audits and regular contact by the provider and registered manager with people, relatives and staff.

# 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?**
The service was safe.

People told us they felt safe. Staff knew how to identify and report abuse and were aware of how to respond in an emergency situation.

Systems were in place to ensure people received their medicines as prescribed.

Individual and environmental risks were managed appropriately.

There were enough staff to meet people's needs at all times and the process used to recruit staff was robust and helped ensure staff were suitable for their role.

Good

**Is the service effective?**
The service was effective.

People received a choice of fresh and nutritious meals and were supported appropriately to eat and drink enough. Staff were suitably trained and received appropriate supervision.

People could access healthcare services when needed. Guidance had been followed to ensure the environment was suitable for people living with dementia.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Good

**Is the service caring?**
The service was caring.

People were cared for with kindness and treated with consideration. Staff understood people's needs and knew their preferences, likes and dislikes.

People (and their families where appropriate) were involved in assessing and planning the care and support they received.

People's privacy was protected and confidential information was kept securely.

Good

**Is the service responsive?**
The service was responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were regularly reviewed.

People had access to a wide range of activities.

The provider sought and acted on feedback from people. An effective complaints procedure was in place.

Good

**Is the service well-led?**
The service was well led

Good

# Summary of findings

There was an open and transparent culture within the home. The registered manager was approachable and people felt the home was run well.

The provider sought feedback from people and staff; they used the information to improve the home.

Quality assurance systems were in place using formal audits and regular contact by the registered manager with people, relatives and staff. Policies and procedures had been reviewed and were available for staff.

# Vecta House

**Detailed findings**

## Background to this inspection

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

This inspection took place on 5 and 8 October 2015 and was unannounced. The inspection team consisted of one inspector, a specialist advisor in the care of people with dementia and an expert by experience in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people living at the home and 11 family members. We also spoke with the registered manager, the deputy manager, 19 care and nursing staff, the activities coordinator, administration staff, kitchen staff and ancillary staff. We also spoke with five health and social car professionals who had regular involvement with the home. We looked at care plans and associated records for eight people, staff duty records, staff recruitment and training files, records of accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “safe? Yes, I’m safe here”. A family member told us “I know [name of person] is safe and comfortable”. They added that they had reduced the frequency that they visited because they were confident their loved one was safe and staff would contact them if there were any concerns. With one exception all the relatives and visitors we spoke with were sure their loved one was safe at Vecta House. One person told us how action had been taken to further protect their loved one from other people as they were particularly vulnerable.

The provider had appropriate policies in place to protect people from abuse. Staff had received training in safeguarding adults, knew how to identify and report abuse and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, “we get safeguarding training and updates and I know what to do and who to report to if I saw something was wrong. The manager would take me seriously if I raised anything as being wrong”. The registered manager was also aware of safeguarding and what action they should take if they had any concerns or concerns were passed to them.

Staff responded to prevent escalation of incidents between people. For example, we observed a person who was unsettled. Staff were aware that another person was also likely to become unsettled due to the noise and whilst some staff assisted the first person the nurse interacted with the second person. Both people were supported and the situation calmed. Information received prior to the inspection in notifications demonstrated that, when there had been disagreements and incidents between people living with dementia, appropriate action was taken including consulting with external health professionals. An external social care professional said that “When necessary the registered manager will ask for additional individual support funding which is needed to keep people safe”. We saw five people had this additional funding to provide individual support in place. They were receiving the support they required.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

There were effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. With one exception all prescribed medicines we checked were available for people. We found one person had not received a prescribed medicine for four days as this had run out. The nurse was in the process of contacting the GP and pharmacy to establish where the prescription was and obtain the medicine. When we raised this with the registered manager they undertook an investigation and identified that whilst the correct procedures had been followed to request the medicines from the GP and pharmacy further action could have been taken. The registered manager stated procedures would be further enhanced to reduce the likelihood of recurrence in the future. Nurses showed us medicines audits they undertook on all medicines not in pre-dispensed packs from the pharmacy. This ensured the balance was correct and that people had received medicines as prescribed and as recorded on medication administration records (MAR). Full medicines audits had been completed in May 2015. The format of the audit was comprehensive and covered all areas of medicines management and found the systems in place were safe.

