Barchester Healthcare Homes Limited

Vecta House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service: Vecta House is a residential care home that was providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. Vecta House provides a service for people living with dementia who also require nursing care.

During the previous inspection in May 2018 we identified eight breaches of regulations three of which had been repeated from the inspection in April 2017. We met with the provider and registered manager and told them they must make improvements to ensure effective systems were operated to ensure compliance with regulations and to monitor and improve the quality of the service provided. At this inspection we found improvements had been made; however, there was a need to sustain the improvements made and to make further improvements. The service has been rated requires improvement as it met the characteristics for this rating in most key questions. More information is in the full report.

People's experience of using this service:
● People were happy living at Vecta House. Their relatives told us their needs were met by staff who were competent, kind and caring.

● However, not all individual and environmental risks such as ensuring people always received the correct texture of food were managed appropriately.

● Relatives were involved in the development of care plans that were reviewed regularly. However, some people had a specific known health care need of epilepsy which was not well managed.

● There were times when staff were not readily available for people.

● People's rights and freedoms were upheld and they were empowered to make choices and decisions where able. People were treated with dignity and respect.

● Staff were well trained and received support and supervision. Medicines were usually managed safely and risks of infection control were well managed.

● The provider's quality assurance system helped the management implement improvements that would benefit people. Action had been taken to become compliant with the eight breaches of regulation identified at the previous inspection.

Rating at last inspection: At the last inspection the service was rated Inadequate. (Report published 31 October 2018).

This service has been in Special Measures. Services that are in special measures are kept under review and

inspected again within six months. We expect services to make significant improvements within this time frame. During this inspection the service demonstrated to us that improvements have been made and is no longer rated inadequate overall or in any key questions. Therefore, this service is now out of Special Measures.

Why we inspected: This was a scheduled/planned inspection based on the service's previous rating.

Follow up: We will continue to monitor the service to ensure the improvements we found are maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always 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.

Vecta House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was undertaken by two inspectors, a specialist nurse advisor in the care of older people and an expert by experience in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Vecta House is a care home. People in care homes receive accommodation and nursing or personal care as single packages under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during the inspection. Vecta House accommodates up to 54 people who require support with personal care. There were 42 people at the service at the time of the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We did not give notice of our inspection.

What we did:
Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the improvement action plans the provider was submitting monthly to CQC.

During the inspection, we gathered information from:
• Two people who used the service. We also observed care and support being delivered in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
• 11 relatives or friends of people who used the service
• Three health or social care professionals who had regular contact with the service
• Eight people's care records
• Records of accidents, incidents and complaints
• Audits and quality assurance reports
• The registered manager and provider's Regional Director
• The deputy manager, four nurses and nine members of care staff
• Two housekeepers, two administration staff members, maintenance staff and two kitchen staff

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety.
There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:
● At our previous inspection in May 2018 we found risk assessments relating to people's health, safety and the environment had not ensured that all risks were effectively managed and people were not safe at all times. Staff were unsure what action to take in an emergency. This was a breach of regulations. We met with the provider and told them they must make improvements and send us a monthly action plan detailing how things were improving at the home. At this inspection we found improvements had been made although there remain areas for improvement and a need to sustain the improvements made.
● One person had been assessed by the Speech and language Therapist (SaLT) as requiring a soft moist diet which was detailed in their care plan. The care plan also showed that the person lacked the mental capacity to make an informed choice about the texture of food they ate. This was confirmed by the registered manager. A family visitor was observed providing the person with unsuitable foods which placed the person at high risk of choking. Staff in the area were aware and recorded the food on the person's food intake record but did not act to protect the person by substituting the food for a safer option. We reviewed the person's food records and saw that on other occasions unsafe food had also been provided by the relative and staff. Although nursing and care staff were aware of the type of food that was safe for the person, they appeared unsure if they could intervene to prevent the person receiving unsafe food. The registered manager was unaware of this situation until we identified it to them. They undertook to investigate this situation and arranged for the person to be reassessed by the Speech and language Therapist (SaLT).
● People's individual risk assessments included areas such mobility, bathing and other individual conditions. However, it was not evident from records of care provided that all necessary action was being taken to minimise identified risks. Where people were identified at high risk of pressure injury and required regular changes in their position, recording did not evidence that this was occurring as per the risk management care plan. We discussed the gaps in the repositioning records with the registered manager who told us they were working with staff to improve recording of care provided.
● Fire detection and management systems were monitored; however, we found that on two occasions an external fire exit route was partially blocked by a kitchen trolley for at least several hours on each occasion. Other risks relating to the environment had been assessed and where necessary action had been taken to ensure a safe environment.
● Lifting equipment was checked and maintained according to a schedule. In addition, gas and electrical appliances were checked and serviced regularly.

