Vicarage Nursing Home Limited

The Vicarage Nursing Home

Inspection report

The Common
Bayston Hill
Shrewsbury
Shropshire
SY3 0EA

Tel: 01743874030
Website: www.ephraimscaregroup.co.uk

Date of inspection visit:
14 December 2017

Date of publication:
27 March 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 14 December 2017 and was unannounced.

At the last inspection in November 2016 we rated the service as Requires Improvement. At this inspection we have changed this rating to Good.

The Vicarage Nursing Home provides nursing care to up to 52 older people, most of whom are living with dementia. At the time of our inspection, 36 people lived at the home.

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

People's bedrooms are on the ground and first floors and these are accessed by stairs or a passenger lift. People have access to communal areas within the home and access to the home's gardens.

No registered manager was in post. The last registered manager had deregistered with us but was now continuing at the home. They had re applied to be registered with us and their application was being assessed at the time of our inspection. They were present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received training in and understood how to protect people from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

Risks to people were assessed and kept under review, and staff acted to manage identified risks safely.

Medicines were managed, administered and stored safely. There were systems in place to ensure people were protected from the risk of infection. Accidents and incidents were recorded and acted on appropriately.

People were supported by sufficient numbers of staff to safely meet their needs. Although some agency staff had been used recently, they understood how to support people safely. Checks were completed on potential new staff to make sure they were suitable to work with people living at the home. New staff were waiting for these checks to be completed before they commenced work at the home.

People's needs and choices were assessed. Staff had the skills and knowledge to understand and support

people's individual needs and support them effectively. These skills were kept up to date through regular training and staff were also supported in their roles by managers and their colleagues.

People's consent was sought by staff before they helped them with any care or support. People's right to make their own decisions about their own care and treatment was supported by staff. Where people were unable to make their own decisions these were made lawfully and in their best interests.

People's nutritional needs and preferences were met. Staff worked with other health and social care professionals as required to deliver effective care and support to people.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and made sure they understood information that was given to them. People were treated with dignity and respect.

People received care and support that was responsive to their individual needs. People were encouraged by staff to express their views, preferences and wishes in regard to their care, support and treatment. Pathways were in place to help ensure people received appropriate support at the end of their life.

People and their relatives knew how to raise concerns or complaints. They were comfortable to do so and felt staff and managers listened to them and took action as needed.

The improvements to the service since the last inspection were reflected on by the relatives and staff, who praised the leadership and management of the home. Staff were confident in their roles and received the support they needed to provide good care. Systems were in place which continued to identify and drive improvement within the service provision.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People were protected from abuse, discrimination and avoidable harm. Risks to people's safety were identified and measures were in place to help reduce these risks. There was enough staff to respond to and meet people's needs safely. People received their medicines safely and when they needed them. Appropriate measures were in place to protect people from the risk of infection.

Is the service effective?

Good

The service was effective.
People's needs and choices were assessed. Staff had received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so. People received the level of support they needed with eating and drinking and had access to other healthcare professionals and teams to ensure care and support was effective.

Is the service caring?

Good

The service was caring.
People were cared for by staff they were familiar with and had the opportunity to build positive relationships with. People were kept involved in their own care and treatment and staff treated people with compassion, kindness, dignity and respect. Staff understood people's needs and personalities.

Is the service responsive?

Good

The service was responsive.
People received care that was personal and individual to them and their needs. People and their relatives understood how to raise concerns and complaints with the provider. Pathways were in place to help ensure people received appropriate support at the end of their life.

Is the service well-led?

Good

The service was well led.
A positive and person centred culture was promoted by

managers and staff. The manager and staff worked effectively with other agencies and organisations. Managers and the provider monitored and kept under review the quality of service provision to help identify and drive improvement throughout the home.

The Vicarage Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 14 December 2017 and was unannounced.

The inspection team consisted of two inspectors and one 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.

The provider had 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.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the organisations that commission care from the service, the local authority and Healthwatch for their views about the home.

During the inspection we spoke with four people who lived at the home and nine relatives. We spoke with 15 staff which included care and nursing staff, housekeeping, kitchen and maintenance staff, the manager and a senior manager. We viewed five care records, six medicine records and records relating to how the service was managed.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We 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.

Good

Is the service safe?

Our findings

At the last inspection we rated this key question as requires Improvement. This was because we saw poor staff practice around moving and handling. At this inspection we have changed this rating to Good.

