

Hewitt-Hill Limited

The Old Vicarage

Inspection report

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Date of inspection visit:

24 January 2017

25 January 2017

Date of publication:

02 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 24 and 25 January 2017 and was unannounced.

The Old Vicarage provides residential care for up to 29 older people. Accommodation is in a period property over two floors which are served by a lift. There are a number of communal areas, including a conservatory, and well maintained gardens. All bedrooms have en suite facilities comprising of a toilet and wash basin. One room has a walk in wet room. At the time of our inspection, 29 people were living at the home.

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

At our last inspection in October 2014, we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to non-compliance with the Mental Capacity Act 2005 (MCA). At this inspection, carried out in January 2017, we found that although further improvements were required, the provider had made sufficient progress to no longer be in breach of the regulation.

We have made recommendations to the service about the management of medicines and adherence to the MCA.

There was no evidence that people had come to harm as a result of medicines administration, but due to the service not following current good practice guidance, the risk was present.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Improvements had been made in relation to staff knowledge of the MCA and they had received training. However, the service was not fully adhering to the MCA although no overly restrictive practice was in place.

A newly registered manager was in post who had identified, and begun to rectify, some shortfalls within the service. During our inspection they were open to our feedback and took steps to action our reported concerns promptly.

A quality monitoring system was in place to drive improvement but this had not been wholly effective at identifying concerns in the service. Audits had been completed regularly, at home level, on different areas of the service but they were basic and lacked detail. The provider had not completed any audits since November 2015.

Processes were in place to help reduce the risk of employing unsuitable staff. These included the completion of a police check and obtaining identification. New employees received an induction and their competency to perform their role was assessed and recorded. Staff had received training that was relevant to their work and that would benefit those living at the service.

The service had an open, positive and supportive culture. Staff were happy in their roles and felt supported. They told us they enjoyed working at The Old Vicarage. They worked well as a team and communicated effectively amongst themselves and with others. The home ran smoothly and efficiently.

There were enough staff to meet people's individual needs and staffing levels were consistent. People told us that they received care and support promptly and staff had time to spend with people.

Staff demonstrated warmth, respect and kindness when supporting people. Humour was used in interactions and laughter was evident during our inspection from staff, visitors and those that used the service. We saw that people's dignity, privacy and confidentiality were maintained and that staff encouraged choice and independence. Staff gained consent before assisting people with their needs.

Staff had a good understanding of how to prevent, protect, identify and report potential abuse both inside and outside of their organisation. They told us that they had confidence that the service would promptly and appropriately manage any concerns they may have. We saw that the service had reported safeguarding concerns as required.

The individual risks to the people who used the service had been identified and regularly reviewed. Staff had a good knowledge of what these were and what was required to reduce those risks in relation to the care and support they provided. However, there was one occasion where we found that a risk to a person had not been fully assessed and recorded although this was rectified during our visit.

Risks to those working and visiting the home had also been identified, recorded and managed. Regular maintenance and monitoring was in place to reduce those risks. Accidents and incidents were recorded and analysed to identify any patterns or contributing factors in order to reduce future risk.

People had been involved in the planning of their care although written consent was not always in place. Some care plans had been signed by relatives who the service could not be sure had the legal authority to do so. Care plans were individual to people, had been regularly reviewed and were accessible for staff. The content varied between care plans but staff had a good knowledge of the needs and preferences of those they supported.

The service provided activities and events that people enjoyed. They had been designed to meet the needs of those that enjoyed both group and solo activities and for those that liked to remain in their room. The service encouraged people's relatives and the wider community to join in activities.

People had appropriate and prompt access to healthcare and were involved in decisions around this. Their nutritional needs were met and people who required specialist diets received this. People told us that they had enough to eat and drink and most enjoyed the food provided.

Regular feedback was sought on the service and they were open to suggestions. People reported that the service had made improvements and that the management team were proactive in developing the service. People told us that they would recommend the home.

People were complimentary about the management team. They told us they were approachable, motivated and engaging. They demonstrated a willingness to learn and develop and we had confidence that improvements would continue.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People had received their medicines as prescribed. However, the service had not fully reduced the risk of misadministration of medicines by consistently following good practice guidelines.

The individual risks to the people who used the service had been identified, managed and regularly reviewed. The risks to visitors to the service had also been assessed and appropriately managed.

