Craigdale Care Limited

The Old Vicarage Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection.

The Old Vicarage Residential Home is a care home that does not provide nursing care. People's nursing care needs were being met by the district nursing team through the GP practice. The home can accommodate up to 37 people. At the time of our inspection there were 36 people living in the home with one vacancy. The service

Summary of findings

supports older people who may live with a dementia. The home has three double rooms and 31 single rooms, some have ensuites. The double rooms have screening available to give the occupants privacy.

The home does not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. However, a manager has been appointed in April 2014 and they have made an application to become registered with us.

There were no breaches in regulation but we have asked the provider to make some improvements to the service that people were receiving. This included how the staff record best interest meetings where a person lacks capacity whist these were happening the outcome could have been better documented. Some people did not have access to a call bell because of the position of their bed. This should be recorded in the person's care plan to include what actions staff were taking to ensure care was responsive to people's needs. We have also asked the provider to ensure the signage in the home was appropriate for people who have a diagnosis of dementia which may assist in them moving independently around their home. The provider told us that they were providing more training to staff on dementia and a plan to improve was in place.

People told us they were well cared for and staff treated them with kindness. However we saw during a keep fit session people were being instructed with "you must" and "you will" in a brusque tone. The provider addressed this immediately with the member of staff. Regular activities were taking place to keep people socially active and involved in the home. There were good links with the local community and there were no restrictions on visitors to the home. Relatives we spoke with were generally positive about the care and support. People looked well cared for.

People were supported by sufficient staff. Staff had received some training that was relevant to the care needs of the people they were supporting. This included some training on supporting people with dementia. However, training had been identified and was being planned for staff in dementia care and pressure area management.

Summary of findings

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

People and their relatives were involved in making decisions about their care and support. Where people lacked mental capacity decisions made on people's behalf could have been recorded more clearly.

There were systems in place to ensure that the home and the equipment were safe.

People were protected from abuse as there were safeguarding policies and procedures and staff were able to describe what they would do to protect people.

There was sufficient staff to support people safely and meet their care needs. Staff had been through a thorough recruitment process ensuring suitable staff were employed to support the people in the home.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The manager and provider were aware of the legislation in protecting people's rights.

Is the service effective?

Requires Improvement

The service was effectively meeting the needs of the people who used the service.

People received the care set out in their care plan and people received the support that they needed. They had access to other health professionals. Care was reviewed to ensure that it was appropriate and suitable for the individual. People were being supported to have a healthy diet and any risks were monitored.

People living in The Old Vicarage Residential Home had dementia. Some staff had completed training in this area. The signage on bedroom doors and bathrooms needed to improve to enable people better access in the home, reducing the risk of feeling lost.

Training was up to date and staff received further training specific to the needs of the people they supported. For example, some staff were trained in dementia awareness and end of life care. The provider was planning further training in the management and prevention of pressure wound care and dementia for some staff. Staff were supported in their roles through regular meetings as a team and on a one to one basis.

Is the service caring?

Good

The staff were caring. People told us they were treated with kindness and the staff were caring in their approach. Staff were knowledgeable about the care needs of the people and how each person liked to be supported.

Summary of findings

We observed people being supported by staff in the communal areas of the home. We saw positive interactions between the people who used the service and staff. People were treated by staff in a respectful and dignified manner.

The manager was able to demonstrate that they were looking to improve how people were supported at the end of their life by involving other family and other professionals. Staff spoke sensitively about how they supported people at the end stages of life.

Is the service responsive?

Requires Improvement

The service was responsive but there were some improvements to ensure people had access to their call bells.

Some call bells were out of reach of people when they were in bed. Staff described how they regularly checked people where they could not access or were unable to use their call bell. We have asked the manager to clearly record this in the person's care plan in respect of the checks that were being completed. People told us that staff responded promptly when they ask or use their call bell for assistance.

People were supported to express their views about the service provided through care reviews, complaints and resident meetings. Regular activities were planned in the home and the local community.

