

# Restcare Services (SW) Limited

## The Old Vicarage

### Inspection report

The Old Vicarage  
Stockland Bristol  
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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 ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 10 August 2016.

The Old Vicarage is registered to accommodate a maximum of 26 people and specialises in providing care to older people. Twenty people can be accommodated in the main house, and there are six bungalows in the grounds where people can enjoy a more independent lifestyle. Staff are on duty 24 hours a day. The Old Vicarage is registered as a care home service without nursing. At the time of the inspection there were 25 people using the service.

The last inspection of the home was carried out in January 2014. No concerns were identified at that inspection. There is 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.

People living at The Old Vicarage told us they were very happy with the care and support provided. They said the manager and staff cared about their personal needs and preferences. One relative said, "We can't fault the home, it is well run, I have worked in many care homes and think this is one of the best in Somerset, it is hard to fault it". Another relative said, "Excellent home, the staff are friendly, nothing is too much trouble". One person said, "They [staff] take the time to get it right".

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Staff took time to talk with people during the day and saw their roles as supportive and caring, but were also keen not to disempower people. People valued their relationships with the staff team and felt that they often go 'the extra mile' for them, when providing care and support.

People were supported by staff who had undergone an induction programme. The registered manager told us they felt their induction process was good. They explained all new staff completed the care certificate if they did not have a qualification in care. The care certificate is a set of standards that social care and health workers should follow in their daily working life. After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home.

Staff received regular one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their needs and individual wishes. Risk assessments which outlined measures to minimise risks and keep people safe were held in people's care plans.

People's care plans also held "life story books" and dignity questionnaires. Staff discussed how the story books had enabled them to understand more about the "whole person" and their life ensuring they were supporting people to live in an enabling and caring environment

The home was commencing the Gold Standards Framework (GSF) award. The GSF is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The provider told us within their PIR, "Commencing the Gold Standard Framework for Care Homes earlier this year has provided us with validation of our good practice but also highlighted areas around End of Life Care that we can develop to ensure that we continue to strive to provide the best possible outcomes for our residents".

There were many thank you cards and complements about the care people received. One card said, "It was an immense comfort to us to know how well and thoughtfully mum was being cared for. You soon discovered her personality and treated her accordingly, we are so grateful. Having mum stay with you until the end was another blessing and meant so much to us as well as mum. The kindness and warmth with which you treated all of us never went unnoticed and was greatly appreciated too. You do a truly wonderful job".

The mealtime experiences were seen as positive for people living in the home. Throughout the day, snacks and hot and cold drinks were offered to all. If people wished alcoholic beverages, these were provided. One person told us, "I love a glass of wine with my dinner, I always get one."

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely.

People were supported to access external health professionals, when required, to maintain their health and wellbeing. Staff monitored people's health and ensured people were seen and treated for any urgent or long term health conditions. One health professional visiting the home told us, "We never have any concerns here, the staff always follow our instructions. We all love coming here, the staff listen and follow our guidance."

There were quality assurance systems in place to monitor care, and plans for on-going improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged if necessary.

The registered manager told us about their values which were communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us they had an open door policy in which people who used the service and staff could approach them at any time.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt assured that staff would respond and take action to support them. People and relatives we spoke with did not raise any complaints or concerns about the service.



## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

There were systems to make sure people were protected from abuse and avoidable harm.

Staff had a good understanding of how to recognise abuse and report any concerns.

There were enough staff to keep people safe.

People received their medicines when they needed them from staff who were competent to do so.

### Is the service effective?

Good ●

The service was effective

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

### Is the service caring?

Good ●

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of meaningful activities was in place which enabled people to maintain links with the local community.

People knew how to make a complaint and said they would be comfortable to do so.

### **Is the service well-led?**

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

**Good** ●

# 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 10 August 2016 and was unannounced. It was carried out by an adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with nine people who used the service, six members of care staff, one visiting health professional, the provider, the registered manager and assistant manager. We observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included three care plans, four staff files, medication records, and staff duty rotas. Following the inspection we spoke with four visitors who visit the home on a regular basis.

# Is the service safe?

## Our findings

People told us they felt safe in the home and with the staff who supported them. One person said, "I feel very safe when I am supported to move, the staff always make sure I am in the right position. When I am supported with a bath, someone is always there to make sure I stay safe". Another person said, "I have had enough experience in my life time to know if people are safe, and I know we are all safe in here".