There were enough staff to meet people's needs in an individual and prompt manner.

Is the service effective?

Good 

The service was effective.

In practice, the service was adhering to the Mental Capacity Act 2005 (MCA) although further improvements were required.

Staff had the appropriate skills and knowledge to provide care and support to those that lived at the service.

People's nutritional and healthcare needs were met.

Is the service caring?

Good 

The service was caring.

People received care and support from staff who demonstrated kindness, patience and respect.

Independence and choice was encouraged and people's dignity, privacy and confidentiality were maintained.

People were involved in the planning of their care and were given information to help them make informed decisions.

Is the service responsive?

Good 

The service was responsive.

People received care and support that met their personal preferences and needs.

The service took into account people's personal preferences when arranging activities and events.

The service had robust processes in place to deal with any concerns or complaints people may have.

Is the service well-led?

The service was not consistently well-led.

The systems the provider had in place to monitor the quality of the service had not been fully effective.

People benefited from receiving care and support from a staff team that were accountable, communicative and worked well as a team.

The management team were proactive, approachable, supportive and authoritative.

Requires Improvement 

The Old Vicarage

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 January 2017 and was unannounced. One inspector and an expert-by-experience carried out the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding team, the local authority quality assurance team and a number of healthcare professionals for their views on the service.

During our inspection we spoke with eight people who used the service and one visitor. We also spoke with the registered manager, the deputy manager, one senior care assistant, one cook, one kitchen assistant and two care assistants. We observed care and support being provided to the people who used the service on both days.

Shortly after our inspection, three people contacted us to give us feedback on the service their relatives received at the home. Additional documents were also submitted by the registered manager within 48 hours of the end of our inspection visit.

We viewed the care records for 12 people who used the service. We also case tracked the care and support one person received and viewed the medicine administration records and associated documents for four people. We also looked at records in relation to the management of the home. These included the

recruitment files for three staff members, minutes from meetings held, staff training records, quality monitoring information and maintenance records.

Is the service safe?

Our findings

We looked at the medicine administration record (MAR) charts and associated documentation for four people who used the service. This was to see whether they supported the safe administration and management of medicines. We also looked at procedures around the management, storage and administration of medicines.

We saw that the room where medicines were stored was secured at all times during our inspection by the use of a keypad. This meant that all staff had access to medicines regardless of whether they were suitably qualified or authorised to administer them. While there was no evidence that unauthorised people had accessed or administered medicines, this procedure did not follow good practice guidelines and fully mitigate the risk. The temperature of the fridge where certain medicines were stored was recorded on a daily basis but there were substantial gaps in these records. In addition, the temperature of the room where medicines were stored was not checked or recorded. This meant the service could not be sure that medicines were being stored at the correct temperatures. There was, therefore, the risk that the effectiveness of some medicines was being undermined. We brought this to the attention of the registered manager. By the second day of our inspection visit, procedures and equipment were in place to address this.

People who used the service had identification sheets in place which included a photograph of them. This helped reduce the risk of misadministration of medicines. However, whilst the MAR charts contained information such as allergies and GP allocation, the identification sheets contained few further details such as people's personal preferences or any specific person centred information or instructions. No written instructions were available for staff in the administration of medicines that were prescribed on an 'as required' basis. We brought this to the attention of the registered manager. In response, over the course of our two day inspection visit, we saw that the deputy manager began to implement these and that a number were in place by the time we completed our inspection.

The MAR charts we viewed were legible, accurate and most were complete. All medicines had been counted and signed into the service with regular stock checks completed on boxed medicines. Those medicines we completed stock counts on were accurate and corresponded with the MAR charts. However, the MAR charts did not always give a date for when stock counts had been completed. This caused confusion and once this was brought to the attention of the deputy manager, they implemented a new, clearer procedure that was in place by the end of our first inspection visit.

For those medicines that required handwritten entries on the MAR charts, they had not been signed by two staff members as good practice guidelines recommend. This practice reduces the risk of an error occurring in the transcribing of prescribed information and therefore in its administration. One person had been prescribed a pain relief patch (a medicine applied directly to the skin) to be administered in the morning. However, the person preferred for this to be applied in the afternoon and the service had adhered to the person's preference. However, the MAR chart had not been updated to demonstrate this.