We saw staff worked as a team and with confidence when supporting people with their mobility. People were told what was happening by staff and we saw they were relaxed and comfortable when staff helped them to move around the home. We observed safe moving and handling practices throughout our visit and staff recognised people's individual mobility support needs. We saw two staff encouraged one person to walk with their support. However, they quickly realised the person was tired and so asked if they would like to use the wheelchair. Two staff were qualified as moving and handling trainers. The manager confirmed that since the last inspection all staff had received refresher training in moving and handling. They told us there had been on-going concerns with staff practice and therefore disciplinary action had been taken when staff practice compromised people's safety.

People told us they felt safe living at The Vicarage Nursing Home. One person told us, "I have been very happy here and everyone is good to me. I feel safe with these girls [staff], they look after me." Relatives confirmed that they were happy their family member was safe from abuse and were treated fairly by staff. One relative said, "I have nothing but praise for this place and how they care for everyone. I know [person's name] is safe, secure and well looked after. I visit twice a day, every day and I see how good it is here. I have no worries at all about things when I am not here."

People were protected from the risk of abuse, avoidable harm and discrimination by staff who were able to recognise and knew how to report signs of abuse. Staff confirmed that if they witnessed any abuse or discrimination they would report the incident to the management team.

The manager and nursing staff sought advice and guidance from the local authority to ensure people's safety where concerns had been identified or received. The provider had procedures in place to ensure any witnessed or suspected abuse was reported to the appropriate external agencies, such as the local authority. Where required, concerns were investigated and actions taken to prevent reoccurrence. Our records show that where any allegation of abuse had been reported the provider took the appropriate action, followed local authority safeguarding procedures and notified CQC as required.

People were supported by staff that assessed, monitored and understood the risks associated with their care. We saw that risks to people's health and wellbeing were routinely assessed, monitored and reviewed. These included risks assessments for people's mobility and any aids needed and their nutrition and skin care. These risk assessments provided guidance to staff on how they could minimise the identified risk and were reviewed regularly. Where people had bed rails in place we saw assessments had been completed to establish if these were the most appropriate aid to help people keep safe whilst in bed. People and their families were consulted about the most appropriate ways to keep them safe. This helped to ensure people's rights and wishes were respected and they were involved in the decision making processes. Some people had been assessed as at risk of skin damage. We saw plans were in place to help reduce this risk and to

identify and manage any wounds. Nursing staff provided any wound care required and the community tissue viability nurse was referred to for further advice and guidance as needed.

Some people became anxious living at the home and required help to manage their anxiety. Staff we spoke with understood how to recognise people's anxieties and helped them to remain calm. They had access to management plans to support people with this and kept these plans under review. One relative told us their family member could become aggressive at times. They told us staff were "wonderful" with their family member in helping them to calm down. They said, "The staff are attentive and they keep [person's name] safe at all times. They know how to calm [person's name] down. They know just what to do in these circumstances and do it with care and kindness and in a safe manner." Where people required one to one support from staff we saw this happened. We saw the staff member did not restrict this person in any way and respected the space they liked to have around them. The person was involved in conversations when other staff members stopped to talk and was supported to do and go where they wanted to within the home. One staff member said, "We have to understand people's behaviour and what affects it. It is their dementia that is affecting it. We have to monitor their environment for them sometimes and maybe keep them away from loud noises or crowds when they do not like this."

We saw that people had personal emergency evacuation plans in place. These detailed the support people would need to evacuate from the home in the event of a fire or any other emergency. We spoke with the maintenance staff member who confirmed portable electrical equipment was checked yearly along with required checks for maintaining the safety of equipment within the home.

People and their relatives told us they thought there were enough staff throughout the home to meet their needs safely. We saw there was enough staff during our visit to keep people safe and protect them from any avoidable harm. Staff told us there was plenty of staff on each shift. Nursing and care staff told us that although they were allocated to a specific floor to work on, they would support where needed throughout the home and worked as a team to make sure people got the support they needed. On the day of our visit there were two agency care staff working. The manager confirmed that they were waiting for new care staff to start work following recent staff dismissals. They were using agency staff whilst these new staff had their background and employment checks completed. The manager told us they used the same agency and so were able to use staff who were familiar with the home and the people they supported. This was confirmed by the agency staff we spoke with.