There were sufficient numbers of staff to keep people safe. People and staff said there was always "enough staff around" to ensure the safety of all. One member of staff said, "I have worked in lots of homes, it is good here, we all muck in." The provider and registered manager informed us they never needed to use agency staff due to the commitment and support of the staff team. The rota showed shifts were always led by a senior member of staff. One person told us, "I go over to the main house for lunch, but if it is raining there are always staff available to bring my lunch to me". A health professional, visiting the home, felt there were always staff available if people needed support.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records seen confirmed that new staff did not begin work until all checks had been carried out.

Staff all received training in how to recognise and report abuse when they began work and were regularly updated and reminded of the process to follow if they had any concerns. There were posters in the home giving information and contact details about who to report concerns to. Staff were able to demonstrate an awareness and understanding of the whistle blowing policy. One member of staff told us, "Nothing is taken for granted, although people are in control of their lives here and we can see they are ok, we make sure by asking them."

Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us training was good and covered areas that could put people at risk. They gave an example of training where they were put in a mind-set of someone living with loss of skills. They told us, "It was a scary place to be, but gave a wider understanding of what it is like when you feel unsafe and unsure." During the inspection staff were overheard responding to people if they felt they were at risk, for example reminding people to "take their time" and "don't forget your sun hat". The provider stated in their PIR, "New safety flooring throughout the building has been installed in January, to enable residents to walk more easily and be able to push frames with wheels with ease". They stated removing patterned carpets had helped people with dementia with their cognition associated with vision and difficulties caused by seeing patterns 'moving' on the floor. The provider said, "We have found that mobility has certainly improved for some residents".



Care plans and risk assessments supported staff to provide safe care. They were reviewed on a regular basis or when needs changed by the registered manager and assistant manager. The care plans contained information about risks and how to manage them. Where people were unable to express how they were feeling, care plans contained 'Disability Distress' information. The information guided staff in identifying the risk and the appropriate action to take. For example, information for one person identified facial expressions that would indicate they needed particular support with personal care.

Where people were at risk of weight loss this was highlighted in the care plans. Staff were supported by health professionals who used a recognised Malnutrition Universal Screening Tool (MUST) to assess risk. People who were identified as at risk were weighed regularly. The assistant manager informed us, "Anyone at risk of weight loss is always discussed with the relevant health professionals". They gave examples of the risks they would identify and discuss such as skin integrity, weight loss dietary needs, mobility and medications. One health professional said, "We never have any concerns here, the staff always follow our instructions. We all love coming here, the staff listen and follow our guidance."

Staff were open about the extra support they gave to people who wished or needed support in their rooms or bungalows. One member of staff said, "We make sure people who can't get out of bed are comfortable and we talk to them all the time". Another member of staff said of a person who was sleeping more than was normal for them, "We called the doctor to make sure the medication they were taking was not the reason [person's name] seemed more sleepy than normal. When people stay in bed we check them on a regular basis and make sure they are comfortable". At the time of the inspection no one living at the home had any pressure damage which showed people were receiving safe and effective care in this area.

Systems were in place to ensure people received their medicines safely. Senior staff were responsible for the administration of medicines, and had all received training and been assessed as competent before they were allowed to administer people's medicines. One person said, "I never have to wait for my tablets". Another person said, "I always get my medicines on time, I don't have to worry about that". Spot checks were carried out by the registered manager to ensure safe handling of medicines. On the day of the inspection safe handling of medicines was observed.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. Some stock levels for medicines to be used "just in case", had not been counted. We discussed this with the registered manager, who immediately ensured practice was changed to ensure all medicine stock was accounted for each week. Medication administration records showed that medicines entering the home from the pharmacy were recorded when received and when administered or refused.

To ensure the environment was kept safe specialist contractors were commissioned to carry out safety checks. Risk assessments were in place relating to fire and the building. The bungalows allowed for people to be independent throughout the day, however a door alarm was set during the night with people's consent. Staff were aware of their responsibilities with regard to their actions in the event of an emergency situation. Accidents and incidents within the home were analysed on a monthly basis to help identify any traits.