Medicines were administered by qualified nurses only. Training records showed nurses were suitably trained to administer medicines and had been assessed as competent to administer medicines. We observed a new nurse undertaking medicines administration competency assessment prior to them commencing work at the home. We observed nurses administered medicines competently; they explained what the medicines were for and did not hurry people.

Nurses were aware of how and when to administer medicines to be given on an ‘as required’ (PRN) basis for pain or to relieve anxiety or agitation. Where people had been prescribed PRN medicines, they had a PRN plan which explained when the medicine could be given. Where people were not able to state they were in pain, a recognised pain assessment tool was in use. This was used to evidence why ‘as required’ pain medicine was given or not on each occasion. There was a procedure in place for the covert administration of medicines. This is when essential medicines are hidden in small amounts of food or drink and given to people. We saw all the correct documentation including Mental Capacity Assessments and best interest decisions had been completed.

Good

# Is the service safe?

There were suitable systems in place to ensure prescribed topical creams and ointments were applied correctly. This included body charts to identify where specific creams should be applied and records completed by care staff to confirm application. Topical creams had an 'opened on' date to help ensure these were not used after the safe time limit. Nurses told us they checked the topical cream application charts to ensure care staff were applying all those as prescribed.

There were enough staff to meet people's needs at all times. Relatives told us staff always had time to talk to them. One said "they look after me as well, make sure I'm ok". Another commented that "staff are busy but they seem organised and know what needs doing". We observed that any communal areas of the home were under supervision or within eyesight of, at least one member of staff. This meant staff were available to support people when they required help. An external social care professional also commented that staff were available in communal areas for people.

Staff were organised, understood their roles and people were attended too quickly. Staffing levels were determined by the registered manager on the basis of people's needs and taking account of feedback from people, relatives and staff. They had completed a formal staffing needs assessment in March 2015 and stated that this had identified that the correct numbers of staff were provided. A staff member told us, "it is busy, some days it can be very busy but if that happens [name deputy manager] or [name registered manager] will help". Another member of staff said "we work together helping each other out". Nurses told us some days they had difficulty completing all the care and risk assessment reviews on the allocated days. One told us that they planned to catch up on this at the weekend when this was usually "slightly quieter as they did not have so many other things to do". Absence and sickness was covered by permanent staff working additional hours. No agency staff were used. Therefore, people were cared for by staff who knew them and understood their needs.

The process used to recruit staff was safe and helped ensure staff were suitable for their role. We viewed four recruitment files. Three contained evidence that all necessary pre-employment checks had been completed. The fourth showed that whilst references had been taken the applicant's current employer had not been contacted. The staff member was not yet working at the home and immediate action was taken to obtain the required reference. We were told the new staff member would not commence work until a satisfactory reference from their current employer was received. Other new staff confirmed the recruitment process had been thorough and they had had to provide evidence of their identity and undertake a police background check.

Risks were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm. Where risks were identified action was taken to reduce the risk. Staff were aware of people at high risk of falling and took preventative action. For example, we saw pressure alert mats were in place and staff responded immediately when these alarms sounded. Staff told us one person was at high risk of falling and they had allocated one staff to support that person although individual funding was not in place for the person. For other people the registered manager had accessed additional funding to provide individual support. We saw these people were receiving the individual support they were supposed to receive. Staff had been trained to support people to move safely and we observed equipment, such as hoists and standing aids being used in accordance with best practice guidance.

Environmental risks were assessed and managed appropriately. We saw the home's security measures, which included keypad coded doors, were secure at all times. Action had been taken to make the gardens secure and safe for people with footpaths and sturdy seating around the garden.

Emergency procedures were in place. Staff knew what action to take if the fire alarm sounded, completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. Records showed fire detection and fighting equipment was regularly checked. People had personal evacuation plans in place detailing the support they would need in an emergency. Staff were also aware of how to respond to other emergencies. We saw how staff responded when a person fell. They correctly assessed the person for injury then used moving and handling equipment to raise the person safely from the floor.