People's care needs were being met and the staff were responsive to their needs. Staff were knowledgeable about the needs of people ensuring the care was delivered in accordance with the care plan.

Is the service well-led?

Requires Improvement

The service was well led. There is a manager in post that has submitted an application to become registered with us. They work closely with the provider to monitor the quality of the care provided to people living at The Old Vicarage Residential Home.

People who used the service, their relatives and staff we spoke with all said they found the management team were approachable. The provider and the manager had developed links with the local community ensuring people were not isolated.

There was a staffing structure which gave clear lines of accountability and responsibility. This was kept under review to ensure it was meeting the needs of the people living at the home.

Systems were in place to review and improve the quality of the service. This included seeking the views of some of the people who used the service, their relatives and staff on the running of the service and day to day care.

The Old Vicarage Residential Home

Detailed findings

Background to this inspection

We visited the home on 15 and 16 July 2014. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They accompanied us on 15 July 2014.

The last inspection to the service was completed in January 2014. There were no concerns found.

Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We also reviewed notifications sent to us by the Provider. Notifications are information about important events the service is required to send to us by law.

We contacted Gloucestershire Council who commission the service and three health professionals to obtain their views on the service and how it was being managed.

During this inspection we looked around the premises, spent time with people in their personal rooms and in communal areas. We observed the main meal of the day in the dining areas of the home and observed some of the activities that were taking place.

We also looked at records which related to three people's individual care and to the running of the home. We spoke with five people living at The Old Vicarage Residential Care Home, five visitors, five members of staff, the registered manager and the provider. Some of the people that lived in the home were unable to tell us about their experiences of the care they received due to their communication difficulties. However, we spent time observing how the staff supported people in the lounge and dining areas of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

The majority of the people living in The Old Vicarage Residential Home needed support to make day to day decisions around their care and support. Staff confirmed they had received training in the Mental Capacity Act (MCA). MCA is a legal framework to ensure people have the capacity to make certain decisions, where they are unable to, the framework ensures decisions are made in people's best interests.

We spoke to a district nurse who told us that sometimes their advice was not always followed. They told us they had made recommendations for two people about moving the bed to the centre of the room. This was recommended to prevent damage to their skin from knocking themselves against the wall and to support staff in safe moving and handling. When we looked at the daily records for the two people, families had asked for the beds to be placed back in the original position against the wall to avoid falls. This resulted in a conflict between the advice from the visiting professional and the wishes of the family. There was no evidence that a best interest meeting had taken place involving the family, the professional and the staff from the home to ensure that the decision made was in the individuals best interest or to discuss other equipment which could be used to prevent either skin damage or falls. This meant people may be at risk from inappropriate decisions being made about their care.

Relatives confirmed they were involved in decisions about the care and support. There was no specific recording tool that provided clear guidance on this process. Staff recorded their discussions with relatives in people's daily records. This meant there was a risk decisions might not be made appropriately and the record of who was involved, the outcome and agreements were not clearly recorded.

We were told about how a person who had made a decision about the level of care they wished to receive at night. They had been assessed as having the capacity to make this decision and staff respected their wishes. This was clearly recorded in the person's plan of care and a risk assessment was in place guiding staff when this may change. For example if the person was unwell then additional checks on their welfare would need to be completed. The person had signed the risk assessment confirming their involvement. This showed people were supported to make decisions and take risks where appropriate.

Many of the people living in the home had dementia and some lacked the mental capacity to make decisions. The Deprivation of Liberty Safeguards (DoLS) provides a process by which a care home can deprive a person of their liberty in a correct way when this is in the person's best interests and there is no other way to look after them safely. The manager told us that no one was subject to a DoLS authorisation at the time of our inspection. However, this was kept under review as people's needs changed or as new people moved to the home. The manager was aware of the recent judicial review in respect of DoLS and was intending to submit applications for some of the people. They were liaising with the Gloucester City Council on how this could be best managed.

