

Glebefield Care Limited

# The Old Vicarage

## Inspection report

Ropers Lane  
Otterton  
Budleigh Salterton  
Devon  
EX9 7JF

Tel: 01395568208  
Website: [www.theoldvicarageotterton.com](http://www.theoldvicarageotterton.com)

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This comprehensive inspection of the Old Vicarage took place on 23 and 26 October 2018. The inspection was unannounced. This meant that the provider and staff did not know we were coming. The second day of the inspection was announced.

The Old Vicarage is a care home providing personal care to a maximum of 26 older people. The home is a detached house located in the small village of Otterton situated in the coastal area of East Devon, mid-way between Sidmouth and Budleigh Salterton. On the first day of the inspection there were 22 people staying at the service. One person was staying at the service for a period of respite (planned or emergency temporary care provided to people who require short term support).

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service Good. At this inspection we found the service remained Good overall, with one key question now being rated as 'Outstanding'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Some parts of this inspection report are written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

The service provided people with exceptional care and support from staff who valued them as individuals. Staff were highly motivated to ensure people received care which was compassionate, friendly and kind. They treated people with respect and dignity. There was a friendly atmosphere at the home and a strong ethos from all staff regarding it being a family and people's home. The registered managers and staff daily went above and beyond what was required to support people. We were told numerous incidences where this had been the case. The registered managers and staff were committed to ensuring people experienced end of life care in an individualised and dignified way.

People remained safe at the service. People said they felt safe and cared for in the home. People were protected because staff knew how to recognise signs of potential abuse and how to report suspected abuse. People's care needs were assessed before admission to the home and these were reviewed on a regular basis. Risk assessments were undertaken for all people to ensure their individual health needs were identified and met.

People were protected from unsafe and unsuitable premises. Risks for people were reduced by an effective system to assess and monitor the health and safety risks at the home. The home had a pleasant homely atmosphere with no unpleasant odours and was very clean throughout. The furnishings were of a good

quality and in good condition.

The service has two registered managers. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Since our last inspection the provider had recruited a second registered manager to work alongside and support the registered manager who is one of the directors.

The service was well led by the registered managers. The culture was open and promoted person centred values. People, relatives and staff views were sought and taken into account in how the service was run. There were effective systems in place to monitor the quality of care provided. The registered managers made continuous changes and improvements in response to their findings.

There were sufficient and suitable staff to keep people safe and meet their needs. Thorough recruitment checks were carried out. New staff received an induction that gave them the skills and confidence to carry out their role and responsibilities effectively. People received effective care from skilled and experienced staff, who had regular training and supervision.

People enjoyed a varied and nutritious diet. There was a designated activity staff member to support people to engage in activities they were interested in, on an individual and group basis. There were regular outings to places of interest.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the management team.

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

People were supported to lead a healthy lifestyle and have access to healthcare services. Staff recognised any deterioration in people's health, sought professional advice appropriately and followed it. People received their medicines on time and in a safe way.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

Everyone we spoke with described a caring, kind, friendly and respectful staff team. They were highly motivated and offered care and support that was exceptionally compassionate and thoughtful.

The registered managers and staff daily went above and beyond what was required to support people.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Staff showed a real empathy for the people they cared for and treated people like family members.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Old Vicarage

## Detailed findings

### Background to this inspection

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

This comprehensive inspection was carried out on 23 and 26 October 2018. The first day of the inspection was unannounced; the inspection team consisted of one adult social care inspector, and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service. The second day of the inspection was announced and completed by one adult social care inspector.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We met the majority of people who lived at the home and spoke with seven to gain their views about the service. We also spoke with three relatives to ask for their views.

We met with both registered managers, the business and premises manager, deputy manager, care co-ordinator, senior care staff, care staff, housekeeping staff, the catering manager and the office manager.

We looked at three people's care records and five people's medicine records. We looked at quality monitoring information such as health and safety checks, cleaning schedules and audits. We also looked at three staff records, which included training, supervision and appraisals and staff rotas. We sought feedback from commissioners, and health and social care professionals who regularly visited the home and received a response from two of them.

# Is the service safe?

## Our findings

The service continued to provide safe care and support.

People said they continued to feel safe living at the home. Comments included, "No complaints, whatsoever. They are very good" and "The care here is second to none."