For those staff that administered medicines, training had been received. Some of these staff had received an

assessment of their competency in this area and we saw others had been started.

We concluded that people received their medicines as prescribed. However, due to good practice guidelines not being consistently followed, the service had not done all that was reasonably practicable to mitigate the risks associated with medicines management. However, when this was brought to the attention of both the deputy manager and registered manager, they took immediate action to address this and some improved processes were in place by the end of our inspection. In addition, shortly following our inspection, the registered manager submitted information on the additional actions they would be taking in response.

We recommend that the service considers current guidance on medicines management within care home settings and take action to update their practice accordingly.

All of the people we spoke with told us they had no concerns over safety. All the people who used the service told us that they felt safe living at the home. People's relatives agreed. One told us, "This is a clean, safe environment. They have never had any infectious outbreaks; the home is well managed."

Processes were in place to help protect people from the risk of abuse. The staff we spoke with told us that they had received training in safeguarding people and the training records we viewed confirmed this. Staff were able to explain symptoms that may indicate a person was potentially experiencing abuse. One staff member told us that they knew the people they supported so well that they were confident in identifying any changes to a person's behaviour or personality. Staff told us that they would report any concerns they may have to a senior member of staff. They told us they were confident that concerns would be dealt with appropriately and promptly by the service. Staff also had knowledge of the external agencies they could report concerns too.

The service had mostly identified, mitigated and managed the individual risks to people who used the service. This included where people were at risk of developing pressure areas, experiencing falls, and at risk of choking due to swallowing difficulties. These risks had been reviewed on a regular basis to help reduce the risk of harm to people.

However, one person had an allergy that required the use of an adrenalin pen. No information was available to staff to guide them in its use. For example, information such as under what circumstances it was to be used, what symptoms to be aware of, how to administer it and what follow up action was required. When we brought this to the attention of the registered manager, they immediately spoke with the person and their relative in order to gain information to guide staff on the management of the allergy. A care plan was in place before the end of our first inspection visit that gave staff basic information in the adrenaline's pen use.

When we spoke with staff they demonstrated that they were aware of the risks to the individual people they supported. For example, one person was at risk of choking due to swallowing difficulties. Staff were able to accurately tell us what texture of food the person required, to what extent the person's drinks needed to be thickened and what support they required whilst eating and drinking. For another person, staff told us about the risks associated with their particular medical condition and how they managed this in order to help the person remain well.

The risks associated with the premises, environment and working practices had also been identified with appropriate measures in place to help mitigate those risks. These included the risks associated with the use of equipment, fire, utility supplies, asbestos and Legionnaire's disease. We saw that regular maintenance and checks were in place to mitigate risk and that these had been carried out regularly and appropriately. All windows had restrictor's in place that stopped them opening wide. This helped to reduce the risk of harm to

those that lived at the service.

The registered manager told us that the provider currently had no emergency plan in place in the event of adverse events such as mass staff sickness, adverse weather or any other event that could cause disruption in the continuity of the service. They told us the provider had plans to address this. However, appropriate individual risk assessments were in place for some adverse incidents such as loss of a utility service or lift failure.

During our inspection we saw examples of how the service managed risk. On the first day of our inspection, a person who used the service had been unwell. Although the registered manager felt it unlikely that the person was infectious, they made us aware of this and told us the actions they had taken in response. This demonstrated that the registered manager understood the risk, the potential consequences of the situation and what to do to effectively manage the risk in order to keep others safe.

Also on the first day of our inspection visit, the fire alarm sounded. This had not been a planned test. We saw that staff responded quickly, appropriately and as expected. The registered manager calmly took control of the situation and gave staff clear and directive instructions on what was required of them. We saw that staff were confident in carrying out their allocated tasks and reported back with the required information in order to ensure people's safety. The incident had been a false alarm and no fire had been found. The registered manager told us that the fire alarm had sounded the day before and was attributed to the same area of the home. They told us they would request a visit from the appropriate servicing company to check the fire alarm system.

Accidents and incidents had been recorded and the information used to mitigate future risk to individuals. Records relating to this were well organised and gave an overview of information in order to identify any trends or contributing factors. Appropriate actions had been taken in response. One relative we spoke with told us how the service had ordered a particular piece of equipment for their family member in order to reduce the risk of harm to them in relation to falls.