Staffing and recruitment:
● At our previous inspection in May 2018 we found recruitment practices were not robust and there were not enough staff deployed to meet people's needs. This was a breach of regulations. We met with the provider and told them they must make improvements and send us a monthly action plan detailing how things were

improving at the home. At this inspection we found recruitment practices were safe; however, at times staff were unavailable when people needed them.

● Relatives told us staff did respond promptly to alarms or call bells. Some visitors felt there were sufficient staff, but others, including one who told us, "There's not a lot of staff on the weekends" and they felt there needed to be more staff.

● Some staff felt there were enough staff available to meet people's needs whilst others felt this was not always the case. One staff member told us, "We have no time to chat or sit with people." Another care staff member said, "Here, with the needs of these people, it's not enough. It's a struggle. Many people are resistant to the care. If you don't have time and with the shortage of staff, [personal care] doesn't get done." In contrast, a different care staff member commented, "I've never found any issues with the staffing levels, to me there is enough. It's about making sure we communicate with each other well."

● We noted occasions when staff were not immediately available for people and some people were at risk due to this. We found one person walking unsteadily in a corridor holding a hot cup of tea and a bowl of cornflakes. No staff were available as they were attending to other people away from communal areas. At lunch time we saw a person who did not receive the support they required to encourage them to eat. Whilst spending time in the lounge in one section of the home we sat with a person for approximately one hour. We were sat alone for most of this time with the TV on. The only interaction from staff was at the end of the hour, when a staff member brought another person into the lounge. Staff interactions were very pleasant and kind, however it was clear that there was very little time for staff to sit and interact with people. The person we sat with kept saying "It's nice to have a bit of company and someone to talk too." They also stated, "They [staff] get you ready and then they ignore you. I don't understand it."

● The provider used a dependency based tool to calculate staffing levels. This showed that appropriate numbers of staff were provided for the number and needs of people at the home. The registered manager identified that there was a need for staff to be more organised to ensure that they were available when required and that not all staff were occupied at any one time away from communal areas. They said they would discuss this with the nurses who lead each unit and where necessary support nurses to better deploy care staff.

●The provider had clear recruitment procedures in place. Records confirmed these were followed and had helped ensure that only suitable staff were employed.

Using medicines safely:

● At our previous inspection in May 2018 we found medicines were not always administered safely or as prescribed. We met with the provider and told them they must make improvements and send us a monthly action plan detailing how things were improving at the home. At this inspection we found most medicines were administered safely.

● However, we found that on three occasions nursing staff had administered a medicine inappropriately and not for the reason for which it had been prescribed or suitable for use as per the manufacturer's and licencing guidelines. We told the registered manager about this and they investigated the reason for this and acted to ensure the person received their medicines correctly in the future.

● Otherwise, records of medicine administration confirmed people had received their medicines as prescribed. Arrangements were in place for obtaining, storing, administering and disposing of medicines in accordance with best practice guidance.

● Nursing staff had been trained to administer medicines safely and this was reassessed annually as part of a formal competency assessment. We observed nursing staff administering medicines in an appropriate and safe manner. There were systems in place to audit medicines systems including the application of prescribed topical creams.

Preventing and controlling infection:

● At our previous inspection in May 2018 we found staff did not always follow infection control procedures. This was a breach of regulations. We met with the provider and told them they must make improvements and send us a monthly action plan detailing how things were improving at the home. At this inspection we found infection control procedures were in place and followed by staff.
● The home was clean and staff completed regular cleaning in accordance with set schedules. The laundry was well organised to help ensure clean items did not come into contact with those waiting to be washed. Regular audits and monitoring of the cleanliness of the home and infection control procedures were undertaken.
● Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable gloves and aprons, which we saw they used whenever needed.

Systems and processes to safeguard people from the risk of abuse:
● Appropriate systems were in place to protect people from the risk of abuse.
● Most visitors felt their relatives were safe and that this had improved since the home was divided into three units. One visitor told us, "[Name of relative] is safer now the home is in separate areas."
● Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. Records showed that where necessary the registered manager had taken appropriate action when a safeguarding concern was raised with them.
● Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team.