People were protected from abuse because staff had good awareness of how to keep people safe and protect them from avoidable harm. The registered manager said in the provider information return (PIR) "Our approach to safeguarding starts, by employing staff with the right values... We ensure that staff are confident to challenge and report abuse or discrimination and that they will be listened to, supported and protected by their managers." Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice. All staff said they could report any concerns and were confident they would be dealt with. Since our last inspection, the registered manager had raised one safeguarding concern with the local authority safeguarding team. They had worked with the local authority and the safeguarding concern had been closed with no further action.

People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Medicines administered were well documented in people's Medicine Administration Records (MAR). A review in March 2018 by the pharmacy providing medicines at the home did not raise any significant concerns. Where they had made recommendations, these had been actioned. For example, improved labelling of prescribed creams.

People were protected because risks for each person were identified and managed as stated in the PIR, "Our approach to managing risk is 'freedom, choice and control', we recognise the benefits of positive risk taking. Our role is to work together with people to assist with keeping them safe. We aim to maintain a collaborative approach to risk management which treats individuals with dignity and respect." Care records contained risk assessments about each person. These contained measures taken to reduce risks as much as possible. These included risk assessments associated with people's nutritional needs, scalds and burns risks, moving and handling, pressure damage and falls. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores.

The registered manager had introduced a traffic light system for care and maintenance issues at the home to enhance the existing robust premises and equipment, maintenance and audits. They told us in the PIR, "Ensures that concerns and items for action are not only verbally handed over but also documented. This system of red, amber and green cards alerts the senior care team to act on issues identified by staff in priority order." We saw these alerts which were printed on brightly coloured paper depicting the level of risk. For example, on red paper for medicine being out of stock.

Each person had a personal emergency evacuation plan which was reviewed monthly. These showed what support they needed to evacuate the building in the event of an emergency. Regular checks of the fire alarm

system, fire extinguishers, smoke alarms, and emergency lighting was undertaken. There continued to be sufficient staff on duty to ensure people were safe and their needs were met in a timely way. The registered manager had introduced a dependency scale to assess if there were adequate staff on duty to meet people's needs. People said staff were readily available when needed. Comments included, "They come promptly" and "There's a pretty good response time... I would say on just a few occasions you might wait 2-3 minutes, but never as long as 5 minutes." The registered manager said staff were very good at stepping in to undertake additional duties to cover for staff holidays and unexpected absences. When required they used the services of local care agencies and requested "Agency staff that are competent, familiar and well-liked by our residents."

A robust recruitment process was in place to ensure fit and proper staff were employed. The provider involved people living at the home in the recruitment process of new staff. For all new staff appropriate recruitment checks were completed, such as police and disclosure and barring checks (DBS), and checks of qualifications. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Portable appliance testing (PAT) had taken place to ensure the portable electric equipment was safe to use. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. Staff were able to record repairs and faulty equipment and these were dealt with promptly.

People were cared for in a clean, hygienic environment. The home had a pleasant homely atmosphere with no unpleasant odours and was very clean throughout. The furnishings were of a good quality and in good condition. Staff had completed infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks. Regular checks on cleanliness of all areas of the home were carried out. The provider had a dedicated infection control lead, who trained and supervised staff in infection control procedures and practice.

## Is the service effective?

### Our findings

People continued to receive effective care and support.

People received effective care and treatment to meet their health needs. Staff had the skills, knowledge and understanding they needed to care for people. People said they were confident staff were trained and competent, and knew what to do.

People had a comprehensive assessment of their health needs. Staff recognised changes in people's health, sought professional advice appropriately and followed that advice. The provider recorded in the provider information return (PIR), "We work closely with local healthcare professionals to gain advice on treatment, social care advice and complex care planning issues. We believe in early intervention, avoiding the traumas of unnecessary hospital admissions." Records showed staff contacted local GPs and health care professionals promptly and followed their advice. People said staff arranged for GP visits and escorted them on appointments when needed. People benefited from regular dental checks and chiropody care. A visiting chiropodist said, "I have always found their approach to resident care and wellbeing to be of the highest standard. Nothing is too much trouble."

Staff received training and support to ensure they had the skills and knowledge to carry out their role and understand their responsibilities. Staff had attended the provider's mandatory training. There was also additional training to meet individual people's needs. For example, oral care, audiology and the care of hearing aids. There were designated staff champions to share knowledge and expertise to other staff. For example, subjects including nutrition, pressure care, and mental capacity. The provider supported staff to undertake a higher qualification relative to their roles.

Staff completed the provider's induction when they started working at the home, and were supported to refresh their training. New staff received a full induction and completed the national Care Certificate programme, to ensure they had the knowledge and skills needed to care for people. They worked alongside experienced staff to get to know people's individual needs.