Good

# Is the service effective?

## Our findings

Everyone was complementary about the meals provided. Relatives commented on how people seemed to enjoy their meals. One person told us "yes I like the food". Another person said "food is very good and varied". One relative told us "the food is brilliant and he is offered fruit and also encouraged to be as independent as possible by helping him hold the cup". We observed staff supporting people to eat their meals. They did not rush people and spoke with them throughout the meal.

People received appropriate support to eat and drink enough. People were encouraged to eat in the dining room where they sat in small groups at tables for up to four people. People were offered varied and nutritious meals, which were freshly prepared at the home prior to each meal. Choices were provided in a way to encourage people to make decisions. We saw a plate of each meal (two choices of the main meal) were brought to each person and the care staff explained carefully what each meal consisted of. A fresh plate of the person's choice was bought out to them. Alternatives were offered if people did not like the menu options of the day. Drinks were available throughout the day and staff prompted people to drink often. People were encouraged to eat and staff provided appropriate support where needed, for example, by offering to help people cut up their food or if required full support with their meals. Special diets were available for people who required them and people received portion sizes suited to their individual appetites. Catering staff were aware of people's special dietary needs and described how they would meet these. Staff monitored the food and fluid intakes of people at risk of malnutrition or dehydration. They monitored the weight of people each month or more frequently if required due to concerns about low weight or weight loss.

People and relatives were happy with the personal and health care provided. One relative said "the staff know what they are doing and are well trained". They added that "all appointments for doctors etc. were arranged efficiently". The relative concluded "I feel so much more relaxed leaving them now". Another relative told us about the extra care their loved one had received as they had a chest infection. They told us their loved one had many health needs and that these were all met. We saw staff arranging transport for a person to attend the local NHS hospital for an outpatient appointment. The staff member was clear about the type of transport that was required and arranged for a member of the home's staff to accompany the person on the designated appointment day. Care records showed people were referred to GPs, older person community mental health team and other specialists when changes in their health were identified. Care files detailed the support each person required to ensure their personal care needs were met. We spoke with an external health professional who provided support to the home. They told us they were consulted appropriately and that the home was managing some complex care needs well.

Care records also recorded the personal care people received. One relative commented that "He's always clean and well looked after". Other relatives expressed similar views. We observed people looked cared for, in that they were wearing clean appropriate clothing with hair styled and attention to hand care. Staff described how they supported people who were reluctant to have essential support with personal care. This reflected the information in the person's care plan. Staff showed an understanding of consent. Before providing care, we observed they sought consent from people using simple questions and gave them time to respond. One staff member said "if a person says no, we try again a little later or get someone [another staff member] else to try". Staff had received specialist training to support people who were reluctant to receive personal care. They were clear about how such situations should be managed. We were told if physical intervention was required only staff who had received the necessary training would be involved. We noted whilst viewing records of the care people had received that staff were not always recording this at the time care was provided. This related to records for food and fluid intake and hourly checks undertaken on some people. Care staff said they usually completed all records at the end of the morning which we saw did happen. There is a risk that not recording at the time may lead to inaccurate recording.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. The provider had clear policies, procedures and recording systems for use when people may not be able to

Good

# Is the service effective?

make decisions about their care or support. We saw staff were following these and there were clear records that provided detailed guidance for staff to follow. Where people had been assessed as lacking capacity, best interest decisions about each element of their care had been made and documented, following consultation with family members and other professionals. This included information about any legal structures such as lasting power of attorney for health and welfare or finances which were in place for some people.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Staff were able to give clear accounts of the meaning of Deprivation of Liberty Safeguards and how these might affect people in their care. Where necessary applications had been made to the local authority for an assessment under the DoLS legislation. We spoke with external professionals who had been involved in assessing DoLS applications at Vectra House. They confirmed that applications were appropriately submitted.

