Harbour Healthcare Ltd

The Old Vicarage Nursing and Residential Care Centre

Inspection report

Fir Tree Lane
Burtonwood
Warrington
Cheshire
WA5 4NN

Tel: 01925229944

Date of inspection visit:
03 October 2016

Date of publication:
01 November 2016

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

The inspection took place on the 3 October 2016 over 9 hours and was unannounced. The service had met all of the regulations we inspected against at our last inspection on 28 July 2014.

The Old Vicarage Nursing and Residential Care Centre provides nursing and personal care for up to 60 people. The home has two units, each providing nursing and personal care, but the Willows unit is specifically for people living with dementia. On the day of the inspection 59 people were living at the service.

Accommodation is provided on two floors, with lounges available on both floors. A passenger lift and stairs provide access to the first floor. The dining areas are on the ground floor. There is also a conservatory and a large garden at the back and a small car park at the front. Assisted bathing facilities are provided.

The service had a registered manager in post who had worked at the home for about a year and a half. 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.

Prior to this inspection we received feedback from the local authority contract monitoring team, who said that the home had been subject to an improvement plan but the actions required were almost completed.

We found that the service provided good care and support to people enabling them to live fulfilling and meaningful lives. People that were able to talk to us said they were happy in the home and with the people they lived with. The interactions we observed between people and staff were positive.

People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. Comments included: "The staff are quite good, you can have a laugh with them"; "They look after us with care in their hearts"; "They're fantastic".

The staff ensured people's privacy and dignity were respected. We saw that bedroom doors were always kept closed when people were being supported with personal care.

People remarked that the food was good and there was plenty of it. One person said, "The food and the catering here is really good, they are very generous".

People could choose how to spend their day and they took part in activities in the home and the community. The home employed activity organisers who engaged people in activities in small groups and individually during the day. They also took people out in the local community and a minibus was available to take people out on day trips.

People's needs were assessed and care plans were developed to identify what care and support people required.

People's health and well-being needs were well monitored. There were regular reviews of people's health and staff responded promptly to any concerns. People were referred to appropriate health and social care professionals when necessary to ensure they received treatment and support for their specific needs.

Staff received specific training to meet the needs of people using the service and received support from the management team to develop their skills. Staff had also received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints.

Some people who used the service did not have the ability to make decisions about some aspects of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

There were processes to monitor the quality of the service and seek feedback from people who used the service, their representatives and the staff. We saw evidence that the provider had acted upon feedback received, which demonstrated a learning organisation.

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 sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed within the service.

There were systems in place to help ensure staff employed at the home were suitable to work with vulnerable people.

People were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm.

Medicines were managed safely and appropriate emergency procedures were in place.

Is the service effective?

Good

The service was effective.

Managers and staff were acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

Arrangements were in place to request support from other health and social care professionals to help keep people well.

People were provided with a choice of refreshments and were given support to eat and drink where this was needed.

Staff received regular training and supervision to support them in their roles.

Is the service caring?

Good

The service was caring.

People were provided with care that was with kind and compassionate. We asked the people living at The Old Vicarage about the home and the staff members working there and received a number of positive comments about their caring attitudes.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good

The service was responsive.

Information was recorded so that staff had easy access to the most up-to-date information about people's needs.

People were given choices throughout the day. People were given choice about activities, food and how they spent their day.

Recreational activities were provided that met people's needs and reflected their preferences. People were supported to go out into the community and see their families.

The provider had a complaints policy and processes in place to record any complaints received and to ensure that these were addressed.

Is the service well-led?

Good

The service was well led.

The registered provider had a quality assurance system in place to ensure that areas identified as requiring action to improve the quality of the service were addressed promptly.

There were systems in place to make sure the staff had reflected and learnt from events such as accidents and incidents and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

People were able to comment on the service in order to influence service delivery.

The Old Vicarage Nursing and Residential Care Centre

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 3 October 2016 and was unannounced. The inspection was carried out by an adult social care inspector and a specialist adviser in dementia care.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about The Old Vicarage. They advised us that the service had been subject to an improvement plan but this was almost completed. We were able to view the updated plan and this provided further information prior to our inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of five people living there, a visiting relative and eight members of staff members including the registered manager, a senior manager of the company that owns the home, the administrator and five members of care staff. Some of the people living in the home found it difficult to tell us what they thought of the care in home due to their health conditions, however, throughout the inspection we observed how staff supported people with their care during the day.

