St Vincent's Care Limited

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Inspection report

St Vincents Rest Home
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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

About the service
St Vincent's Care Limited is a residential care home providing regulated activities to up to 24 people in one adapted building. The service provides support to people living with dementia and a range of other health needs for example, Parkinson's disease and people needing support with their mobility. At the time of our inspection there were 15 people using the service.

People's experience of using this service and what we found
People were safe and were protected from harm. Risks to people were managed and documentation reviewed and updated regularly. People were supported by a staff team who knew them well and who had been recruited safely. Medicines were stored, administered and recorded by trained staff. The service was clean and staff wore appropriate personal protective equipment (PPE), when supporting people. Accidents and incidents were recorded and reviewed by managers with any lessons learned shared with all staff.

A thorough pre-assessment was carried out with people and their relatives prior to admission to the service. People were supported to have appointments and access to other health and social care professionals. Staff had received training in all areas that enabled them to support people. The service had been adapted and was accessible to everyone, regardless of their mobility needs. People's nutrition and hydration needs had been considered and met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness and respect. People's dignity was maintained at all times and their privacy respected. People were encouraged to be independent with daily tasks by a staffing team who were always there to step in a support people when needed.

Care plans were person centred, providing a background to people's personal stories as well as giving detail about their health and care support needs. People's communication needs were met by trained staff. A full time activities co-ordinator provided a range of daily activities for people either in small groups or 1 to 1. People and their loved ones told us they were confident to raise issues of concern if needed and people received appropriate care and support towards the end of their lives.

Everyone spoke well of the registered manager and the wider management team. Regular auditing of systems and processes meant that any patterns or trends were quickly identified. People, their relatives and staff all had regular opportunities to provide feedback about how the service was run.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for the service was good (published 7 March 2018)

Why we inspected
This inspection was prompted by a review of the information we held about this service and the age of the last rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

St Vincent's Care Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors.

Service and service type
St Vincent's Care Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Vincent's Care Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
For example: We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spent time talking with people and staff and looking around the service. We spoke with 7 people who lived at the service and 9 staff. Staff included the owner, the registered manager, deputy manager, the activities co-ordinator, the chef, the person responsible for maintenance and 3 care staff. We spoke with 4 relatives and contacted 4 professionals who visit the service.

We looked at a range of documents including 8 care plans and associated documents relating to risk management. We spent time looking at procedures relating to medicines and looked at 8 medication administration records (MAR). We looked at documents relating to accidents and incidents, safeguarding and staff recruitment and training.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm. Safeguarding and whistleblowing policies were in place and staff had been trained and were able to tell us what situations may amount to a safeguarding incident and the steps they would take. A staff member said, "I'd speak to the people concerned first and then report to the managers. I'd record it and if needed go to the local authority or CQC."
- Staff told us they were confident to use the whistleblowing process if they needed to. This process allowed staff to raise concerns anonymously.
- People and relatives told us they felt safe. Comments from people included, "I definitely feel safe when moving," "I feel safe all of the time" and "Absolutely safe." A relative added, "We're more than happy, he is very safe."
- The registered manager told us they were confident to raise issues and concerns with the local authority and to report to the CQC when required. A concern had been raised recently by the registered manager and learning from the incident had resulted in safer practice.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. We looked at 8 care plans and each contained risk assessments relevant to the person concerned. Risk assessments were regularly reviewed each month and more frequently following any incidents of changes in circumstances. Examples of risk assessments we saw included, falls, medicines, moving and handling, using mobility equipment and oral health.
- Recognised assessment tools were used for example the Waterlow assessment which measured skin vulnerability. People weight and BMI scores had been recorded. In the event of an increase or decrease in people's weight that was not expected, we saw that referrals had been made to other professionals for example, GP's and the speech and language therapy teams (SaLT).
- Staff knew people well, knew individual risks and were able tell if a person was not well or was vulnerable to an increased risk. Throughout the inspection we saw safe manual handling and staff spending time with people making sure they were being supported safely. Call bells were answered quickly. A person said, "I have a call bell in my room and they come pretty quickly if I push the button."
- Personal emergency evacuation plans (PEEPs) were in place. A copy was kept in care plans and a printed copy in an emergency box close to the entrance to the service for easy access in the event of an emergency. Documents and safety certificates were in place for legionella, gas and electricity supplies. All specialist equipment had been checked and was in date. Similarly, fire safety equipment had been checked regularly including weekly checks of the fire alarm system.