People continued to be supported to maintain a balanced diet which met their needs and preferences. A wide range of food, snacks and drinks were available throughout the day. People were involved in planning and developing the menus at the residents' forum meeting and as part of the quality assurance process. The kitchen staff knew about people's dietary requirements, likes and dislikes. People had their weight monitored regularly and staff took action in response to weight loss by increasing calorie intake and made referrals to a GP.

People were very happy with the food at the service. Comments included, "The food is excellent ...the type of food we had at home", "Everything is homemade", "The quality and variety is good and it's fresh. They go around and serve the vegetables at the table" and "It's quite good."

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of people who



may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

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 authorisation 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 the home was meeting these requirements.

The registered manager understood their responsibilities in relation to DoLS and had made applications to restrict some people's liberties in line with the MCA. One applications had been made to the DoLS team which had been authorised and best interest decisions were being made where people lacked capacity. Staff demonstrated an understanding of people's right to make their own decisions and requested consent before undertaking tasks.

The atmosphere at the home was calm and welcoming with people living there appearing 'at home'. The staff were aware that it was people's home and did not rush around carrying out tasks. The premises were well maintained with on-going plans to improve the facilities. People could access all areas of the home via a passenger lift. The registered manager said they were planning an extension at the home. They said this would increase the communal space and enable people to stay at the service if their mental health should decline and would have assisted technology to promote independence. For example, electronic curtain closures. People's bedrooms were a variety of sizes and all personalised with memorabilia, pictures and photographs to people's own tastes. The home was fitted with quality furnishings and fittings and kept to a high standard which people appreciated. People were able to access the well maintained large garden.

## Is the service caring?

### Our findings

The service continued to be caring.

The service provided people with exceptional care and support from staff who valued them as individuals. Staff were highly motivated to ensure people received care which was compassionate, friendly and kind. People were seen positively interacting with staff, chatting, laughing and joking.

People were supported by staff who provided person centred, kind and compassionate care. Everyone we spoke with described a caring, kind, friendly and respectful staff team. They told us they were always treated well. Comments included, "It's got a lot of good points... but I think the most important thing is the staff; they are very caring, kind, whatever you ask of them they are very willing. There's a very nice atmosphere and that seems to permeate through all staff", "I get on with the staff and we have a laugh. I am perfectly happy" and "They will do anything you want them to do. They are always happy to do it. You are well looked after."

The registered manager proudly told us the service had celebrated its 30-year anniversary and showed us pictures of the celebrations. They had recorded in the PIR, "Kindness and compassion are at the very heart of our home. Starting with values-based recruitment and continuing with our well-established ethos and philosophy, which does not stay on paper but transfers into everything we do. We apply our version of 'the mum test' and become an extended family to the people we look after."

Staff knew people well and had developed caring relationships with them. There was a relaxed atmosphere at the service and people were happy in the company of staff. Staff relationships with people were strong, caring and supportive. They spoke confidently about people's specific needs and how they liked to be supported. The registered managers were working to further integrate staff and people and break down any barriers and build even stronger relationships. They told us in the PIR, "We have started this by having a number of social mornings called 'tea and tittle tattle' where staff and residents come together for a cup of tea and a good old natter ... to put the world to rights. This aims to get the staff to relax out of 'work mode' and humanise our relationships even more."

People said staff treated them with dignity and respect when helping them with daily living tasks and promoted their independence. All of the staff at the home were registered 'dignity champions' with Dignity in Care. One person said, "I walk down to post a letter and I just let them know I am going, or go out with friends and whether you want your meal or not. It's just like your home."

Staff ensured they maintained people's privacy and dignity. Staff were seen knocking on people's door and waiting for a response before entering. Comments included, "I have a notice that says, 'do not disturb'. I have never used it. They always knock on the door" and "They knock on the door...they know me." One person told us they had raised that owing to their poor hearing they could not hear staff knocking on their door. The registered manager had a light up doorbell installed to enable the person to be aware staff were at the door. The person was thrilled, they said, "They always knock and in my case, because I often don't

hear a knock on the door, they got me a bell. It lights up and plays a tune. (Registered manager) got it for me and it works."

People were offered day to day choices, such as what time to get up, what to wear, meal choices and about how they spent their day. Staff respected people's wishes regarding night checks. People's comments included, "I always like to say goodnight to somebody... They know I don't like somebody coming into the room in the night. I always say, 'if I need you I will ring' and they respect that."