Relatives were positive about care staff. One said the “care staff are exceptional and can’t be faulted”. Staff were knowledgeable about the needs of people living with dementia and how to care for them effectively. All staff, including catering and housekeeping staff undertook dementia awareness training. New staff received induction training, which followed the Care Certificate. This sets the standards people working in adult social care need to meet before they can safely work unsupervised. Records showed staff were up to date with essential training and this was refreshed regularly. One staff member said “we get lots of training, [name of training officer] lets us know what we need to do, updates etc. and anything else they will try to sort out for us”. Most staff had obtained vocational qualifications relevant to their role or were working towards these. Qualified nurses said they were supported to attend relevant training to their role and met nursing registration standards.

People were cared for by staff who were supported to work to a high standard. Staff told us they felt very supported by the registered manager and other senior staff. The provider had procedures for formal supervision of staff. However, we were told this was not fully in use at the home. Senior staff, nurses and heads of department had received supervision from the registered manager or deputy manager. We were told the plan was for the nurses to provide supervision to care staff but that this process was not yet fully in place. We saw that nurses worked closely with care staff and were therefore providing informal supervision of the care staff on a daily basis. Not all staff had received a formal appraisal as per the provider’s policy. We were told arrangements were in place for these to be completed by the end of the year.

The environment was purpose built on one level and therefore appropriate for the care of older people. Decorating, carpets and furnishings were all clean and in good condition. Decoration had taken account of research to support people living with dementia or poor vision to find their way around. Bold signs were present on all doors with key doors such as toilets and bathrooms painted a bright colour. Throughout the building there were various homely items designed to assist with memories or provide interest and activity for people living with dementia. The registered manager told us lighting had been changed around the home to increase the lighting available and eliminate shadows which could be confusing for people living with dementia. People had access to the gardens which were safe, fully enclosed and provided various seating options and safe pathways.

Good

# Is the service caring?

## Our findings

People were cared for with kindness and compassion. One person told us "nice, everyone is nice". Another person said "we have the same care staff so we get to know them which I really like". A relative said "the kindness is lovely here. The girls are lovely". Another relative said "There's a relaxed atmosphere and connection between the staff and the residents". A third visitor said "I think the staff are lovely with him. They always tell him what they are going to do before they do it. I know he's happy here and so am I". Despite the complex needs of the people living at Vecta House there was a peaceful calm atmosphere.

Staff knew each person well and had plenty of patience. We saw staff responded promptly to people who were requesting assistance and they did so in a patient and attentive way. When staff were talking with people they would sit, bend or kneel down to be at face level with the person which would facilitated better communication. Staff spoke with people while they were providing care and support in ways that were respectful. This was often accompanied by friendly banter which both the person and staff seemed to enjoy. For example, we saw one staff member started singing in the dining room with people who were waiting for their meal to be served. Several people joined in and started singing. When people were supported with their meals staff sat with them and talked to the person throughout.

Staff understood people's individual needs. Staff spoke fondly of the people they cared for demonstrating good knowledge of people as individuals and what their likes and dislikes were. When people became anxious or confused staff remained calm and patiently encouraged them to accept help and support. We also observed staff supporting people gently when moving around by holding their hands and offering reassurance and guidance. They encouraged people to move at their own pace and offered them choices, such as where to sit in the lounges and dining room. Staff were perceptive of people's needs and this demonstrated that they knew people well. Many of the staff we spoke with had worked at the home for, at a minimum, several years and some for much longer. The home did not use non-permanent staff meaning that staff had had the opportunity to get to know people and their relatives and understand what care each person needed. This also allowed people to form trusting relationships with nursing and care staff.

When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they needed. Comments in care plans showed this process was on-going and family members were kept up to date with any changes to their relative's needs. This was confirmed by relatives we spoke with. Care plans contained lots of individual information about people. People's preferences, likes and dislikes were known, support was provided in accordance with people's wishes and staff used people's preferred names.

Staff ensured people's privacy was protected by speaking quietly and keeping doors closed when providing personal care. Relatives stated that staff maintained their loved ones privacy at all times and they had not witnessed any concerns with privacy or respect from staff interactions with other people. We saw when moving and handling equipment was used staff ensured the person's dignity throughout. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view them.