People told us they felt safe. Comments included "I feel safe, here, they (the staff) look after us well", "the youngsters (meaning the staff) are really good we have nothing to worry about". Relatives and friends that were visiting raised no concerns about the safety of people living in home and comments that were received were generally positive about care and support people were receiving.

The home was arranged over three floors. A passenger lift and a stair lift was in place to enable people to access all parts of their home. These were checked at the appropriate intervals to ensure they were safe for people to use. Checks were completed on the fire equipment, water temperatures and premises ensuring people were safe. Maintenance records showed there was a prompt response to any repairs that were required. Daily checks were completed on the environment as part of a daily shift handover to ensure all areas were clean and in a good state of repair.

Some people needed support with moving and handling. We saw staff assisting people using moving and handling equipment appropriately, such as a hoist. Two staff were observed supporting the person and they were clearly explaining what they were doing ensuring the person was moved from their chair to a wheelchair. We were told that where a person needed assistance using a hoist two staff were always involved ensuring the person's safety. Routine checks were completed on the moving and handling equipment by an external engineer. Care documentation

Good

Is the service safe?

provided guidance for staff on what equipment should be used to move people safely. Staff told us there was sufficient equipment in place to enable them to assist people with moving and handling.

People told us they knew who to speak with if they were unhappy or not safe. Staff told us they had completed training in safeguarding adults and were aware of what abuse was and who they must report this to. Staff confirmed they would have no hesitation in reporting concerns to the manager or senior care staff and these would be responded to promptly. They were aware of the home's whistleblowing policy. The manager and the provider were able to demonstrate that where allegations of abuse had been made these had been reported to the appropriate organisations and investigated to ensure people were safe.

There were safe recruitment and selection processes in place to protect people living in the home. We looked at the files of three newly recruited staff. The files contained relevant information showing how the manager had come to the decision to employ the member of staff. The manager told us they had been actively recruiting staff since starting work as the manager. We were told there was one vacant staff post and three new staff were planned to start once all the appropriate documentation had been received.

We looked at the staffing rotas for the last two months. There was a minimum of six staff working in the morning, five staff in the afternoon and three staff working at night. The provider told us they were reviewing numbers at night to ensure this was appropriate, taking into consideration people's needs and fire evacuation procedures. There were also housekeeping, laundry and catering staff. This enabled the care staff to focus on the care of the people living in the home. Each shift was led by a senior member of staff who organised the staff to ensure that people's needs were being met.

Five relatives and five people said they felt there were enough staff to meet people's needs. We observed staff supporting people in a calm manner and call bells were answered promptly indicating there were sufficient staff on duty.

Requires Improvement

Is the service effective?

Our findings

Many people living at the home were living with dementia which meant their needs were likely to change due to their condition. Staff described how they kept up to date with the changing needs of people. This included daily handovers where staff met between shifts to discuss the care needs of people, at team meetings and reading people's care plans. They told us they took advice from visiting professionals such as the GP, district nurses or occupational therapists to enable them to meet people's changing needs.

Relatives confirmed they were informed of any changes to care and asked their views on the care and support that was in place. They told us life histories were shared with the staff to enable them to build a relationship with the person and assist in maintaining those memories.

We read three people's care records. People's needs had been assessed before they had started living in the home. This had involved family, health and social professionals and the person. From this assessment each person had a care plan covering all areas of need and specific assistance they may need in supporting them with their dementia. This enabled staff to effectively meet the needs of the people. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care. These had been kept under review on a monthly basis. We observed staff supporting people in accordance with their care plan. We were told annual care reviews took place involving the person and their families or if needs changed. Records were maintained of these meetings. Relatives confirmed they were involved in these reviews.

People had access to a GP. We spoke with the GP prior to our inspection. They told us they did not have any concerns about the service and they visited twice a week or more if required. People told us they could access the GP when required and staff were prompt at seeking medical assistance. Staff and the manager told us people were supported to see a dentist, optician and a chiropodist. We were told people could choose whether to retain their own dentist and optician or take up the service that was offered by the home. Where people had been seen by a visiting professional staff had recorded any treatment or follow up required.