Staffing and recruitment

● There were enough staff on duty each shift to support people safely. Shift rotas confirmed this and staff told us they had enough time to carry out their roles and tasks in supporting people.

● The service had a call bell system in place so people could call for help and support if needed. During our inspection we observed that call bells were consistently answered promptly and people were not kept waiting when they needed staff assistance.

● Staff had been recruited safely. We looked at staff files and all contained the required documents to confirm safe recruitment processes were in place. Files contained for example, references, interview notes and application forms, photographic identification and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● Medicines were stored, administered, and disposed of safely. Staff had been trained in medicine administration and received regular refreshers and competency checks. Staff wore a tabard showing they were engaged in medicine administration to ensure they were not distracted from that task.

● We observed a medicine round. Staff used a medicine trolly that was kept locked when left unattended. Medicines were administered to 1 person at a time followed by the person's medicine administration record (MAR) being updated. MAR records showed the date, time and details of person administering and a number count of remaining medicines.

● Regular temperature checks were taken of the medicine room and records kept. Medicines were kept in clearly marked draws for each person and any controlled medicine were kept in a locked cabinet.

● A separate protocol was in place for 'as required', (PRN) medicines, for example, pain relief. PRN medicines were entered onto the MAR records and were clearly marked as PRN. Staff administering PRN medicines knew that if not prescribed, they would call the person's GP is requests continued to be made.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Government guidelines relating to visitors to the service had been followed during the recent Covid-19 pandemic. Loved ones were kept informed by the registered manager whenever there had been changes to visiting arrangements. At the time of this inspection there were no visiting restrictions in place. A relative said, "The manager said to me, 'come anytime.' That meant a lot to me, they're not hiding anything, have an open door policy."

Learning lessons when things go wrong

● Accidents and incidents had been recorded within people's care plans. These were all recorded electronically which meant that searches could easily be made to check people, locations of incidents and

times of incidents. This allowed managers to easily identify any trends or patterns.

● For example, a person was identified as having an increased number of falls. It was identified that they occurred at a certain time of day following dizzy spells. The registered manager then involved other professionals for example, the person's GP and the rehabilitation service and a referral was made to further specialists. As a result of this action, the number of falls has decreased.

● Staff used hand held electronic devises to record, update and search for accident and incident reports. We saw examples where pressure sores had been recorded with photograph's added each day to show changes. Photographs were only taken with consent.

● Any trends or patterns that were identified by the registered manager through their monthly audits of accidents and incidents were analysed and learning shared with all staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Managers carried out a pre-assessment meeting with all people wanting to move to the service. The pre-assessment covered all care and support needs and the registered manager made sure that their staff had the necessary skills and training to be able to support people safely.
- A relative told us, "They came out to visit, they engaged with me and dad. They were so supportive and looked at and discussed all of his needs." Another relative added, "When we first arrived here the manager was at the door to greet us, very welcoming." An experienced carer who sometimes supported on pre-assessment visits said, "We find out their needs with a loved one present. It's important that relatives are involved as we don't want anyone to feel isolated."
- The registered manager carried out regular reviews every month on people's care and support needs. Reviews were carried out more frequently following an accident, incident or change in people's health needs.

Staff support: induction, training, skills and experience

- New staff completed an induction period where they were given the opportunity to familiarise themselves with the service and people and complete initial training packages. All new staff then carried out shadow shifts where they had the chance to work alongside and observe more experienced staff. A staff member told us, "I shadowed for 2 weeks. They give you the right tools to do the job."
- Following induction staff had a 3 month probation period where their progress was assessed and recorded. A staff member said, "We have regular spot checks." Spot checks are unannounced observations of staff at work. Staff continued to be supported through monthly supervision meetings with supervisors and annual appraisals. Staff told us that these 1 to 1 meetings were an opportunity to discuss current work and future development.
- A spreadsheet held on computer and overseen by the registered manager had details of all staff training, completed, due and overdue. It was clear for managers to see any training that was due and staff were then reminded to attend. A staff member said, "The training is good, some classroom, some online. We can ask for more if we want to."
- Most staff were working towards their Care Certificate qualifications. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