Learning lessons when things go wrong:
● There was a system in place to record accidents and incidents. When these had occurred, appropriate action had been taken where necessary. For example, medical advice was sought, risk assessments were reviewed and any lesson learnt were discussed with staff and further training offered if required.
● Where a medication error had occurred, nursing staff had completed a reflective supervision form and discussed what had happened, why it happened and what had been learnt from the incident.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance:

- At our previous inspection in May 2018 we found that, where people lacked the capacity to give informed consent, action was not taken to fully comply with the Mental Capacity Act 2005. Best interest decisions had not been completed for all decisions, such as those relating to medicines, which people were unable to consent to. This was a breach of regulations. We met with the provider and told them they must make improvements and send us a monthly action plan detailing how things were improving at the home. At this inspection we found action had been taken.
- 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's ability to make decisions, such as those relating to care and medicines had been assessed and where necessary best interest decisions had been made involving family members where necessary. However, we found for one person a risk assessment had resulted in the action of locking their wardrobe meaning they could not access their own clothing. This was a restrictive decision and the principles of the MCA had not been followed to determine if the person could make this decision and if not, that this was the least restrictive option and in their best interests. This was brought to the attention of the registered manager who took action immediately to ensure the person's human rights were not infringed upon.
- Staff had a good knowledge of MCA and people's right to choice. One staff member said, "The first thing is to assume people have capacity and give them choice so they can be helped to make the best decision." Staff described how they supported people to make some choices by showing them different items of clothing or different meals.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 and found that they were. Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions on DoLS were complied with.

Supporting people to live healthier lives, access healthcare services and support:

- At our previous inspection in May 2018 we were not assured that people received all the necessary medical and personal care they required. This was a breach of regulations. We met with the provider and told them they must make improvements and send us a monthly action plan detailing how things were improving at

the home. At this inspection we found improvements had been made; however, for some people a known health care need was not well managed.

● Where people had epilepsy, all necessary action to ensure their safety and reduce the risks of complications or to manage seizures had not been taken. Equipment to detect if people were having a seizure when in their bedrooms was not available at the home. Staff confirmed that should people have a seizure whilst in bed they may not know about this. For one person there was information as to when prescribed emergency medicines should be administered. However, on one occasion records showed these had been administered when the care plan indicated they would not have been required. For another person, incorrect medicine had been administered which would have been ineffective to help during a seizure. Nursing staff had completed emergency training which they told us included the management of seizures but they had not completed epilepsy training to give them a greater understanding of care planning and supporting people living with epilepsy. The registered manager investigated the use of emergency medicines and arranged for the provider's senior clinical nurse to provide training and advise on equipment as required.

● One visitor told us they had requested a dentist be organised but this had not occurred and they were concerned that staff were not brushing their relative's teeth on a regular basis. The person's care plan showed that staff should be supporting the person with their oral hygiene. When the person declined this staff had not tried to provide oral hygiene later in the day. For other people, there was evidence of meeting oral hygiene needs and contact with dentists and other healthcare professionals.

● Care records showed other specific healthcare needs were being appropriately met. For example, we saw where a person had a wound this was being redressed regularly and was showing signs of healing. Nursing staff were clear about how they supported a person with a urinary catheter and there were systems in place to ensure dressings and catheters were changed when required.

● A visiting healthcare professional was positive about the way people's healthcare needs were met and felt that nurses usually contacted them appropriately and followed their advice.

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

● The provider had suitable procedures in place to ensure that prior to admission to the home an assessment of people's individual needs would be completed to ensure these could be met following admission. The registered manager was clear about the level of need the home could support and that where assessments indicated this would not be the case, people would not be admitted. The Regional Director confirmed that any decisions about admissions would be carefully considered to ensure needs could be met and suitable staffing levels were in place.

● Staff followed best practice guidance. For example, they used nationally recognised tools for assessing the risk of skin breakdown and the risk of malnutrition. They then acted to achieve positive outcomes for people identified as at high risk.

● Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed; pressure-activated floor and chair mats were used to alert staff when people moved to unsafe positions. An interactive activity table had been purchased to promote mental and physical stimulation for people living with dementia.

Staff support: induction, training, skills and experience:

● Most visitors were happy with the level of staff training and felt that staff knew how to meet their relative's needs.

● People were supported by staff who had completed a range of training to meet their needs. Training was refreshed and updated regularly. We saw staff putting training into practice for example, when using equipment to assist people to move.