Some people needed support with moving and handling. Where people required support advice had been sought from professionals such as occupational therapists and physiotherapists. Their advice had been recorded in people's daily dairies and the manager then had updated the care plan. Staff also recorded this information in a visiting professional's communication book to enable the manager and team leaders to have access to this information promptly. Some people needed to use walking aids these were clearly labelled with the person's name. Staff were seen looking for a person who had decided to go for a walk without their walking frame. Staff politely reminded the person of the importance of using their walking aid which would enable them to walk safely and prevent falls. The labelling of the equipment meant staff could ensure people had the correct aids to assist them.

Some people in the home were at risk of pressure wounds. Staff clearly described how they supported those people at risk including ensuring appropriate equipment was in place. Staff recorded the support people required to relieve pressure, for example one or two hourly turning charts. We were told district nurses visited the home at least three or four times a week to treat any pressure wounds and advised the staff on what equipment should be in place. This included pressure relieving mattresses and cushions. Their advice had been recorded in the plan of care.

Some people were sat on these cushions as a means of prevention. We observed a person refusing to sit on their cushion. We heard staff explaining the importance of the cushion in the prevention of pressure wounds. The manager told us they were planning to discuss this with the district nurses to see if there was anything else they could use to ensure the care was effective.

Some people needed support with eating and drinking. Where people were at risk of malnutrition, food and fluid charts were maintained. The manager checked the monthly weights and we were told these were shared with the GP. Staff were aware of people's needs and where additional support was required. Care documentation was in place to guide staff on the support needs of people. We observed people being offered a choice of drinks throughout our visit. A relative told us since their family member had moved to the home, they had gained weight which had enabled them to be more mobile and they were

Is the service effective?

much more alert. They told us this was because the staff were encouraging good fluid and food intake and this was having a positive effect on their relatives dementia and general wellbeing.

We observed people being supported with the lunch time meal. The meal was relaxed and unrushed. Where people required assistance this was done sensitively and at the pace of the person. Staff were sitting alongside the person explaining what they were eating and offering encouragement. There were three dining areas where people could eat their meals. The manager told us one of the areas was for more independent people and the other two areas people required varying degrees of support. The staffing in each area reflected the support people required. The meal time was well organised ensuring people's food was hot and served to them promptly. We saw a person go to the kitchen with their plate and to get their dessert which encouraged them to be independent and maintain more control over their life. There was a choice of cold drinks on the table to have with their meal and everyone was offered a choice of tea or coffee after their dessert.

A visiting relative told us they often visited over the lunchtime and where people did not eat what they were initially offered they were always offered alternatives. They told us staff went through a list of alternatives to ensure it was what the person wanted. We spoke with the catering staff who told us they could always cook an omelette or prepare a sandwich or salad if a person did not eat what was on offer. The cook told us they had a list of people's likes and dislikes and were aware of any special diets for example where people had lost weight, were vegetarians or diabetic. The cook told us they spent time with people discussing what they would like on the menu and this was discussed at resident meetings.

We looked at the training staff had completed. Staff completed induction training when they first started working at the home. During this time the new member of staff completed training on health and safety, safeguarding and moving and handling. They were provided with information about the key policies and procedures of the service and introduced to the people they were supporting. Staff confirmed they completed this and shadowed more experienced members of staff.

We spoke to four members of staff about the training they had completed. They told us there was 'enough' training available to them including health and safety and training relevant to the needs of the people they supported. This included training in supporting people with dementia. The provider information return stated that only 20% of the staff had completed training in dementia. We discussed this with the provider and the manager. They were able to demonstrate that all staff completed some dementia training during their induction. This included watching a video, reading training materials and talking about how dementia may affect a person. Some staff (20%) had then completed further training from an external training provider. However, the provider told us they were trying to organise further dementia training for staff with this external training provider.