● People's nutrition and hydration needs were met. People were given choices each mealtime and further alternatives were prepared if requested. Menus were displayed on tables in the dining area and taken to people who preferred to eat in their bedrooms.
● We spoke with the chef who was knowledgeable about people's needs. Some people needed softer food options and some lived with diabetes. The chef knew people well and recorded allergies and people's likes and dislikes,
● People and relatives told us the food was good. Comments from people included, "Food here is good, plenty of choice" and "They manage my diet for me and weight me regularly." A relative said, "They get them to eat (they were not eating before arriving at the service), they are aware of their needs. It's like a family here."
● The kitchen was spacious and clean. The chef kept records of daily temperature checks and regularly tested the temperature of hot food before serving. We saw a deep cleaning schedule that kitchen staff followed each week, ensuring the kitchen was clean and hygienic at all times.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● The registered manager had established positive working relationships with other health and social care professionals who worked together to ensure the best care was provided to people. Day to day people's health was monitored and if there were any concerns referrals were made for example, to GP's, district nurses, chiropodists or oral health specialists.
● The service supported people to make and attend appointments and for professionals to visit if needed. Relatives were kept informed and were told in advance of any appointments made. A relative told us, "They call or e-mail. The communications are very good."
● Front pages of care plans contained details of key contacts. These included relatives or advocates and important professional contacts for example, GP, social workers and district nurses. The front page also contained a 7 day health summary so any significant changes could be easily seen.

Adapting service, design, decoration to meet people's needs
● The service building was split level over four floors all accessible using a lift or stair lift. The service had been recently decorated throughout with appropriate flooring safely installed in each bedroom. Most bedrooms were en suite and there was easy access to bathrooms throughout.
● A communal lounge and dining area were available for people and the service was surrounded by a garden area which people enjoyed during the milder weather. We spent time observing and talking with people in the communal areas. Some were engaging in small group activities and others were happy to sit and chat with friends. At mealtimes, those who went to the dining area were able to sit where they wanted to with others they knew.
● We spent time talking to people In their bedrooms. Bedrooms contained people's personal effects that were safely arranged in a way that made each room feel and look homely. People were allowed to bring in small items of furniture and most rooms were decorated with photographs and personal effects that were important to them. A person said, "You can bring what you want from home to make room homely."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People's ability to make decisions had been assessed. Most people were able to make day to day decisions for example, what food they wanted, what clothes they wanted to wear and whether or not to shower or bathe. Some people were supported by staff with decision making.
● Staff knew people well and understood the importance of gaining consent form people before supporting them with daily tasks. A staff member said, "Always ask and don't push them for an answer. Gentle encouragement and routines are important." Another staff member added, "You get to know people's body language. Can tell by facial expressions sometimes if they are happy to be helped or not."
● Decision specific mental capacity assessments were in place for people that needed additional support with decision making. It was recorded where decision had been made in people's best interests and this showed that people and their loved ones had been involved. Professional advice had also been sought in some cases where needed.
● Some people had DoLs in place that had been applied for, authorised and regularly reviewed. Records had been kept and were easily accessible in people's care plans.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect and were patient, spending time with people to fulfil their support needs. We observed several positive interactions between staff and people and people told us they were respected. A person said, "Wonderful staff, treat me like family, couldn't ask for a better place."
- Staff knew and understood people and how they liked to be treated. Some staff used preferred nicknames for people that was their choice to be called. The rapport staff had with people was positive. We herd one person say to a staff member when passing, "I like you." The staff member responded by say, "I like you too."
- There was a family atmosphere to the service and staff in support roles were also seen to interact with people, calling them by their preferred names and helping out at mealtimes. Relatives told us they felt their loved ones were being cared for in a homely environment, one saying, "(family member) has only been there a short while but they are getting involved in things, it's like a family."
- People's differences were respected. Some people had faith, dietary or cultural differences that were recorded in care plans and staff were aware of these. A staff member told us, "Every person is different and so have to treat them individually."