The provider had procedures in place to help reduce the risk of employing staff who were not suitable to support the people who used the service. This included completing a police check on potential employees and gaining two references. The registered manager stated that employees did not start unsupervised in post, until these checks were completed. The registered manager also told us that a dependency tool was used in order to help ascertain the number of staff required on shift in order to adequately meet people's needs.

All the people we spoke with told us there were enough staff to meet people's individual needs. One person who used the service said, "There's an upstairs/downstairs rota so you don't always know when some staff are working but if you buzz, they come quickly, whoever is free they come." Another person told us, "Oh yes, staff are very good. I don't use my buzzer much but when I do, they come straight away, even at night." A third person said, "The staff come very quickly when I press my buzzer." All the relatives we spoke with agreed that there were enough staff to support their family members. One said, "There are always staff around and my relative and I come a lot. Staff have to do everything for [name of person who used the service] and they are just great." A second relative told us, "There are enough staff to help people."

The staff we spoke with also agreed that there were enough of them to meet the needs of the people living in the home. They told us they rarely worked with less staff than stated by the provider. Staff told us they were busy in their roles but had time to give people.

Is the service effective?

Our findings

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

People can only be deprived of their liberty 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 DoLS. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our previous inspection carried out on 23 October 2014, we found that the service was at risk of not adhering to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was because staff had not received training in this legislation and lacked the knowledge to apply it as necessary. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, carried out on 24 and 25 January 2017, we found that although further improvements were still required, the service had made sufficient progress to no longer be in breach of this regulation.

Staff had received training in the MCA and had knowledge of its application. They understood that the legislation was in place to protect those people who lacked capacity and could explain some of the legislation's principles. Staff knew that where people lacked capacity to make a decision, decisions were made in a person's best interests. Staff were not fully aware of what DoLS were. However, although the service had made some applications for authorisation to deprive a person of their liberty, none had yet been processed.

The registered manager was able to explain the principles of the Act but was not fully knowledgeable on what DoLS applications had been submitted to the local authority and why. This was because some applications had been made prior to them being in post. It was noted that not all people who required a DoLS application, due to them being under continuous supervision and not having the option to leave the home independently, had one in place.

When we brought this to the registered manager's attention, they had limited knowledge on this subject. On the second visit of our inspection, the registered manager had read information around this topic and had a better understanding. We also saw that they had sought additional training. They told us that they would be telephoning the local authority to discuss their responsibilities around this and clarify the status of outstanding applications. Shortly after our inspection, we received confirmation that this had been completed and that further DoLS applications had been submitted.

Some of the care plans we viewed showed that where people had the capacity to agree their plan of care,

they had signed their consent. For some care plans we viewed, we saw that their relatives had signed the consent to care document. When we asked the registered manager about this, they told us that these relatives had the legal authority in place to consent to their family member's care. However, no copies of the legal documents were in place so we could not be sure the service was fully adhering to the MCA. For two of the care plans we viewed, no signed consent was in place.

We recommend that the service seek support and further training, for the management team, on the MCA and take action to update their practice accordingly.

The people who used the service told us that their freedom in their day to day lives wasn't restricted in any way. One person said, "I please myself and I like that." Another person told us, "As you saw, I left the dining room with my drink and dessert to wander back to my bedroom. You can please yourself here." A third person said, "My freedom is not restricted at all. I choose what I do." Throughout our inspection visits we saw that staff gained consent before assisting people.

People told us that they were confident in the skills and knowledge of the staff that worked at The Old Vicarage. People told us that staff were competent in their roles and had the appropriate abilities to support those that lived at the home.

When we asked the people who used the service whether they felt the staff that supported them knew what they were doing, all responses were positive. One person said, "Oh yes, absolutely." Another told us, "Yes, totally." Whilst a third said, "Oh yes, I'm happy with all the staff." One person's relative who we spoke with said, "I trust all the staff. They know what they're doing and they seem very competent." Another relative told us they were, "Totally" confident in the staff's abilities. A third relative said, "The senior carers are very good."

New staff received an induction including a number of job shadowing shifts to prepare them for their role. One staff member said of the induction, "It gave me time to get to know people and work with everyone." New staff had to be assessed as competent in all areas of their role before their induction could be marked as complete. New staff were also required to complete the Care Certificate within 12 weeks of them starting in post. The Care Certificate is a set of standards that social care staff must work to in their roles.