Staff told us further training was being organised on moving and handling and staff could request to attend. We saw a list of training that was available to staff which they could sign up for. A visiting professional raised concerns about support with moving and handling for one person where a slide sheet had not been used correctly. The manager was able to show us that further training was being offered to the staff involved and the care plan had been updated to give staff clearer guidance. We were also told training was being organised for pressure ulcer care and end of life with Gloucestershire's Home Care Team.

We saw that 11 out of 21 staff had completed a National Vocational Qualification at level 2 and 7 staff had completed at level 3. This has now been replaced by the Diploma in Health and Social Care and is a recognised qualification for staff working in the care sector. Two members of staff told us they were in the process of completing this. From conversations with staff they were confident they had appropriate training to support people effectively. The manager told us they kept training under review through supervisions and annual appraisals with staff.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and staff were caring. Comments included "you never get ignored here", "I am happy here, would prefer to be at home but I know that I am not safe anymore, the staff are caring and help me when I ask" and "it's a nice atmosphere here, the staff are really good and nothing is too much trouble". We did not receive any negative comments about the home from people or their relatives. Relatives told us they could visit whenever they wished and join in the activities that were organised. There was a private, quiet lounge where people could receive visitors if they preferred. Relatives confirmed they were made to feel welcome.

A Relative told us "whenever I visit my father he is always smart, wearing his tie and dressed how he used to like, the staff really do care, they know all about his past life and try to engage him in conversations". Another relative said "they look after my mother really well; I know they care for her, she can be difficult but the staff just take it in their stride and never hold it against her, they really do care and support her really well". All five relatives that we spoke with were positive about the care their relative was receiving.

Some people told us they could get up and go to bed when they wanted. Care records included information about people's personal routines. Daily records confirmed that where people could not communicate their choice this was done in accordance with their care plan. Staff described to us how people were supported in an individual way. They told us they would always ask and never assume on a person's behalf. Staff confirmed they would ask if the person was happy with what was happening, for example getting up or personal care.

We observed people being supported by staff in the communal areas of the home. We saw positive interactions between the people and staff. Staff were speaking to people in a respectful manner involving them in a variety of activities in the home including bingo, a quiz, singing, biscuit decorating and doing jigsaws. We observed people were relaxed around staff seeking them out for support and company. When staff were completing people's daily diaries at a dining room table some of the people living in the home were sat with staff talking about the activities they had taken part in.

We observed staff interacting with people throughout our inspection asking people if they were alright, could they help them and responding appropriately to requests for assistance.

However we observed some people taking part in a keep fit session. The communication during this session was not as caring as we had seen in the other activities. People were being instructed with "you must" and "you will" in a brusque tone whilst they were asking them to complete the exercises. We asked the provider to intervene as we were concerned about how people were spoken to during this session. We were assured that this was unusual and they would explore why. We were told this was a fairly new activity and the member of staff was worried that someone would get hurt. Whilst this showed some elements of caring for people, this could have been delivered in a gentler inclusive manner.

We observed staff knocking on doors and waiting for people to confirm they could enter. Bedroom doors were closed when staff were supporting people with personal care. Staff were heard asking permission to assist people, offering reassurance and explaining to them what they were doing. This demonstrated that staff respected the person's rights to privacy and their involvement.

Staff were knowledgeable about the people they were supporting. They described people in a positive way in relation to their individual personalities and how they supported them. They described people as individuals and were knowledgeable about dementia and how it affects different people. Staff told us that some people needed more time to understand what they were being told and reassurance that they were safe. From talking with staff it was evident they took the time to get to know the person, their life histories, likes and dislikes.

Staff described how they supported people with their day to day needs and encouraged their involvement in activities. We saw that one or two people remained in their beds. We observed staff checking people on a regular basis to ensure they were comfortable. Staff told us that where a person was at the end of their life a member of staff would be allocated to sit with the person when no family members were present. They explained they would ensure their dignity and privacy was respected during this time whilst meeting their day to day needs. We were told family could stay and visit for as long as they wished.