People said they liked to sit outside by the front door. The registered manager said they had discussed with people that this posed a risk because of cars passing this area to park. They had respected people's wishes and put in place large planters around the seating area to maintain their safety.

The registered manager included people in the recruitment of new staff and acted upon their opinions. The registered manager said in the provider information return (PIR), "Care must be carried out by people who are dedicated, passionate about their role and committed to lifelong learning. We maintain our high standards by recruiting staff with the right attitude and values. New candidates are assessed interacting with people and people's opinions sought." This meant people decided who provided their care and support.

The registered managers and staff daily went above and beyond to support people. We were told numerous incidences where this had been the case. Examples included, a staff member arranged for a person to go on a blind veterans' course about practical ways to cope with sight loss. They discussed it with the person their GP and were helping them attend. Staff had supported a person to attend a family wedding. It had previously been agreed that a friend would take them. On the day, they had become anxious so the registered manager went with them. Staff had supported another person to knit poppies for the Royal British Legion appeal. The provider funded the wool and equipment which staff brought in. This had resulted in a representative from the Royal British legion coming to the home to receive a cheque and presenting the person with flowers which was in the local paper. The registered manager said, "These moments help to retain a sense of self-worth and maintain people's dignity and purpose."

The providers recognised how important personal events were and always celebrated people's birthdays with their relatives if possible and a birthday cake. Relatives were very positive about these events which made them feel part of their family member's lives. During our visit a private birthday lunch with relatives was taking place which the person said they enjoyed very much.

People's cultural and religious needs were understood and met. People were supported to attend the local church if they chose and the rector regularly visited the home. People's comments included, "We have communion once a month in one of the sitting rooms. They will take you to church if you want to go", "I am a Christian, but I don't go to church. They do have holy communion. I go to the Carol Service at the church in Otterton. They have two cars to take you." Where another person had not felt able to disclose their sexual orientation until living at the home. The registered managers had acted and after discussions with the person had amended the décor in their room to be more appropriate. They had also reviewed their handbook and pre-admission assessment to help the discussion start earlier for future people coming to the home.

Staff all said there was a family atmosphere at the service in relation to people, their families and the staff team. Comments included, "Home from home, our family...safe environment, we provide everything you could wish for, it is their home", "Everything is here for them, 100% looked after, we keep them safe, food is top quality. Families can go away without worrying they know they are well looked after" and "Everybody is

so friendly, happy, helps each other out, like a big family, can mix easily never an atmosphere here."

People's relatives and friends were able to visit without being unnecessarily restricted. People and relatives said they were made to feel welcome when they visited the home. One person said, when asked, "very much welcomed by staff. They always make you a cup of tea or get you anything you need."

A national care homes review website had received seven reviews, four from people using the service and three relatives. They scored 9.8 out of a possible ten, with everyone saying they would be extremely likely or likely to recommend The Old Vicarage. Comments from people included, "I have been treated as though I am the only one. Really special.", "I am extremely well looked after by very nice staff. It is a nice house and the food is good" and "The staff are extremely sociable and helpful. Food is tasteful and plentiful, the home is comfortable, sociable and manageable."

## Is the service responsive?

### Our findings

The service continued to be responsive.

People were provided with personalised care to meet their assessed needs and preferences. People received care and support that was responsive to their needs because staff had a good knowledge of them. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered.

People had a care plan in place and relevant assessments had been completed, from initial planning through to on-going reviews of care. Care files included information about people's history, their likes and dislikes and how they liked to spend their time. Care records were organised, easy to follow and contained useful detail. They were broken down into separate sections, making it easier to find relevant information. Staff knew about people's lives, their families and what they enjoyed doing. They said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Staff ensured people were involved in their monthly reviews to ensure they were happy with the care they received. One person said, "Once a month (registered manager) comes around and goes through everything. . .your weight, blood pressure, and any problems that you have."

There was a staff handover meeting at each shift change. This helped ensure staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The registered managers had ensured AIS was at the heart of the service. Each person had an accessible information card completed on admission and placed at the front of their care file. This enabled staff to be immediately aware of their communication needs and preferences. The registered manager recorded in the provider information return (PIR), "The accessible standard forms part of our pre-assessment and each resident has an 'accessible information and assistive technology assessment' to work out if interventions, equipment or technologies will assist them and if the person wishes to engage with them."