Agency staff told us they always worked with a permanent member of staff who gave them direction during their shift. They confirmed that when they first started working at the home they had received information about people's individual needs. They also told us that other staff had supported them to understand people's needs, this included people who could have behaviour which challenged

People were supported by staff who had received appropriate checks prior to starting work with them. We spoke with two new members of staff about the checks that had been done prior to them starting work at the home. They both confirmed that the provider had requested their previous employers to provide references for them and had completed identity checks. They told us they had not been allowed to start work until checks on their background had been completed to ensure they were suitable to work with people who lived at the home. These checks are called disclosure and barring service checks.

People received their medicines when they needed them and as they had been prescribed. We saw nursing staff were patient and gentle when supporting people to take their medicines and encouragement was given as needed. An electronic system was used for the management of medicines within the home and access to this was restricted to staff who were qualified and assessed as competent to administer

medicines. We saw clear protocols were in place to support people with taking their medicine as they wished to. Where people required medicine to be administered only when they needed it, such as pain relief or to help with anxiety, clear protocols were in place. These protocols directed staff to recognise and understand when people might need these medicines, especially if they were not able to communicate the need.

People were protected by the prevention and control of infection and systems were in place to maintain cleanliness within the home. One relative said, "This place is always extremely clean and tidy. [Person's] room is always spotless. There are never any unpleasant smells and that's hard to maintain." The manager had appointed nursing, care and housekeeping staff to lead on the prevention and control of infection within the home. They attended meetings which were organised by the local Clinical Commissioning Group to keep up to date with local guidelines and policy. We spoke with three housekeeping staff who told us the manager was receptive to feedback and ideas in making any required improvements within the home. Staff confirmed they received infection control training. We saw personal protective equipment, such as disposable aprons and gloves, was available throughout the home and staff made appropriate of this.

Good

Is the service effective?

Our findings

At the last inspection we rated this key question as Requires Improvement. This was because when people lacked capacity to make their own decisions the provider could not provide records to demonstrate fully how they had acted in people's best interests. At this inspection we have changed this rating to Good.

All of the relatives we spoke with confirmed they were fully involved in their relatives care and care planning. They confirmed that they were notified promptly about any changes in condition or illness and that access to health care professionals was always prompt when needed. People and their relatives also felt that staff had the skills and knowledge to meet their needs.

Assessments of people's needs were completed to ensure their needs could be met by staff and the home's environment. Assessments were completed on areas such as people's physical and mental health, nutrition, personal care, communication and mobility. People's diversity was acknowledged and assessments took into account people's daily care needs, their social needs, choices and preferences. We saw advice from other healthcare professionals had been sought as required, and that this had been incorporated into people's care plans to promote a consistent and effective approach. One nurse spoke about the importance of not judging a person when they first came to the home. They spoke about the importance of looking at people holistically, especially people with dementia. They said, "We see a person come through the door, but we only see the here and now, not what they were before. Their life is their journey, not ours. They can still enjoy life; they still need to feel safe."

A daily 'stand up' meeting was held by the manager at the home. This was where key staff met to discuss and share the important information for that day and any changes or updates to people's needs. This would then be disseminated to the rest of the staff. One nurse said, "It helps us to understand what everyone is up to and keep updated on what's going on around the home." The cook told us they were kept informed of people's dietary needs and any updates following speech and language therapy assessments, which could affect people's individual nutritional needs.

Staff spoke positively about the training they received at the home. They told us they received on-going training and guidance to help them care for people effectively. One care staff said, "There's always training on the (staff) board for us to do and we can ask for more which is good." Both care and nursing staff told us there were plenty of opportunities for them to learn and keep up to date. Nurses were supported to maintain their professional registration through revalidation and accessed training relevant for them such as wound management and continence care.

New staff completed an induction and worked alongside more experienced staff when they first started at the home. One nurse told us they had found this beneficial as this gave them opportunities to learn the new systems, ask questions and get to know people and people's needs at the home. Care staff completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers must adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. The provider employed a range of staff, which included kitchen staff, housekeeping staff,

care staff, maintenance and nurses. One kitchen staff told us they received training in all areas, including dementia. They said, "We do most of the training the care staff do because we interact with the residents."