## Is the service effective?

### Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff encouraged people to be as independent as they could be. Comments included, "They [staff] will always get me what I want", "I only have to ask and I get it" and "I like to be self-sufficient but know the help is there when I want it". One relative said they were totally impressed with the care and support given to their relative saying "Excellent Care".

People were supported by staff who had undergone an induction which gave them the basic skills to care for people safely. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. One member of staff said, "I had a chance to shadow senior members of staff when on my induction, I was on a probation period, and felt supported all the time". Another member of staff said, "I had a mentor and was treated with respect whilst I was learning". The registered manager told us they felt their induction process was good, with staff completing the care certificate if they did not hold a recognised certificate in care. They explained that staff remained on probation until the management team were confident of the carer's ability.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles. Training certificates on display in the hall confirmed the training undertaken, which included safeguarding of vulnerable adults, manual handling, infection control and the Mental Capacity Act 2005 (MCA). Staff were positive about the training and felt they were supported to develop and progress within the service. The provider told us, "We are very enabling with staff development. We have many success stories where staff have joined us as new carers and have developed their skills and moved on to have successful careers in social care. It is difficult as we want staff to develop and grow, but sad when we lose very good staff." A relative said, "There is a consistent team with some members of staff who have been there a long time. When staff leave the home I get a little anxious as they are so good".

People's nutritional needs were assessed and specialist advice, such as speech and language therapist's and dietician's assessments, were sought where there were concerns about a person's nutritional intake or weight. The registered manager discussed supporting people's nutritional needs when needs changed. They said, "Most of us have worked here for many years, so know people very well". They said they always consulted with the relevant health professionals and ensured the care plan was updated in accordance with the changes in support. For example, staff were aware of who needed encouragement to eat and drink and were able to tell us about how they encouraged and supported people. People were seen to be supported at a pace they were comfortable with to eat their meals. One member of staff supporting a person with their meal said, "We have looked after [person's name] for many years, so know them well. We know how they like their food and the pace they like to eat it".

The mealtime experience was seen to be a positive for all people using the dining areas in the home. Small tables were nicely set, with napkins and fresh flowers. Meal times were staggered to enable people to have

choice when they wished to eat. A menu was visible for all to see as they entered the dining area. People were able to discuss what they had chosen for their lunch. Comments about the food included, "The food is very good, but we get too much", "Very nice food all the time", "The food is excellent" and "I love a glass of wine with my dinner, I always get one". People sat with friends, and staff served their lunch in an unhurried manner.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had received training about the MCA and all were able to tell us how they supported people so they could make decisions for themselves. Where people were unable to make a decision staff consulted with relevant professionals and family members. One person said, "It is very important for me to be able to stay independent and make my own decisions, they [staff] know that, some are better than others at letting me get on with it". Another person said, "I make my own choices". Staff had a good understanding of the principles of the act and received training to further develop their understanding.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The home had appropriate policies and procedures regarding the Deprivation of Liberty Safeguards. At the time of the inspection no referrals had been made, as people living at the home all had capacity to make decisions. The registered manager was aware of the procedures to follow if they needed to make any applications in the future.

People said the staff helped them to see healthcare professionals when they needed. One person said, "I can see my doctor when I like". People had access to their own GP, District Nurse team and Mental Health Team, chiropodists, hairdresser when necessary. The provider informed us referrals were made when issues arose. The assistant manager told us the home had a good relationship with external professionals which ensured continuity of care.

## Is the service caring?

### Our findings

People were supported by kind and caring staff who showed patience and understanding when supporting them. People valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. As a result they told us they felt really cared for and that they mattered. Everyone was very complimentary about the staff who worked at the home. Comments included, "They could not be better, all the staff are kind, caring, and can't do enough for you", "When I ring my bell they come quickly, if I want something they remind me to use my call bell", "Staff notice when I am not myself and they ask if I am ok". and "They are amazing, I didn't want to leave my home, but could not have found a better replacement". One professional said, "The staff really do care about the people they are supporting, if something is not quite right they check it out. It is such a lovely home."