We saw numerous examples of where staff had supported people to access information. For example, one person who was registered blind, had been given a dictaphone and each month the activities coordinator recited the contents of the provider's newsletter. This let them know the events and activities in the home for that month. Another person had significant hearing loss. Staff supported the person to access a company who specialised in auditory technology. This resulted in them having a hearing aid which could be directly connected to the TV or telephone. For another person, staff had created flash cards to use for specific

questions such as requests for drinks and food, alongside a notebook for other questions that staff and family would like to ask. For another person unable to read text, they had provided a magnifying screen and large print text documents.

People were kept up to date about what was happening in the home. The provider produced a monthly newsletter with a diary of events, information about what was happening at the home and poetry, which people said they found useful. Comments included, "We have a newsletter so I ask what's on today" and "The first day of the month we have a typed programme of what's happening every day. People in wheelchairs get taken upstairs and downstairs."

The Old Vicarage looked after people who were at the end of their lives. The registered managers and staff were committed to ensuring people experienced end of life care in an individualised and dignified way. They recorded on the PIR, "Supporting people at the end of their lives is a privilege and we treat it as an important life event, to be planned and implemented according to wishes. Staff train with the local hospiscare team and we work closely with specialist nursing staff to deliver smooth, caring and calm transitions with appropriate support to family and friends. Religious and personal beliefs are respected before and after death." At the time of the inspection no one was receiving end of life care. However, numerous letters expressed families gratitude that the service had successfully provided compassionate care at the end of people's life. Feedback included, "Her end of life care was just as it should be; warm, genuine, compassionate and of course with some humour" and "You attended her with professionalism, sensitivity, respect, humour and love. Visiting [name] always felt like visiting a big family, of which she became a part. You worked seamlessly with Hospiscare and the local NHS to provide a total care package. All this contributed to us knowing that, when she eventually passed away, she had the best possible care."

People had opportunities to take part in activities which they enjoyed and which met their abilities and interests. The service employed an activity co-ordinator. They knew people well and ensured activities reflected their preferences and interests.

People were free to choose what they took part in. Staff promoted inclusion and empowered people to do activities, hobbies and interests. For example, a staff member sat next to a person with sight impairment and explained each of the moves during keep fit sessions.

People talked to us with enthusiasm about the activities they had enjoyed. "I go to art and crafts, keep fit, active sport (exercises and games), two different sorts of quizzes, a harpist comes, and [name] runs an afternoon of classical music... This afternoon a man is coming to play the pianola and we sing songs. We do flower arranging for the home. We have entered things in the Otterton flower show", "They take us on outings. We went to the Pavilion in Exmouth for a cream tea, we went to Bicton Gardens" and "I know there are plenty of things going on... I go to the musical things, keep fit. I love going outside for a walk... It's easy to make friends here." One person told us, "On Sundays, before lunch, we have a sherry meeting and staff always come. We have photographs and talk about news events, and sometimes the dog comes."

The provider provided an enabling service. They told us in the PIR, "We have a team of care staff who provide exclusive enabling time with their allocated residents during the afternoon to assist them to participate in the planned activity or if not wanting to attend, spend time with them individually for social, psychological and mobility assistance... They are pro-active in providing inclusive activities and promoting our resident's inclusion within community life. Enabling is offered as part of the care package and involves trips out at no extra cost."

The staff arranged numerous events at the home. These included the annual fete, harvest festival and

twelve-night celebrations. The registered manager said they involved people in the planning and setting up of the events to make them feel involved and included. For example, making decorations.

Arrangements were in place to ensure people's concerns and complaints were investigated, responded to and used to improve the quality of the service. The registered manager felt complaints were a way to constantly improve. They said in the PIR, "We do not 'punish' complaints but we see and treat them as a positive interaction and the most important way to improve what we do. For example, following our quality assurance (QA) survey this year, we ascertained a number of themes for improvement."

The registered manager had dealt with concerns and complaints in the same manner and in line with the provider's policy and had made changes as a result. There had been no formal complaints raised with the service since the last inspection. People and their relatives said they would speak with the registered manager or staff if they had any concerns. Comments included, "I have just had to ask for smaller meals. I've never had a complaint" and "No complaint" and "I would speak to [registered manager]."

# Is the service well-led?

## Our findings

The service continued to be well-led.

The service has two registered managers'. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Since our last inspection the provider had recruited a second registered manager to work alongside and support the registered manager who is one of the directors. The provider actively involved people at the home in the recruitment process of the new registered manager who registered with CQC August 2018. The registered managers were also supported by the two directors/owners who were at the home several times a week and a business and premises manager.