We looked around the service as well as checking records. We looked at a total of four care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings

and medication records.

Good

Is the service safe?

Our findings

People who lived in the home told us they felt safe and they liked living there. We observed relaxed and friendly relationships between the people living in The Old Vicarage and the staff members working there.

People said their needs were met, although one person said they thought the care staff were "run ragged" and another thought the staff were "over-worked". However, we observed that when delivering care, the staff were patient and took their time with individual people and did not rush them.

During the day of our visit there were two nurses on duty, two senior carer workers and eight care workers between the hours of 8am and 8pm. At night there were two nurse and five care workers between the hours of 8pm and 8am. The registered manager and deputy manager were in addition to these numbers. The home also employed ancillary staff including one administrator, a handy man, a chef, an assistant chef, four kitchen assistants, and six laundry/domestic assistants.

We spoke with staff and they all stated that they felt there were enough staff. Comments included: "Yes there are enough and the manager will use agency if needed. We manage to get our breaks" and "There are enough staff day and night. There is an on call system and we can ring the manager or deputy at any time as well".

The registered manager told us that she had care staff vacancies, but used agency staff to cover when necessary. She told us she used the same agency as much as possible to obtain staff that were familiar with the home and the people who lived there. She also told us she was trying to recruit for an extra member of staff to work a twilight shift between 7.30pm and 10.30pm.

We saw that the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by members of staff on each shift who had received the appropriate training, including specific training in the administration of medication to people living with dementia. People's preferred method of taking their medicines was recorded on their care files.

We checked the medicines and medication administration records and found that people were receiving their medications at the correct time. The records held a photograph of the person to make sure staff administered the medicines to the right person and a record of any medicines they were allergic to. We observed medication being administered appropriately and saw that people were asked if they needed any pain relief.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents requiring notification at the home since the previous inspection took

place had been submitted to the CQC.

We looked at the way the home looked after people's monies and found that the arrangements in place provided protection from financial abuse.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. Staff were aware they could report safeguarding incidents both within and outside of their organisation, and there were contact details available for CQC and Warrington and St Helens local authorities. We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and said they would report any concerns regarding poor practice they had to senior staff or outside the organisation if their concerns were about the senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and kept under review so that people who lived at the home were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments regarding, for example, falls and nutrition were kept in the care file folder.

The registered manager analysed all accidents, incidents and safeguarding issues to identify whether there were any trends and whether any lessons could be learned to reduce risk. We were able to view the records for the last year and could see that trends had been identified and actions taken to reduce the risk.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. In addition to this, the manager held 'stand-up' meetings every morning to inform staff of any issues, events or visitors that day that they needed to be aware of. This helped to ensure they were aware of what was happening in the home and anyone who needed additional support that day.

We looked at the files for two members of staff to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history and references as well as the job description. The provider also had a system in place for checking with the Nursing and Midwifery Council (NMC) that the registration for any nurse working in the home was still in date. Registered nurses in any care setting cannot practice unless they have been validated by the NMC.

We checked the equipment in the home including bath hoists and saw that it had been subject to recent safety checks.

The provider had received a four star (good) rating in food hygiene from Environmental Health. We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. We observed that bathrooms had sufficient equipment to maintain hand hygiene and staff were wearing appropriate personal protective equipment when carrying out personal care or serving food. The laundry was well equipped, clean and well organised.

We found that the provider had emergency grab bags which included emergency contact numbers and personal emergency evacuation plans for each person living in the home, as well as a business contingency plan and a fire evacuation plan including a floor plan of the building. Fire drills were held regularly and included night staff.

Good

Is the service effective?

Our findings

People we spoke with commented that they liked living in the Old Vicarage and the family member we spoke with felt that their relative's needs were well met by staff who were caring and knew what they were doing. Comments included: "I think it's lovely here"; "I couldn't manage at home so ended up here, much to my good fortune"; "It's just wonderful".

From our observations and discussions we found that the staff knew the people they were supporting well.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. We found that many people in the home were subject to DoLS applications and we were able to view the paperwork in relation to both standard and urgent DoLS applications. We checked and could see that mental capacity assessments and best interests decisions had been recorded on each file. We could see that the provider had a table for recording when applications had been made and the outcome as well as when this was due for renewal.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS. Staff were aware who was subject to DoLS.