People's care plans also held "life story books" and dignity questionnaires. Staff discussed how the story books had enabled them to understand more about the "whole person" and their life and ensuring they were supporting people to live in an enabling and caring environment. People said they felt in control of their lives, as far as they could. Comments included, "I am very independent it's important to me" and "They take the time to get it right". The registered manager told us people could be involved as much as they liked or as little as they liked, "We are here to support, we have worked with some people for many years, so know them well". A person said, "The staff are very open and honest, if I want to know about another resident's welfare, they will tell me. It's important to know if it is a friend and they may not come back, we don't need to know everything just that they are ok".

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

The staff had received numerous thank you cards which reinforced comments made by people. One relative's card said, "I am totally impressed by the way mum's needs are read and anticipated, there is nothing to fault. Excellent care". Other comments included, "Mum is really happy, safe, warm and well nourished. Everyone is kind and caring" and "Care is given with compassion, we have watched the carers grow in confidence, and it reflects the training they receive". Relatives thought their family members were well cared for and comments included, "The staff are amazing, their dedication and support is fantastic", "Excellent care, always a happy atmosphere. You would have to go a long way to find a better home. People are encouraged to pursue interests they had before they went into the home", "Nothing is too much trouble, as far as you can get it is home from home" and "It was an immense comfort to us to know how well and thoughtfully mum was being cared for. You soon discovered her personality and treated her accordingly, we are so grateful. Having mum stay with you until the end was another blessing and meant so much to us as well as mum. The kindness and warmth with which you treated all of us never went unnoticed and was greatly appreciated too. You do a truly wonderful job".

Throughout our inspection we observed staff showing kindness and consideration to people. When staff

went into any room where people were they acknowledged people. Staff had a good rapport with people and were seen to be friendly. One member of staff told us, "As I am a local girl I know some of the people I am caring for and their families, so we already have good relationships and shared histories". People confirmed they knew some of the staff well and the staff knew them and their families well. One person said, "We have always had a laugh and continue to have a good giggle at times". People were seen to chat in small groups or relax with cheerful relationships observed throughout the day. People spent time with staff in smaller groups enjoying the summer sun. A hairdresser visited the home regularly and some people commented on how nice this was. One person said, "It's nice to have your hair done it makes me feel good". Another person said, "We like having the hairdresser, we get to have a good old chat".

When people required support with personal care this was provided discreetly in their own rooms. People told us staff treated them with dignity and respect. One person told us, " There are lots of private rooms that look out onto the beautiful gardens. It is difficult to fault the home, we all seem quite happy". Where people were spending time in their rooms, music was softly playing in the background. One member of staff told us, "We know people well and know if they would like to have background music or not". A person told us, "I don't mix very much but it is my choice to stay in my room, staff always knock if they are coming to see how I am or bringing my meals. They do try to encourage me to join in more, but I have always been happy on my own".

People were also enjoying respite breaks at the home. The provider told us they were proud to have two respite beds, which were 'permanently booked'. They said, "People love coming to stay with us and want to come back". People on respite confirmed they were having a "lovely break" from home. One person told us, "I have stayed before and really enjoy it here". Another person said it was their first time visiting the home but hoped they would be able to return. The provider told us before anyone could stay risk assessments were completed along with a care assessment. They explained the person coming to stay on respite, needed to be compatible with all the people that lived at the home. They said, "We gather the history and a pen picture of the person wishing to receive the respite support, to ensure we can meet their needs". People were also welcome to "Come along and meet the residents and staff team" before they decided if they would like a stay at The Old Vicarage.

The home was commencing the Gold Standards Framework (GSF) award. The GSF is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The provider said in their PIR, "Commencing the Gold Standard Framework for Care Homes earlier this year has provided us with validation of our good practice but also highlighted areas around End of Life Care that we can develop to ensure that we continue to strive to provide the best possible outcomes for our residents. We are in the early stages of working towards the accreditation but it has already helped with communication and collaboration between our residents, staff, GPs and District Nurse teams as well as the relatives and friends. We are currently developing advanced care plans with better implementation of DNAR forms and discussion with residents and their families. Advanced care planning helps staff to identify the wishes and needs of people at each stage of their life. It ensures their choices, preferences are met. It involves staff working closely with the person and their family, GP, district nurse, care specialist and hospitals.