People we spoke with and their relatives, confirmed staff asked them for their permission before they assisted them with their care. During our visit we observed people were asked to give their consent to care and treatment by staff. Staff respected people's wishes and any support given was only done with the consent of the person.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications to lawfully deprive people of their liberty had been submitted appropriately and in accordance with the MCA. Staff were aware of who was subject to a DoLS authorisation but not all staff could tell us why these were in place or if they had conditions attached. We spoke with the manager about this. They told us they were disappointed as staff received on-going training in DoLS. They also told us that they and nurses completed spot checks on care staff to ask them who had a DoLS and what conditions were attached.

Staff understood the support people needed to help them make decisions and that people's capacity could fluctuate. They confirmed they had received training to improve their understanding since the last inspection. The manager told us that both care staff and nurses kept people's mental capacity under review on a daily basis as they supported them. Any concerns were passed to the nurse in charge or manager who would then look at assessing the person's capacity to make specific decisions. We saw care plans included information about people's ability to consent and how staff should help them to make day to day decisions and give their consent. Where people did not have capacity to consent to their care, the principles of the MCA had been followed and best interest protocols were in place. We saw best interest meetings were held for making decisions such as people receiving the flu vaccine, the management of wounds and the use of bed rails. One nurse told us that since the last inspection they had improved their processes to ensure this information was more accessible. When making decisions on behalf of people, the manager had ensured people's family, next of kin or Power of Attorney had been consulted. Decisions were also made with the input form the person's GP and other professional as appropriate. This helped to ensure people's rights, needs and choices were respected.

People were supported to have enough to eat and drink and maintain a healthy diet. One relative told us that their family member had a specific dietary need. They said, "The chef makes special puddings that [person's name] can have, so they don't feel left out." Relatives told us the food was always of a very high standard and looked tasty. We saw the lunchtime meal was calm, with relatives and staff sat with people supporting them with their meals. Staff interacted and were engaged with the people they supported.

One staff member told us that kitchen and care staff had attended a course on how to make and present pureed food to make it more palatable and appetising. Where people had been identified as at risk of poor nutrition staff followed the local Clinical Commissioning Group guidelines for 'Food First'. This is a specific care pathway which is followed where people are at risk of malnutrition through poor food intake. People on the pathway are identified to have extra high calorie snacks and food toppers such as syrup, honey,

peanut butter and jam. The manager told us that monthly meetings took place between managers and the home's chef to review and monitor people's nutritional progress on the pathway. Referrals were made to the dietician or speech and language therapist when needed, not just for people on the pathway but where further assessment or guidance was required to support people.

Nursing staff told us that people's food and fluid intake was monitored throughout the day by nurses and senior care staff. One nurse told us, "I check (records) throughout the day and will say to care staff where we need to offer more fluid or food. We need to be trying different foods and fluids with people and when people can't verbalise what they would like we need to be offering choice."

People were supported to maintain good health and access healthcare professionals as and when necessary. Referrals were made to people's GP and to community services as required, such as physiotherapy and occupational therapy. People saw the same GP from the local surgery to help with the consistency of their care. Nursing staff monitored people's health where they had specific medical conditions such as diabetes.

People's needs were currently met by the adaptation of the home. People's rooms were over two floors, with passenger lift access to the first floor. Improvements had been made since last inspection to continue the programme of redecoration. A wet room had been installed on the first floor, new beds purchased and there were plans for a new storage room. We saw there was pictorial signage for bathrooms and toilets and people's bedroom doors had been painted to resemble front doors to aid people's orientation. Although memory boxes were in place outside each person's bedroom door, most of these were empty. These memory boxes can help a person with dementia find their own bedroom and can aid with reminiscence. The manager told us that one person had emptied most of the memory boxes but they did have plans to ensure these were redone. There were plenty of communal and quiet areas for people and their relatives to spend time. All bedrooms were for single occupancy and people were able to personalise their rooms in accordance with their tastes and needs.

Good

Is the service caring?

Our findings

At the last inspection we rated this key question as Good. This rating continues to be Good.

People and relatives all told us that staff provided kind and compassionate care and support towards them and their family members. One person said, "I am very lucky to be here and so well cared for. Everyone is very kind to me and I love it here." Relatives praised the kind and caring approach of staff and they told us that they valued this, with one relative telling us they did not want their family member at any other home. Another relative said, "As a family we are very happy with all aspects of [person's name] care here. We know [person] is in a safe and caring environment, which is reassuring for us. We visit daily and we would know if things were not right."