Staff had received training relevant to their role and those they supported. Staff told us that their training was up to date and that they received enough to assist them in their roles. This was confirmed by the staff training records we viewed. Staff had received training in such topics as first aid, safeguarding people, manual handling, dementia awareness and providing end of life care. Most staff had either achieved a qualification in health and social care or were working towards one. The registered manager was also working towards a management qualification and we saw that related assessments were taking place during our visit.

Throughout our inspection we saw that staff put the training they had received into practice in order to effectively meet the needs of those they supported.

The registered manager told us that although staff supervisions were taking place, they were not as often as they should be. However, staff told us that they felt valued and supported in their roles and that they could approach the management team at any time should they need to. They told us that the management team were approachable, available and supportive. One staff member told us that the management team also worked alongside the rest of the staff on the floor when needed which also helped them to feel supported.

People's nutritional needs were met. The people we spoke with who used the service told us they had enough to eat and drink and that there was a choice in regards to this. One person said, "The food's very good. Yes there's enough to eat." This person went on to say that they received food and drink to meet their personal preferences and routines. The relatives we spoke with talked highly of the kitchen staff and their dedication in meeting people's nutritional needs. One relative told us, "The staff are very good in the kitchen. [Name of kitchen staff member] knows who likes what."

We observed lunch being served on one day of our inspection. We saw that people had a choice in where to take their lunch and that it was served in a number of different areas of the home to suit people's preferences. Drinks were served including wine and sherry. Where people needed dedicated assistance, this was provided in a patient, encouraging and kindly way. We saw that staff sought people's permission before providing support. Lunch was served efficiently but we saw that there was little interaction between people eating in the dining room. Throughout our inspection we saw that people received regular drinks and that these were within reach. Homemade cakes and fresh fruit were available daily.

Staff helped people monitor their weight and regularly reviewed the risks associated with this. We saw that appropriate action was taken if any concerns were identified. This included referrals to other health professionals. Where recommendations were made by others, we saw that these were clearly recorded and closely adhered to. If people required a specific diet, we saw that this was provided. Through discussion, we saw that staff had knowledge of people's nutritional needs.

When we spoke with the cook, they demonstrated a good knowledge of people's needs and preferences. We saw that these were accurately recorded in the kitchen. The cook talked passionately about their role and providing nutritional, home cooked food to the people living in the home. They told us they arranged food-themed days and participated in national food awareness days. They told us that they discussed the menu with the people who used the service and that they were currently trying new dishes to see what people liked. We saw from the minutes of a meeting held for those who used the service that the food provision was discussed and feedback sought. From the minutes of meetings held with the kitchen staff, we saw that any feedback was then discussed with the kitchen staff team.

People had access to a variety of healthcare professionals to ensure their health and wellbeing. The people who used the service told us they had no concerns in relation to this. One person said, "The GP comes on Tuesdays and the chiropodist about every four weeks I think. We can have eye tests and ears checked here too." Another person explained that the dentist visited the home on a regular basis and that all their differing health needs were met. When we asked a relative if they felt healthcare professionals were called appropriately and in a timely manner, they told us, "No problems there. The staff are on it." The people who used the service also told us that staff discussed their health care needs with them and that they were involved in these decisions. From the care records we viewed, we saw that staff requested healthcare intervention promptly and as required.

Is the service caring?

Our findings

Without exception, people spoke highly of the caring nature of the staff that worked at The Old Vicarage.

One person who used the service said, "I feel listened to and I'm treated well by the staff." Another told us, "I'm happy here. The staff listen to you and respect you." A third said, "The staff are very kind; they're very good." People's relatives agreed. One told us, "I think the staff are fantastic. They put themselves out for people." About one particular staff member, this relative said, "Nothing is too much trouble." They gave us an example of where this staff member promptly actioned a request. They said, "They bent over backwards." Another relative described the staff as, "Absolutely brilliant." Two further relatives commented on the positive, happy and smiling approach of all the staff.

Throughout our inspection we saw that people received kind, considerate and warm support from staff. We saw that they were courteous and respectful and often used humour when interacting with people. During our inspection we heard much laughter from staff, the people who used the service and visitors. Smiling staff were observed offering reassurance to people and chatting easily. The people who used the service appeared at ease in the company of the staff.