● Staff told us they received plenty of training and felt supported in their roles by the registered manager

and the provider's Regional Director. There was a clear plan to ensure all new staff received any necessary training as part of their induction.
● Staff received regular one-to-one sessions of supervision. These provided an opportunity for the registered manager to meet with staff, discuss their training needs, identify any concerns, and offer support. In addition, staff received an annual appraisal to assess their performance.

Supporting people to eat and drink enough to maintain a balanced diet:
● Most visitors felt the quality of meals provided was good. One relative told us, "It's always very nice and hot."
● People were offered a choice of food and drink, including regular snacks. One visitor said, "My person can have their meal later if wanted" whilst another said, "When my relative doesn't want to eat much they [staff] make special meal drinks like Complan and encourage eating."
● At lunch time we saw staff provided people choice as to where they would like to sit, what they would like to drink and what meal choice they would like. Staff used a smaller tea plate with a mini version of the meal to show people which option they would like. This helped promote choice for people who would otherwise have found this difficult. When a person said they would only like a small portion of soup, this was respected by the staff member who brought them back a small portion and checked the quantity was correct before they left them.
● People's dietary needs were assessed and their weight was regularly monitored. Nursing staff described the action they would take should a person lose weight. Catering staff described how they would add additional calories to some people's meals when required due to weight loss. Records showed most people were maintaining or gaining weight.
● Where needed, people received appropriate support to eat and were encouraged to drink often.

Staff working with other agencies to provide consistent, effective, timely care:
● When people transferred to hospital or to another care setting, staff used specially designed forms to help ensure all key information about the person's needs was passed on. This would help ensure appropriate information was passed on to the hospital team. These arrangements helped ensure continuity of care for the person.
● A social care professional told us the home worked well with them and kept them informed if there were any issues or concerns with people living at the home.

Adapting service, design, decoration to meet people's needs:
● The home was suitable to meet the needs of older people with reduced mobility. Vecta House was a bungalow design with all areas of the home on the ground floor. Since the previous inspection the provider had extensively refurbished the home which was now more clearly divided into three distinctive units. Fixtures and fittings had been designed with the needs of people living with dementia in mind and the home appeared warm and welcoming. Where necessary signs and colour schemes supported people. For example, hand rails in a contrasting colour to walls making them more readily noticeable to people.
● All bedrooms were for one-person use, had ensuite facilities and were personalised to the individual. Should they wish to do so, people could have their own furniture, personal fixtures and fittings.
● There was level access to various flat enclosed garden areas which we were told people enjoyed using in warmer weather. The registered manager told us one area was not available for people until improvements had been made to safety rails and footpaths, but that this would be completed before the summer.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence:

- At our previous inspection in May 2018 we found people were not always treated with dignity and respect. This was a breach of regulations. We met with the provider and told them they must make improvements and send us a monthly action plan detailing how things were improving at the home. At this inspection we found improvements had been made and people were treated with dignity and respect.
- Visitors were happy that their relative was respected. One visitor said that when personal care was needed for their relative, "They [staff] come, they ask me to leave the room." The visitor confirmed this would have been the person's wish, if they were able to say.
- We saw staff acting in a way that promoted people's dignity. For example, during lunchtime staff asked people discreetly if they would like to wear a clothing protector. On another occasion we saw a person got up to walk out of the dining room before they had had lunch. They seemed a little agitated so a staff member attended to them quickly and discreetly assisted them to the toilet.
- Staff were aware of actions to take to protect people's privacy appropriately during personal care. For example, one staff member said, "I knock the door. I wouldn't strip them and leave them naked, I cover them with a towel" and, "We have one lady who doesn't like to have a male carer so this is respected."
- People were encouraged to do as much as they could for themselves. For example, people were supported to eat independently with subtle prompts; a person appeared to be struggling with griping their spoon correctly so a staff member discreetly helped them in a light-hearted manner and they continued to eat independently. A staff member noted a person walking without their walking stick and gave this to them.

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

- Visitors told us they felt staff were caring in their interactions with people. One visitor told us, "My relative likes them." Another visitor said, "The care staff are very nice", whilst a third described how staff had supported them saying, "They always go above and beyond, someone even came with me to take my relative to the hospice to see their spouse."
- One person's spouse had joined them for lunch and they were given a separate table to sit at. Staff had clearly formed a close relationship with the visitor and they were chatting together over lunch.
- Staff interactions were patient, supportive and kind. For example, whilst supporting a person to walk to the dining room at lunchtime, the person linked arms with the staff member and they stopped to have a chat and watch the birds together. Staff spoke respectfully to people and supported them in a patient, good-humoured way. Staff intervened when one person was making remarks about another person. The intervention was appropriate and redirected the conversation to a discussion about family members. This showed staff understood what was important to people and how to support them.