The registered manager was aware of how and when to contact advocates. They described how advocates had been used to help ensure appropriate decisions were made for people where they were unable to make these decisions themselves.

At the end of their life people received appropriate care to have a comfortable, dignified and pain free death. We viewed the care file for one person who had received end of life care. The records showed that staff had provided them with all necessary care to meet their needs at this time. Emergency medicines had been received in preparation and we saw that these had been used to manage symptoms as they developed. Discussions with care and nursing staff showed they had an understanding of the care people required at the end of their lives.

Good

# Is the service responsive?

## Our findings

Vecta House used the provider's care planning format, which provided a comprehensive system to identify people's individual health and personal care needs and direct staff as to how those needs should be met. Individual care plans were well organised and the guidance and information for staff within them was detailed and comprehensive. When people had been identified as being at risk of, for example falls, a risk assessment was completed and a care plan produced which responded to the degree of risk identified. Where people were identified as being at risk of skin damage due to pressure there was a range of measures and equipment put in place to reduce pressure on people's skin, which corresponded with the guidance in the person's care plan. Records of repositioning showed people were receiving the necessary care support to help prevent deterioration in their skin condition.

People received personalised care from staff that supported them to make choices and were responsive to their needs. We saw staff followed the care plans. For example, we saw people being supported as described in their care plans to maximise their independence. Records of daily care confirmed people had received care in a personalised way in accordance with their care plans, individual needs and wishes. Staff were able to describe the care provided to individual people and were aware of what was important to the person in the way they were cared for. Care files were reviewed at least monthly or if needs changed by the qualified nurses. All staff received a formal handover at the start of each shift. We saw that this provided a range of important information for staff and included any special instructions for staff such as anyone who required their weight to be checked or additional care due to a short term care need.

We saw staff responded promptly when people became upset or distressed. Throughout the inspection we saw people who had been assessed as requiring individual support received this. We also observed that when people became anxious or distressed care staff spent time with them to try to resolve the concern. Staff responded to another situation by changing the care staff member who was providing individual support and redirecting the person to another part of the home. We also saw that nursing staff responded promptly when a person was showing some signs of being physically unwell. They checked the person's blood pressure, pulse and, as the person was diabetic, their blood glucose level. The nurse provided the person with a drink and some biscuits. Afterwards the nurse explained their actions, which demonstrated that they had a very good understanding of how the person's medical conditions affected them as an individual. The nurse's response was appropriate to the situation and ensured the person's continuing wellbeing.

People were offered a range of activities suited to their individual needs and interests. The interests, hobbies and backgrounds of people were recorded in their care plans. Two activities coordinators were employed who worked Monday to Friday each week. They provided various activities both in groups and individually, adapting these according to the likes and preferences of people on a day to day basis. This also included people who remained in their bedrooms by choice or through care needs. There were also visiting entertainers and activities. For example, musicians and also visits by animals, such as dogs and shortly before the inspection a donkey. Vecta House shared an accessible minibus with a nearby home also owned by the provider. This was used to take people for outings several times a week to various places of interest.

Relatives felt involved in their loved ones care. One said "They [the staff] make you feel very involved". Another relative told us how they had been able to put a removable "gate" at their loved ones bedroom door. This was so their loved one would be able to see out but would not be worried by other people wandering into the room as had occurred. The registered manger had agreed this on a trial basis after completing relevant risk assessments. All visitors we spoke with knew the registered manager. Many mentioned him by name and told us if they had any problems they would talk to him or the deputy manager. The registered manager told us they made a point of talking with relatives as "often as possible". They felt this meant any concerns could be resolved without their progressing to a formal complaint.

People knew how to complain or make comments about the service and the complaints procedure was displayed in the entrance hall. Relatives told us they had not had reason to complain. They were clearly aware of who the registered

Good

# Is the service responsive?

manager was and stated he was very approachable. The complaints records showed that only one complaint had been made in 2015. Records viewed showed this had been investigated comprehensively.