The staff were able to discuss how they were preparing to care for people who were nearing the end of their life. One staff member said, "We are putting everything in place for end of life care. We are speaking with people and their relatives and recording information in the advanced care plans. It is all about respect, dignity and knowing what the person wants. It is a difficult subject but people have been fully involved in their choices and have been happy to share the Information".

Staff and management were fully committed to this approach and found innovative ways to make it a reality for each person using the service. They gave examples of what people had requested. They said, "It is about respecting people's choices right down to what flowers they would like in their rooms if any, because smell is important if you can no longer see or talk. One person has shared they want the light in the room left on as they are afraid of dying in the dark, another person has requested their window is always shut. A third person would like music in the background, but not jazz music or heavy music". The staff member said these were all things as a team they may have got wrong for people if they had not discussed this with them. They said, "It is all about people's preferences during their final days and following death". People's choices were being clearly recorded in advanced care plans. A staff member said, "We want everything perfect for them and their families and for us as a team so we know we got it right".

Care plans outlined how and where people would like to be cared for when they became unwell. The provider made sure people were supported by professionals when nearing the end of their lives, so they remained comfortable and pain free. A member of staff said, "We have written to people's GP with their requests and have 'just in case' medicines so people are not in pain. We are using a colour coded system on our notice board. The colours guide staff on any deterioration when they come on duty. We would let the cleaners know not to Hoover by the room, and the kitchen staff to be aware to ensure the family and visitors all have food and drinks".

## Is the service responsive?

### Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time. One person said, "I like to spend time with some of the other people, we get to socialise when we want to". A health professional said, "The staff are very responsive to our requests for support, always there to help if we need them".

People's needs were responded to on a daily basis. One relative told us, "When [relatives] circumstances changed the registered manager ensured the correct professionals were involved, I was very humbled at the way they continued to support when my relative became less able. They guided and supported us as a family, they [staff] are always there for us". Relatives confirmed they were consulted and invited to any reviews or updates in people's care delivery or changes in people's care packages.

Care plans had been developed from the information people provided during the assessment process and had been updated regularly to ensure the information remained accurate. One person told us their assessment process was very good, they said, "I moved in and didn't even realise they were doing the assessment, they did it so well. It was like a friendly chat all about me". Staff told us the care plans gave them clear guidance on what support each person needed and enabled them to carry out the support effectively. People received care in accordance with their care plans. During the day we observed how people were cared for and checked care plans to see if care delivered matched the assessed needs. For example, one person who remained in their room needed additional support. The care plans showed what checks needed to take place and how often. Staff were seen following the guidance of the care plan, and demonstrated a wide knowledge of the person's needs and family background.

People were involved or consulted about their care plans and people and/or their advocates had signed to say they agreed with them. Where people needed staff to support them with tasks such as bathing, washing and dressing, the person's preferred method of support was clearly explained. Staff understood each person's needs and they were able to explain to us the assistance each person needed.

The registered manager and staff ensured people were able to take part in a range of activities according to their interests. A programme of activities was advertised around the home. Photos showed people enjoying different activities. The activity coordinator told us, "We have fun, I have worked here so long I can gauge the mood of people and we can move the programme around according to what people want to do. We have good links in the community and use the community bus to go out and about". Trips out included picnics, garden centres, ice cream at the beach. Staff said a newsletter was produced by the provider and shown on the home's website each month. One relative told us, "They go on trips out, there is normally something going on when we visit, there is a theatre company that visit the home. People seem to love that". One person told us, "Sometimes I get bored, but I like to help out and do things around the home, they [staff] let me help when they can. Another person said, "The girls get you going, people come into the home for a sing-a-long or other things, all quite busy at times". On the day of the inspection, people were seen interacting in a quiz and activity session. People in their rooms also received visits from staff, having one to

one support or just walking or sitting in the garden having a chat and giggle. People were seen to be active in their own choices such as knitting, jigsaws, reading or watching TV.

Each person received a copy of the complaints policy when they moved into the home. People we spoke with did not have any complaints but said they would be comfortable to speak with a member of staff or the registered manager if they were unhappy. One person said, "I have never had to complain but would if I needed to. The manager is lovely and I know they would listen". A relative said, "There is nothing to complain about, we are always consulted, but if we needed to complain we would". Another relative said, "Yes we would complain but have never had to. Infact we recommend this home to people".