We observed the registered manager dedicating time to people and warmly interacting with them. At one point, they fetched a magazine they had brought from home to give to a person who used the service. The registered manager knew the magazine would be of interest to the person and they spent time looking at it with them. This resulted in the person smiling and becoming animated in the topic.

Staff knew the people they supported well and had developed respectful and meaningful relationships with them. One relative we spoke with described staff's relationships with the people who used the service as, "Excellent." They went on to say, "Staff laugh with people. There's always laughter. It's a family [the service]; it gives a warm, loving feeling." Another relative told us, "There is a relationship between staff and people [who use the service]."

When we spoke with staff they were able to tell us about the people they supported. They told us about their personalities, likes, dislikes, family circumstances and needs. Staff could tell us what assistance people required and how they delivered this. They spoke warmly about the people they supported and smiled whilst they were telling us about them. One relative told us, "Staff know all the people [who use the service]."

We asked people if they felt staff treated them with respect, dignity and consideration at all times, people replied with comments such as, "They're [staff] very good and patient and kind", "Totally" and "Oh yes, of course." One relative we spoke with said, "Dignity and privacy is taken care of." Staff gave us examples of how they maintained people's dignity whilst supporting them. One staff member told us they tried to provide support discreetly whilst another said it was about ensuring people had choice. Throughout our inspection we saw that people's dignity was maintained.

Staff understood the importance of confidentiality. Care records were secured at all times and we saw that

staff discussed people's care and support needs in private. No personal or confidential information was seen unattended in communal areas of the home. One relative we spoke with told us, "Staff are very good at confidentiality."

People had choice in how they spent their day. One person who used the service told us, "I'm free to please myself. I like my own company and I'm a bit of a loner. I like my own room and staff respect that." Another person said, "I have my meals in my room if I want to. I go to the lounge if I want to." We saw that staff offered choice and respected people's decisions. For example, we saw that when one person declined an offer of assistance to go into the dining room for lunch, the staff member respected this. When they returned later to again offer their assistance, we saw that the person was now happy to go into the dining room. The staff member supported the person whilst showing patience and kindness throughout. At no time was the person put under pressure or cajoled into going into the dining room until they were ready to do so.

People could be as independent as they wished and this was encouraged. We saw that people were free to mobilise around the home as they wished. One person managed their own medicines and procedures were in place to support the person with this. The care plans we viewed directed staff to encourage people's independence and gave good information on people's abilities and the support they needed or wished for.

People and, where appropriate, their relatives, had been involved in the planning of the care and support they required and wished for. People told us that they received enough information for them to make informed decisions about their care, support and day to day activities. Two people explained how, with their family's assistance, they had enough information to be able to make the decision to move into The Old Vicarage. People also told us that they had information on what activities were due to take place in the home, and when, delivered to their room. We saw that additional information was available for people around the home. This included information on a proposed extension, fire safety, local amenities and menu options.

People's relatives told us that the service always made them feel welcome and that they could visit at any time. One relative told us, "It feels like I'm visiting [family member] at their home." They went on to say, "It's as close to a home from home as it could be." Another relative told us how they'd developed friendships with other people who used the service over the periods they'd visited their family member. During our inspection we saw posters advertising activities that encouraged family members to attend. We also saw that staff kindly welcomed visitors to the home and spent time chatting with them.

Is the service responsive?

Our findings

People were complimentary about the care they received and told us it met their personal preferences. People received care and support on an individual basis and staff had time to assist people in the way people chose.

When we asked people who used the service whether they received care and support at a time they wanted it, they agreed that they did. One person replied, "Oh yes, The staff are very good." Another said, "Yes. I have a bath every day as I said I wanted to." A third person told us, "I get ready for bed when I'm ready. I see all the staff, they all sort me out. I have a morning routine. I get up early, get washed and make my bed. I sit back in my chair in time for the night staff going off shift to bring me a hot drink. It all works well."

The relatives of those who used the service agreed that the care their family members received was person centred. One told us, "It's individual care. The little things they do mean a lot." This relative explained how their family member had been unwell when they entered the service and how the staff assisted them to regain their wellbeing. They said, "Everyone worked really hard to get [family member] back to health."