During our visit we saw staff sat chatting with people and relatives. Our observations showed staff knew people living at the home well and had a good understanding of each person as an individual and their personalities. Staff listened to what people said and acted on what they said and asked. We saw positive and caring interactions between staff and people, and it was clear that staff had built good relationships with people and their relatives. We saw one staff member who was sat with one person whilst they had a drink and snack. The staff member was focused solely on the person and chatting to them in a way they could understand and respond to. The staff member gave gentle encouragement to the person to eat their snack and respected when they told them they had had enough. One staff member told us, "It is essential to good care to enjoy a positive and interactive relationship with everyone."

People told us they had choice and we saw staff involved people in making decisions about their care. Relatives told us they were also kept involved, where appropriate, in their family member's care. We saw staff encouraged people to express their views and helped them to make choices about their day to day care, such as how they wanted to spend their time or what they wanted to eat and drink.

We saw people's communication needs had been considered and communication plans were in place for people. These communication plans informed staff about the best and most appropriate ways to communicate with individual people to ensure they could make their own decisions. One person's plan encouraged staff to show the person what they meant by, for example showing them an area they may wish to sit in or a drink. The person would then indicate their choice by sitting at the table or taking the drink from staff. Staff we spoke with understood this person's communication needs and how to support them to make their own choices.

People's rights to privacy and dignity were supported by staff. We saw people were treated with dignity and respect at all times. Relatives told us that their family member's dignity was fundamental when staff supported them with personal care. One relative told us, "The staff are really excellent; very caring, considerate and kind. Nothing is too much trouble and they treat everyone with respect, observing people's dignity." Staff told us people's independence was promoted by supporting people to do things for themselves. One staff member said, "If they (people) are able to do things for themselves then let them, even if it's just holding their own cup."

We saw staff were discreet when they asked people if they needed to use the bathroom. One person who had spilt food down their clothing was spoken with discreetly and respectfully and asked if they would like to come with them to change their clothing. One staff member told us that the manager pushed standards and made them think about what they were doing and the impact it would have on people. They said, "They [the manager] has pushed the empathetic link between staff and residents to make us consider, "if that was my mother, father, loved one" with all our actions." Another staff member said, "Staff are respectful to each other. That respect then communicates into the care we give."

Good

Is the service responsive?

Our findings

At the last inspection we rated this key question as Good. This rating continues to be Good.

People's care and support was personal to them and their individual needs. People told us they received the care they needed and wanted. Where people were unable to tell us this, their relatives told us they were satisfied the care provided was responsive to their family member's needs and wishes. One relative told us, "What can I say, except excellent and great. The care here is designed around the person and their needs and that isn't easy. They do a great job and [person's name] individual needs are met and their dignity is kept intact."

People received care and support that was responsive to their personal care needs because staff had good knowledge of the people who lived at the home. Staff were able to tell us how individual people liked to be supported and what was important to them. Staff responded to people's changing needs and took steps to ensure care provided continued to meet their needs. One relative spoke positively about how their family member had improved since they came to live at the home. They told us, "This place is wonderful. [Person's name] came here 3 years ago with a month to live. They have brought [person] round and support [person] with really good care." We saw care was planned and provided in a way that benefited people and ensured they received personalised care. Where people lived with dementia, individual dementia care plans were in place which explained how the illness impacted on their lives.

We were told by relatives that the whole atmosphere of the service lifted when pets, including ponies and a horse, used as therapy visited the home. People were able to join in events at the home which included coffee mornings and singing entertainments. The manager told us supporters from a local library visited the home to lend 'ruffle' boxes. These boxes were themed such as the time of year and contained sensory and interactive items for people to engage with individually. We saw one staff member use this effectively to support one person to use a doll as a comfort and interactive item to engage with.

Staff understood that in order to provide a person centred service they needed to treat everyone fairly and equally. One nurse said, "It is important that we remember our residents as the individuals they were and still are. Even though they are now ill, they still have individual wants and caring needs which it is our responsibility to provide." The manager told us they provided care that was fair and equal for all people. The said, "We provide this through person centred care. We do not have two residents here the same, each one is an individual." The provider had policies in place for supporting people's equality, diversity and human rights and this included supporting people to express their sexuality.