Supporting people to express their views and be involved in making decisions about their care

- People's preferences about their care were discussed at pre-assessment and recorded in care plans. Likes and dislikes and how and where people liked to spend their day was recorded. For example, some people liked certain drinks at certain times of the day and others liked to spend time in their bedrooms but to come to communal areas for meals.
- People were supported to make day to day decisions about how they wanted to be supported. For example, people chose which days they wanted to shower, what they wanted to wear and whether or not they wanted to take part in small group activities or to spend time quietly in their rooms. Staff knew people well but continued to engage with people and ask them how they wanted to be supported.
- Care plans contained a summary of recent activities including social interactions and health and support needs. This enabled managers and staff to detect any changes in people's support needs.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy at all times. Personal recorded information relating to people was kept in locked cabinets or on password protected computers. A staff member told us, "People's privacy is so important. I will always knock on bedroom doors and only enter if invited or if I have a concern." We observed this happening during our inspection. A manager told us, "All handover meetings are held

privately."
● People were treated with dignity and were spoken to respectfully. A person said, "It's wonderful, staff treat me like family."
● People independence was promoted by staff in a way that protected and supported them safely. We observed several interactions during the inspection where staff were supporting people to mobilise independently but always being close to them if support were needed. A member of staff told us, "I will say, 'come on, you can do it,' but will always ask and will never force them." A person said, "Best thing is they always ask you, no forcing, it's all up to you."
● The registered manager told us the service had bought a walking machine. This had been used to encourage people to mobilise and had supported several people to be more independent.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred. The front page contained a recent photograph and key social and medical information about people. Details of relatives and loved ones important to them and who to contact in an emergency were provided along with a brief summary of people's personal and medical history.
- Staff told us that they found care plans easy to read and had time to update themselves following days off. Daily tasks entered on hand held devices meant that all interactions and any changes in people's health needs were quickly identified and were available to all staff.
- At staff handover meetings between staff shifts, everyone was discussed and any changes or developments were shared with all incoming staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been considered, recorded and met. Care plans had a communication section that provided details of people's needs which stated, 'committed to achieving AIS.' Most people were able to communicate with minimal help however staff knew to be patient and take time when speaking with some people.
- Some people lived with dementia and needed more time to understand questions being asked and to make a response. Staff had received dementia and mental health training and were able to tell us about the people they supported and how best to communicate with them. Communication aids for example, flash cards, were available if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activities co-ordinator provided daily activities for people to be involved with if they wanted to. At the time of the inspection the service was decorated to celebrate the coronation. There were photograph displays around the service showing recent activity themes and events that had been celebrated for example, Easter, St. Patrick's Day and people's birthdays.

● Small group activities took place in the communal area and people who chose to spend time in their rooms were offered daily one to one time. People were offered choices of activities but could spend time quietly on their own or talking to friends if they wanted to. A person told us, "I do go downstairs sometimes. There are so many things to keep me busy. I like the little garden plot."
● Relatives told us that their loved ones were given opportunities and were encouraged to take part if they wanted to. Comments from relatives included, "They get him involved in things," "There are always things for them to do, they got involved with the Grand National, an ice cream van came and they are going on a trip to the seaside" and "They were quite isolated before (they moved to the service) but now they come down and get involved."
● We observed several activities and positive interactions between people and staff. The registered manager and deputy took time to get involved in supporting people. Staff were cheerful and patient with people, chatting to people as they took part in craft activities. A person looked at what they had made and said, "It is rather good isn't it." Staff and the other people around the table all laughed together.

Improving care quality in response to complaints or concerns
● Complaints were responded to appropriately and within the timescales stated within the service policy. A complaints policy was in place and was accessible to people and their relatives. Few complaints had been made about the service but the policy was still reviewed regularly.
● Records were kept of complaints made against the service. Some had been received by e-mail and other by letter and in each case the registered manager had responded and apologised to the complainants. The registered manager had provided written feedback offering explanations and following their investigation into the issues raised. In all cases those raising complaints were happy with the outcome.
● People told us they knew how to complain. A person said, "I've never had anything to complain about but I know the managers would listen if I said anything." Similarly, relatives told us they were confident in the complaints process. A relative told us, "I did have occasion to call and raise an issue once. The manager got into it immediately and was so apologetic."
● The registered manager audited complaints to identify any trends or themes but so few had been made that at the time of our inspection there were no patterns to highlight.

End of life care and support
● Advance decisions about support towards the end of people's lives was discussed at the pre-assessment stage before people moved to the service. This was done with people and their relatives and only if they wanted to discuss this issue. Any decisions were then noted and transferred to people's care plans.
● All care plans had an end of life section which provide key contact information for relatives and professionals. The registered manager told us or positive relationships with professionals involved in end of life support which included 'Hospice at Home' and 'Starline' both of whom provided support to people, their relatives, and the service.
● Staff had received end of life training and were able to tell us about the support they provided to people at this important time. A member of staff said, "Respecting wishes is important and their comfort, dignity and support for their family." Another staff member added, "Make sure they are pain free, comfortable and that relatives can visit whenever they like." A relative told us, "They are so kind here. Absolutely outstanding end of life care. When they were dying they sat with them all night."