Visits from other health care professionals such as doctors, dieticians, podiatrists, therapists and specialist nurses were recorded so staff members knew when these visits had taken place and why.

The provider had an induction programme and introduction to the workplace. This was designed to ensure that the newest members of staff had the skills they needed to do their job effectively and competently. We looked at the induction programme for the newest member of staff and this included ensuring that the member of staff had access to all the core training identified by the service including safeguarding, health and safety, infection control and Mental Capacity Act. Following this the staff member would shadow existing members of staff and would not be allowed to work unsupervised for a period. All the staff we spoke to confirmed that they had completed an induction and shadowing.

We asked staff members about training and they all confirmed that they had received regular training throughout the year. We checked the staff training records and saw that staff had undertaken a range of training relevant to their role including manual handling, first aid, safeguarding and dementia training. The provider used computer 'e' learning for some of the training and staff were expected to undertake this when required. Staff members' competency was assessed through the supervision system and through the auditing of records such as medication.

All care staff were undertaking the Care Certificate and all senior care staff had a Level 3 vocational qualification. Nurses had been supported to attend clinical training provided by the local Clinical Commissioning Group and the registered manager was currently rolling out a new supervision structure that included reflective practice to assist nurses in the revalidation process.

The staff members we spoke with told us that they received on-going support and supervision approximately every three months. We checked records which confirmed that supervision sessions for each member of staff had been held regularly. We checked the records for appraisals and found these had not been completed. However, the registered manager had set dates for everyone to receive an annual appraisal. A senior member of staff confirmed this, as when asked, they said, "Yes, I have supervision with the unit manager and my appraisal's booked for November, I also do supervision for the carers". A carer said, "I have regular supervision with the senior carer and the unit manager will complete my appraisal, which is booked for later in the year".

During our visit we saw that staff took time to ensure that they were fully engaged with each person and checked that they had understood before carrying out tasks with them. Staff explained what they needed or intended to do and asked if that was alright rather than assuming consent.

The information we looked at in the care plans was detailed, which meant that staff members were able to respect people's wishes regarding their chosen lifestyle. People who were able to give consent told us they had been consulted about their care but there was no documentary evidence that people had consented to it. It would be good practice to document this.

We saw that staff used the Malnutrition Universal Screening Tool [MUST] to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. In addition, nursing staff had received training in the assessment and management of people with swallowing difficulties.

The provider employed a chef who prepared the food. Pictorial menus were supplied to help people living with dementia select their meals and people's food preferences were recorded in their care files. We saw staff sitting with people and talking to them about what they would like to eat and explaining what was available. The menus included a hot light meal or soup and sandwiches at lunchtime and two choices of main meal in the evening and people had the choice of a full cooked breakfast. Special diets such as soft diets were provided. Staff members we spoke to confirmed that people could request an alternative option such as an omelette if they did not like the meal of the day. We observed that there were snack foods available in the lounges, such as cakes and fruit that people could help themselves to.

People told us they enjoyed the food. One person said "The food and the catering here is really good, they are very generous".

We observed the lunchtime on the Willows unit and saw that the food looked tasty and was well-prepared. The catering staff informed the care staff which desserts were sugar free for the people who had diabetes.

People were assisted to clean their hands before they ate. We observed that staff prompted and engaged with people to encourage them to eat. We saw that when people needed support, they were assisted by staff members in a patient and unhurried manner.

Two people who preferred to eat in their rooms upstairs in The Old Vicarage said that the food wasn't always hot enough when it reached them. The registered manager told us that people had raised this with her before and she had made sure that the food was kept in a hot trolley and temperature checked before it was put onto the plates, covered and taken upstairs. She said that as there still appeared to be a problem she would ask staff to warm the plates before putting the food on them.

We saw staff offer people drinks throughout the day and they were alert to individual people's preferences in this respect.

A tour of the premises was undertaken, which included all communal areas including the lounges and dining rooms and with people's consent a number of bedrooms as well. We saw that there was an ongoing programme of refurbishment taking place. The home was decorated in a homely fashion. Clocks showed the correct time and the date was displayed to help orientate people. Bedroom doors were numbered, named and most had pictures/items personal to the resident occupying the room displayed. Corridor areas had been decorated in a themed manner and the door surrounds had been painted in different bright colours to help people find their rooms. However, there was no directional signage in the home to further help people find their way round, but the manager said she had plans to address this.