Another relative we spoke with said, "They care for [family member] as a person." A third relative explained how their family member's needs were complex and how well the staff met those needs. They told us that staff understood their family member and supported them with a positive attitude. They also told us how quickly the staff had reacted to ensure their family member's environment was safe and appropriate when the person first moved into the home. This was to meet the needs of the person's sensory impairment.

We viewed the care and support records for 12 people who used the service although not all in depth. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner. We saw that the contents of care plans varied although all were accurate and had been regularly reviewed. All were individual to the person and information was easy to locate and access. Information was clearly recorded making it easy for staff to source the information needed to provide support. Some care plans, although person centred, lacked some specific information. However, on speaking with staff, they demonstrated a good knowledge of the people they supported and their individual needs.

We also saw that the service had started to compile individual information on each person who used the service in the event of a hospital admission. This document had been designed to go with the person to hospital and was to ensure that the person received a continuity of care. However, these hadn't yet been completed for each person.

The service had a keyworker system in place that assisted staff to get to know people better. A keyworker system gives the people who use the service, and their relatives, a named staff member to oversee the care and support for that person. We spoke to one staff member about this. They were able to tell us about the people they were keyworker for and said, "It's a better way to get to know people and their care plans."

We saw that information on people's life histories, family circumstances and interests was variable. Out of

the seven care plans we checked for this, four had limited information in place. The other three contained a good amount of information that helped staff get to know people and forge meaningful relationships. This included information on any circumstances that may upset the person, their working lives, personal histories and their family tree. Those personal profiles that were in place had successfully captured the essence of the person and what was important to them. However, for some people, this was lacking.

People were generally positive about the activities and social support the service provided and told us that they never felt bored. An activities programme was in place which included musical events, coffee mornings, quizzes, memory games, crafts and sports to encourage physical movement. On one of our inspection visits people had the opportunity to engage with a dog for therapy and relaxation. We saw that this activity could be enjoyed by those in the communal areas as well as those who chose to remain in their room. A number of activities were designed specifically for people who wished to remain in their rooms. These activities were taken to people and included a sensory session where people had to identify different aromas.

Robust records were kept by the service in relation to the social stimulation people had received. From these, we saw that people received the level of interaction and stimulation they wished for. For example, one relative told us that their family member very much enjoyed participating in all activities and their records demonstrated this. For those people who preferred one to one company, we saw that the activities coordinator had spent time with them engaging in activities such as looking at photographs or completing their life history. From these records, we also saw that the activities coordinator spent time gaining people's feedback on the service they received.

The relatives we spoke with were complimentary about the activities and events the service arranged. Two told us how impressed they had been with the activities the service provided over the Christmas period. They spoke positively about the large gathering the service arranged for all people who used the service and their families. This included a Christmas meal where staff wore fancy dress and the service provided entertainment. One relative told us how special it had made them and their family member feel. Another relative told us how kind the service had been in giving all the people who used the service a Christmas stocking with their name on it and which included reminiscence items. The relative said of the gesture, "It completely blew me away."

The people we spoke with who used the service told us that they had had no need to complain. They told us that should they have any concerns, they would be able to speak with staff and that they would be listened to. Relatives spoke of a service that was proactive in dealing with issues before they escalated. They told us that they would happily speak with the management team if they had any concerns and that they were confident they would be dealt with quickly. One relative said of the management team, "I can go to them and get honest answers. They do not miss a thing." Another relative told us, "You make a request and it's actioned immediately by the managers."

We saw from records that the service robustly logged each complaint, investigated it and responded quickly and appropriately.

Is the service well-led?

Our findings

The service had a registered manager in post who had, shortly before our inspection, become registered with the Care Quality Commission. They had been in post for seven months.

The registered manager had made a number of improvements since starting in post. However, there was still some outstanding issues with the service as identified in this report. We could clearly see the registered manager had adopted new systems to monitor the quality of the service but these had not been fully effective. However, we saw that the registered manager was open to the feedback we provided throughout our inspection and that they took immediate action in all the areas we identified as having concerns. We are confident that the registered manager will continue to implement positive change within the service and rectify identified issues.

Quality monitoring audits were in place at service level and these had been completed on a regular basis. However, they had either not fully identified concerns or not had the ability to rectify those they had recognised. No provider level audits had been completed since November 2015.