Each year the provider sent questionnaires to people and relatives to seek their views about the service they received. The questionnaires for 2015 had just been sent out. We saw the responses from the previous surveys which had been positive about Vecta House. A few relatives had raised a concern about the quality of lighting in some corridors which did not have access to natural light. As a result new lighting had been fitted. This showed the provider sought and acted on feedback from people and relatives.

Good

# Is the service well-led?

## Our findings

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals and the registered manager notified CQC of all significant events. Relatives told us the registered manager and senior staff were "approachable", "caring" and "supportive". Relatives felt able to raise issues and were confident these would be sorted out. One relative said "I'm trying to find fault but I just can't". Ten relatives were very happy with the care their loved one received. The registered manager knew all the people living at the home and was able to address them by name and engage them in conversation throughout the inspection.

The registered manager described the homes values as being to "provide a community where people with complex needs could live and have a good quality of life". Staff told us the homes values were to provide individual and good care. One staff member said they "provide the care that people need in a way they want it to be provided". Staff said they would be happy for a member of their own family to receive care at Vecta House.

People were cared for by staff who were well motivated and led by an established management team. The home had a registered manager who had been in post for fourteen years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager and the deputy manager told us they undertook some nursing shifts when required, which they felt helped them understand the pressures felt by staff and enabled them to directly monitor the quality of care provided. The deputy manager had worked at the home for in excess of ten years and been deputy manager for several years. There was a clear management structure in place and all staff understood their roles.

Staff praised the management and said they were encouraged to raise any issues or concerns. One member of staff said, "I like working here because every day is different. I feel the management fully support me in whatever I do". Staff stated that they enjoyed their jobs and felt the management team listened to them. One staff member said "we have excellent management support and there is a real understanding of our needs and welfare". A newer staff member said "I like the staff here and I am getting to love the residents". They told us the atmosphere in the home was good and they felt well supported. The registered manager appeared genuinely interested and concerned with regards to all members of staffs' welfare and there was a strong emphasis on the right balance between work and life. Where necessary they had amended staff working patterns to enable them to meet personal caring responsibilities. Staff trusted the management team to sort "things out".

We observed positive, open interactions between the registered manager, staff, people and relatives who appeared comfortable discussing a wide range of issues in an open and informal way. There was a whistle blowing policy in place, which staff were aware of. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Due to the complex needs of the people living at Vecta House links with community groups was limited. However, the home had links with the nearby school and we heard that children came to the home to sing Christmas carols every year.

Auditing of all aspects of the service, including care planning, medicines, infection control and staff training was conducted regularly and was effective. The provider had a quality assurance and clinical governance system which directed registered managers as to the areas they should audit throughout the year. Other quality indicators, such as accidents or incidents, could be directly viewed by the provider's senior management team via a shared information technology system. Systems in place meant that any accident or incident reports were seen by either the registered manager or the deputy manager. They described how they would discuss these further with nursing or care staff if necessary and ensure risk assessments and care plans were amended. We saw the registered manager had undertaken unannounced out of hours, including late evening and night visits, to the home. These were recorded and where necessary, actions identified. This showed the registered manager was monitoring the service over the 24 hour period.

Good

# Is the service well-led?

The registered manager told us they were kept up to date with current best practise via the providers specialist teams, such as for dementia, who would also visit the home and provide training for staff.

The registered manager was aware of key strengths and areas for improvement, in respect of the home. For example, The registered manager discussed improvements they wished to make to the type of activities available for men living at the home. On the first day of the inspection we identified minor areas which could improve the service, such as a prescribed medicine not being available for one person. By the second day of the inspection the registered manager had taken action to investigate these. They also discussed how changes had been made to procedures within the home following safeguarding investigations. For example, a check was now made for any bruises or other injuries when people were admitted to the home and photographs were routinely taken of all wounds.

The provider had an extensive range of policies and procedures which had been adapted to the home and service provided. We saw these were available for staff in the nurse's offices. Staff referred to these at one point during the inspection showing they were familiar with the procedures file. We were told any new policies were reviewed internally by the registered manager before being put in place to ensure they reflected the way the home was working. This ensured that staff had access to appropriate and up to date information about how the service should be run.