● A visitor had nominated a staff member for employee of the month to thank them for the pleasure and comfort a life like baby doll had brought their relative. The staff member had noted the person did not respond well to the empathy doll in the home and therefore brought in a life like doll.
● People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments before they moved to the home. The registered manager explained how they met people's individual needs.
● People's other diverse needs were detailed in their care plans and visitors confirmed they were met in practice. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support. Staff had received equality and diversity training.

Supporting people to express their views and be involved in making decisions about their care:
● Most people living at Vecta House required some level of support to make informed decisions. Records confirmed that relatives were involved in meetings to discuss their views and were involved in decisions about the care provided.
● Although unable to make some decisions, staff respected decisions people could make. A staff member was supporting a person to eat in their bedroom. The staff member encouraged them to eat, however when the person said, "No more" this was respected. Visitors felt permission was asked prior to providing care and for those who could not give consent they were told what was happening. They felt people were able to defer care till later if they preferred.
● Family members were kept up to date with any changes to their relative's health needs. When asked about this, one family member told us, "Yes. They [staff] or the manager will tell me what has been happening."
● Staff showed a good awareness of people's individual needs, preferences and interests. Care files included information about people's life histories and their preferences. Staff used this information when talking with people.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At our previous inspection in May 2018 we found care records were often incomplete, provided conflicting information and staff were not always aware of information within care plans. This was a breach of regulations. We met with the provider and told them they must make improvements and send us a monthly action plan detailing how things were improving at the home. At this inspection we found improvements had been made to the care planning records; however, further improvements were required.
- Care plans were in place for all people which followed the providers comprehensive format. We identified some areas where additional information may have been helpful, however care staff were able to describe how they supported individual people.
- Several people had been assessed by the local authority as requiring a higher level of individual care and were receiving 1-1 support for varying amounts of time each day. Within their care plans there was no specific 1-1 care plan detailing the expectations of the additional support such as what action staff should take if the person was asleep or if they had visitors. Records of the individual support varied in detail and some records did not demonstrate the level of individual support provided.
- Most staff felt they got enough information prior to commencing a shift and we saw this occurring on one unit. Equally, most staff felt care plans contained all the information they required, although one said, "Not always, they do try to update them."
- Records of care provided did not always evidence that people had received care as detailed in their care plans. For example, where people's care plans stated they should be checked at regular intervals to ensure their safety, records did not reflect that this was always occurring.
- Vecta House had an activities coordinator responsible for providing and arranging activities for people. Most visitors felt the activities were appropriate for their relatives. They said people had especially enjoyed visits from a range of animals. During the inspection there was a visit from a local wild animal hospital and other animals such as dogs, a therapy horse and a donkey had also visited the home. The activities organiser told us they had access to a range of equipment and could also organise external outings to places of interest for people.

End of life care and support:

- At our previous inspection in May 2018 we found there was limited individual information as to how people wished to be cared for at the end of their lives meaning this information may not be known and therefore met by staff. We met with the provider and told them they must make improvements and send us a monthly action plan detailing how things were improving at the home. At this inspection we found improvements had been made to the care planning records covering care for people at the end of their lives.

- No-one was imminently approaching the end of their life at the time of this inspection. The registered manager spoke positively about their desire to provide people with high quality care at the end of their lives,

to help ensure they experienced a comfortable, dignified and pain free death. The registered manager had strengthened their links with the nearby hospice and identified how information about people's wishes could be obtained.

● Nursing staff had completed additional training to help them meet people's needs towards the end of their lives. This had included using equipment called syringe drivers which help provide regular pain relief.

Improving care quality in response to complaints or concerns:

● All visitors knew how to make a complaint either through the registered manager or via email. One told us they had made a complaint via email and had received a response. Another visitor said, "I can see [the deputy manager and registered manager]; their door is always open."

● The provider had a complaints policy and there was information as to how to complain within the entrance area of the home. The registered manager stated they aimed to make themselves as available as possible to people and visitors, meaning any issues could be addressed promptly before people felt the need to make a complaint. We viewed records of complaints which had been received. These had been appropriately investigated and responded to. There were no common themes within the complaints which had been received. The registered manager said that if themes emerged then action would be taken to address the underlying issues.