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, grab rails and other aids to help people maintain independence.

We noted one person had a lot of extension leads in their room for their own personal equipment. Some were connected to other extension leads, which could present a fire hazard. This was discussed with the senior manager from the company who was present, and he arranged for more electrical sockets to be fitted in the room.

The home was clean throughout, but we noted that wheelchairs were stored in a narrow corridor leading to the sluice room, which meant that staff may have to navigate round the wheelchairs with a used bedpan, which could result in spillage and contamination. We pointed this out to the manager who said she would instruct staff to take people's wheelchairs back to their rooms when not in use.

Good

Is the service caring?

Our findings

We asked the people living in and visiting the Old Vicarage about the home and the staff who worked there. Some people living at the home struggled to tell us how they felt about the staff, but we observed warm relationships with smiles and people wanting to hold hands with staff. Other people told us: "The staff are quite good, you can have a laugh with them"; "They look after us with care in their hearts"; "They're fantastic".

It was evident that family members were encouraged to visit the home when they wished. One person told us, "We can come anytime we want".

The staff members were spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at the home and had positive relationships with the people living there. Comments included, "I enjoy my job, it's been a difficult year personally but the manager was wonderful and even the residents have been supportive" and "I love it, I love each and every one of them, I know this is the best change in job I could have done, I'm so happy".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw in general there was good communication and understanding between members of staff and the people who were receiving the care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always sought their permission before undertaking a task. We observed someone wanted to go outside for a cigarette and a member of staff took their break entitlement and had a break with the person in the garden.

We saw that staff members, even when they were busy, were speaking to people with respect and were very patient and not rushing whilst they were supporting people. We noted that, during mealtimes, they moved around the dining area encouraging people to eat and generally chatting.

We saw that the people living in the home looked clean and well cared for. Those people being nursed in bed also looked clean and comfortable.

The quality of the décor, furnishing and fittings provided people with a homely environment to live in. One person living in the home said, "I've got a nice room and the bed's very comfortable". The bedrooms seen during the visit were personalised, comfortable, well-furnished and contained individual items belonging to the person. There were lounge and dining areas in each unit and smaller quieter seating areas for people to relax in. There was a large secure garden at the rear of the property with seating areas.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on topics such as meals, activities, staffing, complaints and the

fees.

We saw that personal information was stored in staff offices on each floor of the home, so people could be confident that the information about them was kept confidentially.

Nursing staff had received training in end of life care. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place if necessary. We saw that either the person, their relative or health professional had been involved in the decision making. We found that records were dated and had been reviewed appropriately and were signed by a General Practitioner. A DNACPR form is used if cardiac or respiratory arrest is a possibility and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner.

Good

Is the service responsive?

Our findings

The provider employed two activity coordinators who jointly worked a total of 50 hours per week and had access to a minibus for one week out of every six weeks.

We saw a programme of activities for the week which included one to one time with people. Examples of activities included word games, reminiscence, gardening, baking and flower arranging.

Four people who used the service had recently been on holiday to Blackpool and other trips out had included going to the Cheshire Show, the Trafford Centre, Walton Gardens and Knowsley Safari Park. Some people went to the local community centre to play bowls or have lunch on a regular basis and there had also been visits to garden centres. During the summer they had held barbecues in the back garden and the home had poultry that people were involved in feeding. There were magazines and books available for people to read.

There was a tuck trolley so that people could purchase sweets, soft drinks, snacks and toiletries.

All the care plans that we viewed contained a pre-admission assessment to ascertain whether the person's needs could be met. The assessment identified the person's needs, their family details and their medical needs prior to their admission into the service.

We looked at care plans and risk assessments to see what support people needed and how this was recorded. We saw that care plans were personalised, well written and captured the needs of the individual. Reviews of risk assessments and care plans were completed in a meaningful and timely manner. We asked staff members about several people's choices and the staff we spoke to were knowledgeable about the people they were caring for.

The registered manager held meetings for people who used the service and their relatives to share information and seek their views on the service. At a meeting earlier in the year one person said they would like to go on holiday and this had been facilitated. At the last meeting in August 2016 the manager had asked people to complete surveys and signposted them to the comments box in reception. People had commented positively about improvements to meals and mealtimes.