Good

Is the service caring?

The manager told us they were introducing a new end of life care plan that had been shared with them by Gloucestershire Council's Care Home Team. The documentation covered areas such as best interests, the right to treatment, funeral plans and who should be involved. We were told this had only recently been introduced and meetings with family were being organised where relevant. The manager told us that the staff worked closely with the person's GP, the palliative care team and district nurses to ensure pain levels and care were managed appropriately for the person and the appropriate equipment was in place to ensure they were comfortable.

Requires Improvement

Is the service responsive?

Our findings

When we looked around the home we viewed four bedrooms where the beds were not placed close to the call bell. This meant the person could not call for assistance if required in the event of an emergency. We discussed this with the manager who told us the person or their family had chosen the position of the bed or the person was unable to use the call bell due to their dementia or physical condition. The manager told us that everyone was checked every two hours throughout the night and where they were unable to use or access their call bell hourly checks were completed. During the day we were told people were checked hourly if they remained in their bedrooms. The manager was aware that this should be recorded in the risk assessments for those people who were unable to use their call bell but this had not been completed at the time of our inspection.

People told us that the staff were responsive to their requests for assistance. A person told us that at night, call bells were usually answered within five minutes and nothing was too much trouble. Other people told us the staff were attentive to their needs and they knew what they liked and did not like. Staff described how they were supporting people in accordance with their care plans. A member of staff stressed the importance of getting to know the person by gathering information from the person, their relatives and the care plan. This enabled them to respond to their needs especially where their dementia meant they were unable to express what they wanted or needed.

People were engaged in a number of activities during the course of the day including keep fit, a quiz, a knitting group and singing. On the second day of our inspection people were involved in biscuit decorating, bingo and doing jigsaw puzzles. One person said there are always activities being organised and they could choose whether to join in or not. People told us that the local church visited at least once a month and a hairdresser visited twice a week. Activities were displayed on the notice board in the home and records maintained of what activities had taken place. The home employed an activity co-ordinator to assist in the organising and planning of activities. We were told that trips had been organised to the theatre, boat trips and walks into the village or around the garden. Relatives confirmed these trips had taken place. Meetings were held with people who used the service to seek their views on the activities that were organised ensuring the service was responding to the social needs of people who lived in the home. Where people did not like to participate in group activities, individual sessions were organised for those people. Staff told us these were based on the interests of the person.

Some people living in the home required assistance or reminding to use the toilet due to their dementia. There were 38 people in the home at the time of our inspection. We asked staff how they could be assured that no one was overlooked. The staff explained to us they had been allocated a small number of people to assist whether that was just reminding them or supporting the person to access the toilet. They told us they then signed a chart which was checked during the day by the team leader to ensure that no one was missed. Staff told us that the care plans described the varying levels of support people required.

There was a complaints policy and procedure. This was clearly displayed on a notice board where people who used the service and their relatives had access. It contained contact details for the Care Quality Commission and Gloucestershire Council and the management team. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed. We looked at the complaints log and where there had been complaints since our last inspection, we found that people had been listened to. The records included the nature of the complaint, the investigation and the outcome. We found complaints had been responded to within the agreed timescales. Relatives told us they have not had any reason to complain but would know how to if necessary. They said they were confident if they had a complaint it would be dealt with appropriately by the manager or the provider. A relative told us that they had raised concerns in the past and they were happy with the outcome and felt this had been addressed.

Requires Improvement

Is the service well-led?

Our findings

The provider told us they visited the service on a daily basis and worked alongside the newly appointed manager. They told us they were planning to reduce this frequency once the manager was registered with us. They showed us how they regularly checked the quality of the service by looking around the home, speaking with people who use the service, their relatives and staff. Staff confirmed the provider was often in the home and was approachable.