The registered manager sought feedback from people and staff and took action to address issues raised. Resident meetings, quality audit questionnaires, suggestion box, client reviews were on going within the home. The provider told us quality assurance questionnaires given to residents, their family members and visitors in the home provided feedback on "whether others see us as caring". The feedback from the most recent questionnaire in March 2016 was positive. The provider told us it was difficult sometimes to get relatives to respond, but they still valued the feedback they received.



## Is the service well-led?

### Our findings

The registered manager and assistant manager held nationally recognised qualifications in management. The registered manager had managed the home for a number of years. They told us, they kept their skills and knowledge up to date by ongoing training, research and reading. They also attended meetings with other managers and registered home providers. The registered manager had the support of the providers who could be contacted at any time visited the home on a regular basis.

During the inspection visit we noticed that people and staff were very relaxed and comfortable with members of the management team. The registered manager held weekly meetings with the senior team, to ensure any issues regarding people using the service or staff were addressed. The registered manager told us, "We discuss lots in the meetings down to if a resident does not wish to be weighed, or have reviews, so how we will monitor the support. Everyone is allocated a senior member of staff as a keyworker. The keyworkers sit with people on an individual basis to ensure the care is personalised to that person". Many members of the staff team had worked at the home for a number of years, moral was high and staff said they felt they were a "good team". Staff said they knew people well, "which made it easy to support people". Relatives were positive about the team. Comments included, "Staff fall over themselves to help people", "The home is so well run, the team are excellent" and "It is definitely well led".

Staff told us there were clear lines of responsibility. Staff had access to senior carers to share concerns and seek advice. Staff told us that they felt valued and supported by the registered manager. One staff member said, "The manager and senior staff support us and we can speak to them any time about any issues or concerns. It is a good place to work I have worked in lots of homes, so I know when it's good." Another member of staff said, "Yes we are really well supported". A third said, "We get supervisions and training it is good leadership here. Our coffee breaks turn into mini staff meetings, the manager will sit and join us". Senior carers worked as part of the team which enabled them to monitor people's well-being on an on-going basis. The provider told us staff were selected for their qualities of care, reliability, integrity, skill, friendliness and professionalism.

People, their relatives and staff all told us the registered manager was always open and approachable. They felt they could talk to them at any time. One person said, "The manager is lovely, she will always stop for a chat." Another person said, "The boss is always around seeing what is going on, staff are very relaxed and it doesn't bother them". One relative told us, "The manager and assistant manager have been there a number of years and they are very approachable". A visitor told us, "The manager rings if they are reviewing or reassessing the care plan or need anything. I can't fault the home it is well run and I have been in many care homes and think this is one of the best in Somerset, it is hard to fault it".

The registered manager and provider had a clear vision for the home. The provider told us, "The home's philosophy is and always has been to provide individualised care to meet the needs of our residents. Personalised care forms the basis of our care plans and approach to caring for the individuals at The Old Vicarage. It forms the fundamental core of our induction programme and implementation of the Care Certificate. Also working towards the Gold Standard Framework endorses personalisation throughout."

Their vision and values were communicated to staff through regular staff meetings and formal one to one supervisions.

The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. People told us the registered manager was open and honest and if they felt if they got anything wrong they would always contact them to tell them.

There were quality assurance systems in place to monitor care, and plans for ongoing improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged if necessary. The registered manager told us, "I have weekly updates with the provider, we record and monitor our discussions each week on our quality assurance systems".

Audits undertaken at the home were overseen by the provider to make sure, where action to improve the service needed to be taken, this happened within the specified timescales. The provider visited the home at least twice a week to speak with the registered manager, staff and people living at The Old Vicarage. They said clear policies and procedures were in place and they ensured these were being followed with the registered manager, and communicated at all times with the staff team.

People were at the heart of the service. Meetings for people who used the service and relatives also took place on a regular basis. People and their representatives, and stakeholders, were encouraged to share their views of the way the service was run. A satisfaction survey had been carried out in February 2016. The results of the service showed that everyone was very happy with the care and service received.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made. For example, if a person was identified as having an increased risk of falling they were referred to the GP for assessment and relevant measures to minimise risk were put in place.

As far as we are aware, the registered manager has notified the Care Quality Commission of all significant events which have occurred, in line with their legal responsibilities.