The manager told us that some people needed information in non-standard formats due to sensory impairments. Visual tools were used at mealtimes to help promote choices and a new menu board had been introduced which was more prominent for people to see. Training had been provided by an external agency on how staff could improve the support they give to people with visual impairments. The manager said, "We discuss with the family members and work together to identify the best methods of communication." Although not aware of the Accessible Information Standards, we found the provider was

working within the principles of these standards. The manager told us that now they were aware of these standards they would ensure these were reviewed and fully embedded into service delivery.

Any concerns or complaints people and their relatives had were responded to and resolved. Relatives told us the staff and management were, "always open to suggestions" and listened when they had any questions or concerns. People and their relatives felt comfortable to raise concerns or complaints with staff or the manager and that these were dealt with straight away. The manager told us they viewed all complaints that were received. We saw where complaints had been made these were acknowledged, investigated and responded to with details of actions taken. This was in accordance with the provider's complaints process. Where necessary apologies were given and lessons learnt where, for example staff or the service had been at fault.

People's wishes for their end of life care were recorded in their care plans. However, we did see that this was not always completed. One nurse told us they aimed to discuss their wishes as early as possible with people and families. Nursing staff worked with people's GP if they were approaching end of life to arrange any equipment or pain relief to make sure they were comfortable. They told us the home's policy was that no one should die alone. If a person had no family or if family could not be present, then they would be supported by a dedicated member of staff to ensure they were not left alone. Staff could also access the local hospice for support, guidance and training. The local out of hours GP service could also be accessed for rapid support if needed.

Good

Is the service well-led?

Our findings

At the last inspection we rated this key question as Good. This rating continues to be Good.

Everyone we spoke with commented on the improvements that had been made since our last inspection. Relatives described the manager as "excellent" and "first class" and they had been instrumental in the improvements to the home. One relative said, "It's like a miracle has been performed. [Manager's name] has done so much for this place." People and their relatives told us they were given opportunities to express their views on the service through regular meetings held at the home. They also were comfortable to talk directly with staff or management. They felt involved in plans for improvement and that they were kept updated on what happened at the home.

Three staff we spoke with together all told us they had noticed an improvement in teamwork throughout the home. They felt the manager was instrumental in this improvement. One staff member said, "I have been here for 10 years and I have seen some changes for the better. [Manager] is marvellous as a manager, they are helpful, you know where you stand, they support you and helps with problems you may have which in turn helps us provide the best good care for our residents."

All staff we spoke with had a shared vision of wanting to provide the best possible care they could for people. They felt supported in their roles and were clear on what was expected of them in promoting good standards of care. They told us they felt they had opportunities to contribute to any improvements made within the home.

We spoke with the manager and a senior manager about the provider's plans for the future. Both told us the provider was committed to achieving outstanding care for people. Key priorities since the last inspection had been about improving staff recruitment and retention and improving staff knowledge of the MCA. The manager confirmed that following this inspection their priorities for learning and improvement would be to further embed Equality, Diversity and Human Rights (EDHR) and the Accessible Information Standards within service provision.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. The manager had oversight of all audits completed and was able to monitor any falls people had experienced and changes to people's needs. All accidents and incidents which occurred in the home were recorded and analysed. Actions taken and learning from incidents was shared with relatives and staff as appropriate. We saw a 'safety calendar' in the home's office where staff could see an overview of incidents that had occurred at the home, such as skin damage, pressure ulcers, falls or infection. The manager completed observations around the home where they would look at staff practice, people's mealtime experiences and also tasted meals to ensure quality was maintained. The provider was kept up to date with what happened at the home through senior managers within the organisation. The manager also completed daily and weekly oversight reports. The senior managers also completed quality monitoring visits and attended staff and relative meetings to keep up to date on what happened at the home.

The manager had established links with the local community and was keen to improve on this to further benefit people. Local services were utilised and the local community centre supported the home with gardening and the choir came to sing at the home. The manager kept up to date with current best practice by attending training courses and linking with other appropriate healthcare professionals in the area.

At the time of inspection, the manager had applied to register with us as the registered manager of the home. They had previously been registered with us but had withdrawn this. They were supported in their role by senior managers within the organisation who they told us they saw often. They also liaised and met with other home managers from the provider's other homes to share practice. The manager was aware of their responsibilities and in keeping us up to date with specific events that have happened at the service. These are called statutory notifications and are required by law to be submitted to us. These ensure that we are aware of important events and play a key role in our on-going monitoring of services. We saw the ratings from the previous inspection were conspicuously displayed at the home and on their website.