The directors were visible in the home and were liked and respected by staff, people and visitors alike. Each Sunday the directors or the registered managers hosted a sherry morning for people. The provider's ethos and philosophy was "The Old Vicarage and its gardens, belong to the residents who have chosen to make it their home. We are here, as a team, to watch over the home, to make sure that we provide holistic care, in a friendly, family atmosphere. Our residents are treated like our extended family, and looked after in a way we would wish for one of our own family members." All staff followed the provider's values for the service and put people first.

People received good quality care because the registered managers set high expectations about standards of care and led by example. They said in the PIR, "We truly value our staff and recognise that it is them and their devotion to our residents that makes the home so special... We are open, visible and approachable... We promote an inclusive culture which respects diversity while maintaining human rights."

People and staff said the registered managers were approachable and listened. Comments included, "(Registered manager] works his socks off. There's not a single person I could possibly criticise", "They are all marvellous. They are very helpful", "Very easy to contact. You can always ask for them. On Sundays, before lunch, we have a sherry meeting and staff always come. The managers sit and mingle" and "Lovely lady, I couldn't wish for better employers."

There was an open philosophy at the home was inclusive to people and staff. The registered manager told us, "We do all that we can to avoid a blame culture. We accept that there are risks involved in social care, but our collaborative approach means that we aim high but if we fall, we fall together. We learn from our mistakes, but we do not let things that do not go so well paralyse us." Staff were involved in day to day decision making at the home and at staff meetings. Clear lines of communication had been established between the registered managers and the staff team and a number of communication methods had been developed. These included regular team meetings, supervision, and daily handovers. Staff said they were well supported by the registered managers.



People were encouraged to give feedback to the providers regularly through residents' meetings/forums and questionnaires. The last questionnaire sent out showed a high percentage of satisfaction with the service. Any suggestions given at meetings were looked at and actioned. People said they felt their views were listened to. Comments included, "We are asked our views. I just go along with what's going on" and "I have always been. We are able to discuss whatever we feel needs discussing and put our grumbles. Some time ago there was a little bit of grumble about the water jugs, and we very soon had a new set of water jugs. They changed the little milk pots to china because they pour better. We always get the minutes." The registered manager told us, people said they felt the home needed a dog. The registered manager took this on board and they decided to get a dog who was a regular visitor to the home.

The registered manager submitted a provider information return (PIR) which described what the service did well and what improvements were planned. For example, "We have been innovative with our visions and values, actively involving people in their creation. We asked our staff 'What makes the Old Vicarage a special place?' Their answers (discussed and approved by residents) became our revised ethos and philosophy."

The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as GPs, district nurses and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support the care of people living at the service. All professionals contacted said referrals to them were appropriately and that staff were keen to learn and followed their suggestions.

Arrangements were in place to monitor the quality and safety of the service. The registered managers, deputy manager or care coordinators completed regular audits, for example health and safety; medicines and infection control checks. Where improvement had been identified, these had been addressed.

Accidents and incidents were reported and lessons learnt when things went wrong. The registered manager reviewed all accidents and incidents to ensure all appropriate steps were taken to minimise risks. The registered managers had a system where they were able to look for trends and patterns.

The provider was keen for the home and people living there to be an integral part of the local community. Several of the people at the home were from the local area and had family and friends who visited regularly. They told us, "We are lucky to be positioned in a small but vibrant community and we aim to position ourselves as relevant and important within it, nurturing relationships with community groups and businesses. We do this via a combination of hosting events and parties that invite the community in and by engaging with community projects, events and societies. We actively represent and promote our residents in the community so that they can be enabled to participate in manageable and meaningful ways."

The registered managers always tried to use best practice and keep up to date with current guidance. They were members of Skills for Care, registered managers network and The National Care Association and National Association for Providers of Activities for Older People (NAPPA). They attended conferences by the Royal Nursing Home Association and Skills for Care. They told us in the PIR, "This year we have concentrated our efforts to finding good practice initiatives to best suit our home and give us the recognition that we work so hard to achieve..." "We found they had arranged training for staff in the end of life gold standards framework training and were looking to implement the Eden alternative philosophy (seeks to address loneliness, helplessness, and boredom) principles into the home.

The registered manager told us they had been nominated and shortlisted for best care home southwest, best catering team and life achievement award for the owners in the Caring UK Awards and were awaiting the outcome.

In November 2017 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

The provider is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We found notifications were made in a timely way and that appropriate records were maintained.

It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last inspection and a summary of the report was on display on the main noticeboard at the service and highlighted on the provider's website.