Audits on medicines management were in place, and had been completed, but these were basic and did not cover all aspects of the process. The form used asked the auditor to check whether fridge temperatures had been completed but not the temperature of the room where medicines were stored. For the medicines management audits for November and December 2016 and January 2017, it showed that gaps had been identified in the recording of fridge temperatures and that the action was 'to remind staff'. This had been identified for three months in a row and had still not been rectified even though we saw from minutes of a senior's meeting that medicines management had been discussed.

An audit had been completed by an external pharmacist in August 2016 that had identified the need for handwritten entries on MAR charts to be double signed by staff. The lack of double signatures was still evident at this inspection. In addition, we saw that the medicines management audit did not direct the auditor to check this, simply that handwritten entries were legible.

Other quality monitoring audits in place covered areas of the service such as the kitchen environment, health and safety, care plans and housekeeping. These had all been completed on a regular basis. We concluded that, although a quality monitoring system was in place and had been actioned, it was not fully effective in identifying or rectifying concerns within the service and therefore driving improvement.

People told us that the deputy manager and registered manager were proactive, involved and visible. They told us that the registered manager had made a number of improvements and that they were continuing to do so. One person said, "I see the [registered] manager and deputy [manager] about. I think [registered manager] has made one or two improvements." Another person told us, "The staff from the office are around and you can speak to them. I think they try to improve things."

The relatives we spoke with talked highly of the management team at The Old Vicarage, particularly around

their motivation in making improvements and their ability to lead. One told us, "I find the [registered] manager engaging, pleasant, modern and with a 'can do' attitude. [Registered manager's name] knows what's what. I really do have great confidence in the [registered] manager." Another relative said, "[Registered manager's name] is very proactive." They went on to tell us the environmental improvements the registered manager had made. Whilst a third said, "The [registered] manager has control of the home, staff and working practices. They give 110%." Staff told us that the management team were supportive and approachable.

Before our inspection, the registered manager submitted key information about the service, what they thought the service did well and improvements they planned to make. We saw that the improvements they had planned had begun and correlated with the timescales given. For example, meetings for people who used the service, medicines administration competencies for staff and hospital packs in the event of a person being admitted to hospital, had all begun as planned. Not all improvements had been completed but we saw that these were in progress. The service had also had a quality monitoring visit from the local authority where an action plan had been devised as a result. We saw that some actions had been completed and that the service was working through those that were outstanding.

People spoke of a staff team that were smiling, helpful and positive. One relative we spoke with said, "The staff are great. You never see a long face from any of them." Another relative told us, "The staff are a happy team." Staff told us that morale was good amongst them and that they supported each other. One told us, "Every member of staff I can talk to; they're all really nice. The service always works well, whoever is on" Another staff member said, "We're a good team from my point of view." When we asked the registered manager what they thought the service's strengths were, they replied, "The staff. They step up to the plate." They described staff that were flexible to meet people's needs and hard working.

Throughout our inspection we saw staff go about their work happily with smiles on their faces. We saw them work well as a team and communicate effectively. The home ran smoothly and staff knew their roles and responsibilities. Meetings had taken place for staff where minutes showed they were encouraged to make suggestions and participate in the service's improvement and development. The management team had praised staff for their achievements. Systems were in place to aid communication between staff and these included a communication book, shift reports, handover meetings and GP visit reports.

The registered manager had recently sent out questionnaires to gain feedback on the service. These had gone to those that used the service, their relatives, staff and healthcare professionals. As they were still being received, no analysis of the responses had been completed but from those returned we could see that they were positive.

The registered manager also sought feedback from those who used the service via meetings. We saw from the minutes of these meetings that where people didn't attend, they were given the opportunity to discuss any concerns or suggestions in an individual manner prior to the meeting. We saw that where suggestions had been made or feedback given, the appropriate staff had been informed of this and, where necessary, actions taken in response. All the relatives we spoke with told us that they could talk to the registered manager at any time and that they would feel listened to.

All the people we spoke with told us that they would recommend the service. We asked them why. One person who used the service told us, "I have no complaints about the standard of care or the place, I'm very happy." Another said, "The staff are very caring." One relative we spoke with said, "All the staff work hard. My [family member] and I are happy as we know [family member] is well looked after and happy here." Another relative told us, "It's a home for life. I would recommend it to anyone." A third relative told us, "I can't speak

highly enough of the service. When you see what I see you want to celebrate it. I would recommend it."