People we spoke with about the management of the home spoke positively. One person told us "The manager is so helpful. She's very good. I think she's got the respect of the girls (staff)". Relatives we spoke with confirmed that the manager, staff and the provider were approachable. They were aware who to contact and told us they felt the staff knew their relative well and kept them informed. We observed the manager and the owner speaking with people who used the service, their relatives and staff demonstrating they were open and supportive to staff and people who used the service.

People's views were sought through an annual survey. The last annual survey was completed in December 2013 by some people who used the service or their representative. The results of the survey had been made available to people in the entrance of the home. This included information about any actions that needed to be taken to improve the service. The survey showed that generally people were happy with the support that was in place. Surveys were also sent to staff and visiting professionals this enabled the service to gain their views on the service provided. Other ways of seeking people's views were through care reviews and resident meetings. This enabled them to voice their opinion about the service.

Strong links had been built with the local community. People told us about how they had recently been to the local primary school for an afternoon of activities. We were told how some local people were invited into the home to provide entertainment to enable people in the home to maintain links with the local village and wider community. We were told local musicians visit the home on a weekly basis. Other activities included using the small village café that was situated on the village green. Staff told us they would like to improve these links by going out into the village more regularly. We were also told the local vicar regularly visited the home.

There was a staffing structure which gave clear lines of accountability and responsibility. There was always a senior care worker on duty who took a lead role in directing the team to ensure people's care needs were met. The senior care worker was responsible for ensuring the care staff knew what their role was for each shift. We were told that daily handovers take place to ensure important information was shared and to delegate areas of responsibility. Staff told us that they could always contact the provider or the manager for advice and support if they were not working in the home.

Staff told us about improvements that had recently been made to the structure of the staff team. Senior team leaders were now allocated a small group of staff who were then responsible for about 18 people living in the home. Staff told us that this meant they could concentrate on getting to know people better and they knew who to go to discuss any concerns in relation to the care of individuals. The team leader ensured that people's needs were being met and checks were completed on the person's belongings. We were told that team leaders would ensure that family were kept informed of any changes to the person's care.

Staff meetings were organised on a two monthly basis. Minutes were kept of the meetings which included the topic discussed and any action that was required. Staff confirmed that these meetings took place and were a forum for open discussions where they were asked for their views on how the service was running. The minutes showed that areas of improvement were discussed to ensure staff were aware of any actions that were required. Staff told us that since the new manager had been in post they were making improvements in a number of areas. This included care staff being involved in organising activities for people living in the home, care planning and improving communication between staff.

Resident Meetings were held on a monthly basis with discussions recorded. Less apparent was who attended the meetings to show who had participated and to plan ways of consulting people who had not. The manager has agreed to address this and ensure there was a record of who attended. The minutes demonstrated that people were asked for their opinion on activities in house and the community and menu planning. There were no system in

Requires Improvement

Is the service well-led?

place to gain the views of the people who did not attend the meeting in respect of activities and menu planning. This meant not everyone had been consulted about the running of the home and their views sought.

The manager checked the quality of the service on a regular basis by looking at care plans, speaking with staff and people, looking at other records including staff supervisions, training and completing monthly audits on the medicines. Records were in place confirming these audits were taking place including any actions that were being taken in respect of any shortfalls. We also saw a community pharmacist had completed an audit on the medications. Their report stated 'medicine management was well organised' and the staff were recording appropriately medicine administration including following specific guidance on the recording of controlled medicines.

The manager and provider had recently implemented a new system of supervising and checking staff's competence. This covered specific areas of care that staff were involved in, for example supporting people with meal times, moving and handling, medication and personal care. Each month the staff member was checked for their competence in a specific area and areas for improvement were identified. There were records that the manager could audit to ensure that staff had received these checks. The manager told us this was to ensure staff were aware of their roles and were working in accordance with the policies and procedures of the home.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed on a monthly basis by the manager. The manager compiled a report on the incidents that had occurred including any action that had been taken to reduce the risks of the incident reoccurring. The report included who else had been informed. From the report we could see the manager had informed us of accident and incidents in accordance with the legislation.