The relative we spoke to during the inspection told us, "Any concerns are addressed".

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. A copy of the procedure to be followed was in the welcome pack that was given to every new resident. We looked at three complaints that had been received in 2016 and could see that the manager had been in contact with the people who raised the concerns, had investigated them and taken action as necessary. One person advised that they had made a complaint the previous year and had been very satisfied that they had been listened to and their complaint had been resolved. Other comments included, "Dianne has an open door policy" and "I

haven't had to complain, but I know who the manager is".

Good

Is the service well-led?

Our findings

There was a registered manager in place who had been in post since April 2015. She was supported by a deputy manager. The service received regular visits from a care quality manager employed by the provider.

The registered manager told us that information about the safety and quality of the service provided was gathered on a continuous and ongoing basis from the people who used the service and the relatives who visited the service. People who lived at the Old Vicarage knew who the manager was and told us that she spoke to them regularly and they felt confident to raise any concerns with her. One person said, "Dianne is superb".

The provider had a corporate quality assurance system and the manager was required to produce audits each month for the care quality manager. These included infection control, medication, environment, catering, records and care audits. This helped to ensure any issues in these areas were identified and addressed in a timely manner. For example, the manager had identified from the audits that staff required further training in the prevention and management of violence and aggression and was in the process of arranging suitable dates for the training to take place.

There were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system and water temperatures. We saw that there were up to date certificates covering the gas and electrical installations as well as any lifting equipment such as hoists and the lift.

The care quality manager also carried out quarterly audits. These included speaking with staff, people living in the home and their relatives. They checked the environment, looked at complaints, what audits had been completed in the last month and what meetings had taken place and then an action plan was put in place, if necessary, that was reviewed at the next visit.

We saw that residents' and relatives' meetings were held and we were able to view the minutes from the last meeting held in August 2016. These were readily available for people to view and showed that people were involved and asked about what they may like in terms of food. They were also kept informed of staffing changes and had been invited to provide suggestions and feedback on all aspects of the running of the home.

In addition to the above and in order to gather feedback about the service being provided there was a comments box in reception. The manager opened this while we were there and there was one comment praising a member of staff and another noting that a dining room floor was sticky (we did not find this to be the case on inspection).

The provider conducted an annual survey with the people living in the home. We were able to view the survey from January 2016. People had raised some concerns about feeling safe, lack of activities and visibility of the manager. An action plan had been developed and we found that these matters had been addressed.

A staff survey had been conducted in February 2016 and staff had raised concerns about a lack of activities for the residents, lack of training opportunities and bullying. An action plan had been developed and a further staff survey carried out in August 2016, which showed that the staff were much happier. The provider had introduced an employee of the month incentive scheme with a £20 award for anyone that won it.

Since the manager had been in post, she had introduced "stand-up" meetings in the mornings in order to improve communication between her and the staff about what was happening in the home and any issues that needed to be discussed on a daily basis. She had also set up a spouse group for spouses of people who lived at the Old Vicarage to provide social events and support for those who may be lonely now their loved one was no longer living at home. This had been very successful and some people continued to attend after their relative had passed away.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Council's contract monitoring team. This was an external monitoring process to ensure the service met its contractual obligations to the council. We spoke to the contract monitoring team prior to our inspection and they informed us that the Old Vicarage had been subject to an improvement plan but this was almost met at their last visit in September 2016.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Staff members we spoke with had a good understanding of their roles and responsibilities and throughout the inspection we observed them interacting with each other in a professional manner. We received good comments about how the home was being managed. Staff members felt they could raise any issues and discuss them openly with the management, and comments included: "Really helpful, very approachable, I can go to the manager with anything and the deputy is also great"; "Fantastic, I know that I can speak to any of them, I treat them all like my family"; "Very approachable and fair". One staff member, who was new to care work, said, "The management team and the staff at the home have been very supportive and I couldn't think of a better place to become a carer".

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and raise concerns. During our inspection we viewed minutes from the past staff meetings and saw that these were held on a regular basis. Staff had opportunity to discuss a variety of topics including training, health and safety around the home and the improvements in food presentation.

All the folders and documentation that were requested on inspection were produced quickly and contained the information that we expected. In the instances where documentation was not quite up to date, this was addressed immediately. This meant that the provider was keeping and storing records effectively.