● The service had received compliments about individual staff and thankyou cards which the registered manager said they ensured were passed on to staff.

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

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

Continuous learning and improving care:

- During the previous inspection in May 2018 we identified eight breaches of regulations three of which had been repeated from the inspection in April 2017. We met with the provider and registered manager and told them they must make improvements to ensure effective systems were operated to ensure compliance with regulations and to monitor and improve the quality of the service provided. At this inspection we found improvements had been made; however, there was a need to sustain the improvements made and to make further improvements.
- Following the previous inspection, we told the provider they must send us an action plan every month telling us what they were doing to ensure people received a safe service and their needs were being met. These have been regularly received as required and demonstrate ongoing improvements have been made.
- When we identified areas for improvement during the inspection (detailed in previous sections of this report) the registered manager, deputy manager and Regional Director were receptive to our findings and acted to investigate and make improvements. The registered manager understood where further improvements were needed. For example, there was a need for staff to be better organised within each unit to ensure someone was available in communal areas should people need this. Training was being organised for nurses to give them the skills needed to better lead shifts.
- The Regional Director told us they had seen improvements but were still not quite confident and would continue the high level of monitoring that was in place.
- A range of audits and quality monitoring procedures were in place and these showed ongoing improvements were being made. Where these had identified action was required, subsequent audits and reports showed this was being progressed.
- Most visitors told us they felt the service had made all necessary improvements and that they liked Vecta House and were happy their relative was there. Some felt improvements were still needed.
- The registered manager and clinical development nurse had developed quizzes to test staff knowledge surrounding choking, infection control, nutrition and hydration.
- Staff also felt improvements had been made. One said, "It's much better here now, we are certainly making improvements." Another said, "The registered manager is good, I think she's calmed it [the service] down a bit", whilst a third said, "Since the refurbishment, everyone seems much more motivated."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager demonstrated an open approach and encouraged staff to do the same. They understood their responsibilities in this respect. Where people had come to harm, relevant people were informed in writing, in line with the duty of candour requirements.

● The previous performance rating was displayed in a communal area of the home and on the provider's website.
● Friends and family members could visit at any time. They were made to feel welcome and were offered refreshment. The registered manager made sure they were available to people and visitors. This included staying late at the home one evening each week for a relatives 'surgery' which meant they could meet relatives who were unable to visit during the day time. Relatives meetings had also been held.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
● There was a clear management structure in place, consisting of the registered manager, deputy manager and various heads of department such as catering and housekeeping. The provider's Regional Director attended the home most weeks. People were aware of who the Regional Director and registered manager were. Since the previous inspection, a deputy manager had been employed to provide support for the registered manager. The deputy manager was a registered nurse and responsible for the clinical needs of people. They were supported by various clinical staff within the provider's organisation.
● One person said of the registered manager, "She's a nice lady."
● Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "We all get on well and work as a team."
● The registered manager was aware of when they needed to notify CQC about incidents in the home and had done so when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● One person had been low in mood during Christmas time, as they missed looking after their family and was worried they didn't have enough food in 'the pantry' for them. In response the registered manager arranged a surprise party with a buffet for the person and their family in the main reception area of the service. This gave them privacy away from other areas of the service and demonstrated that they understood how important it was for the person to continue to provide for their family.
●There was a 'You said, we did' board in the reception area. This stated, 'You said we needed more dessert variety – We provided brownies, crumbles and cheesecakes.' This showed feedback was provided to people who had made suggestions.
● Each month staff, visitors or people could vote for an employee of the month with nomination forms on display in the reception area.
● Most staff told us they were valued and able to contribute their ideas to the running of the service. They were positive about the management team. Staff meetings were held, including meetings with specific staff teams and minutes were available for staff unable to attend.

Working in partnership with others:
● Staff had links to other resources in the community to support people's needs and preferences.
● The registered manager was a Dementia Friends champion and ran educational sessions for the local community.
● The providers and the registered manager had worked with social care professionals and the local authority to develop and improve the service. For example, nursing staff had received additional training to undertake swallowing assessments whilst being monitored by Speech and Language Therapists (SaLT) via a computer link.
● The registered manager had developed links with the neighbouring primary school and told us that an area of the garden had been donated to the local school to use as a wildlife garden. The children had visited at Christmas to sing carols and share an afternoon snack with people.