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed a positive atmosphere and culture at the service where staff in all roles supported each other to achieve the best outcomes for people. People and their loved ones told us that it felt like living at home. A person said, "It's so homely, really lucky to be here." A relative added, "I knew this was the place from first impressions, it doesn't feel like a care home."
- Everyone spoke well of the registered manager and wider management team. A person said, "The managers are very good, lovely." A relative added, "The communication here is so good. Can call or e-mail anytime and they always respond quickly."
- Staff told us that the registered manager was supportive and approachable. Comments included, "They always know what they are doing and they take time to explain things to us," Very supportive, always there for us" and "Can approached them anytime."
- Each section of the care plans was reviewed each month by the registered manager. Any changes needed to people's care and support were recorded along with any professional advice sought. A professional told us, "(registered manager) uses services proactively and we have regular meetings. Relatives and loved ones are immediately informed if any proposed changes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open, honest and responsive to us during the inspection. Any observations we made were acknowledged and there was a drive to make improvements and deliver the best care to people.
- The registered manager understood their responsibilities under the duty of candour and these had been met. Legally, managers have to report to the local authority and CQC certain, significant events that affect their service.
- The most recent CQC report was displayed in a communal area of the service and the full report could be found form a link to the service website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A thorough process of auditing was in place, overseen by the registered manager. Most auditing took place monthly although the application on staff hand held devices allowed managers to track daily activities

and processes. The registered manager also conducted a daily walkaround the service to monitor the care and support provided by staff, the activities people were being offered, the kitchen and infection prevention and control procedures.

● Monthly audits were carried out on, for example, medicines, accidents and incidents, care plans and risk assessments and kitchen records. Any learning from trends, patterns or mistakes was recorded and shared with all staff.

● Staff were assigned each day to certain essential tasks such as provision of personal care and medicine administration. This process ensured that people were supported well and that nothing was missed. However, all staff including managers, were available at all times to help out and provide additional support when needed. For example, we saw managers and staff involved in supporting people at mealtimes and during activities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Feedback was sought from people about the service and how it could be better. People had daily interactions with managers and staff and told us they were confident to raise suggestions knowing they would be listened to. The activities lead held monthly resident, 'have your say' meetings at which people could 'have their say' about the service and suggest improvements or changes. These meetings were actioned and recorded. Feedback was given at following meetings.

● Similarly, relatives and loved ones were asked for feedback. A relative told us, "I do get questionnaires to say if I'm happy with the service, I've had a few. They were very good during covid, regular communications and messages."

● Staff told us they had many different ways in which they could raise issues and provide feedback. On addition to regular one to one supervision meetings there were staff meetings. These were actioned and recorded and shared with staff unable to attend.

● There was a compliments folder in a communal area of the service that had several positive comments and reviews from visitors. A relative had recently recorded, "You have lovely staff." Any compliments that were received by e-mail were shared with all staff.

● People's equality characteristics and anything relating to people's personal preferences about their faith or cultural or personal differences were recorded in care plans and celebrated dependent on their wishes.

Continuous learning and improving care

● The registered manager had contingency and business plans in place and had created a 'mission statement' document which described the service's commitment to continuous improvement. The statement described improving and developing care and support for people, the service commitment to supporting staff training and welfare and improving the environment and partnership working.

● The registered manager had kept up to date with changes and developments in health and social care and received and distributed key messages from the local authority, CQC and the UK Health Security Agency during the recent pandemic. The registered manager was also a member of care managers social media groups where managers could discuss concerns and share best practice.

Working in partnership with others

● The registered manager worked closely with other health and social care professionals to make sure people received the best care and support possible. Weekly virtual ward rounds took place with a paramedic practitioner and local GP's were called in whenever needed. Anyone who needed additional support for example with pressure sores or swallowing issues, specialists would be immediately called. Additional training was provided to staff by professionals when required.

● Professionals spoke highly of the registered manager and the wider staffing team. A professional told us,

"St Vincent's will contact us for advice and support when needed. We have a strong relationship with (registered manager) and feel that the service puts residents first and actively seeks support when needed."