Astoria Healthcare Limited

Vicarage Farm Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Vicarage Farm Nursing Home is a care home with nursing for up to 59 older people. The home provides care for people who are living with dementia, other nursing needs and people who are nearing the end of their lives. At the time of our inspection, there were 58 people living at the service.

People's experience of using this service and what we found
Overall, people received their medicines safely and as prescribed. However, some areas required improvements, and these were put in place on the day of our inspection. Staff received training in medicines management, and their competencies were assessed to help ensure they could support people with their medicines safely.

The provider understood and followed the principles of the Mental Capacity Act 2005 (MCA). Where people lacked capacity, we saw the provider had applied for authorisations to deprive them of their liberty lawfully.

People using the service were happy with the care they received. Feedback from relatives was positive, and indicated they were also happy.

People were assessed before using the service, and their care and support had been planned in line with their needs and wishes. Staff knew people's needs well and had assessed risks to their safety and well-being. There were guidelines in place to help minimise these risks. People had access to healthcare services when needed and the staff communicated well with healthcare professionals to meet people's needs.

There was a range of social activities offered, and people were consulted in relation to activities they wanted to take part in. The home was clean and hazard-free. There were robust procedures for preventing and controlling infection, and the staff followed these.

There was enough suitable permanent staff at any one time who were trained and supported so they knew how to care for people. The registered manager regularly assessed staff competencies and skills. Staff received regular supervision and a yearly appraisal.

There were systems for identifying, investigating and responding to complaints, accidents, incidents and safeguarding alerts. We saw the provider learnt from these to make improvements to the service.

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

The provider had systems for monitoring and improving the quality of the service, and these operated effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 17 December 2020) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Vicarage Farm Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by three inspectors, a member of CQC's medicines team 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.

Service and service type
Vicarage Farm Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Vicarage Farm Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with five people who used the service and two visiting relatives of other people. We carried out observations to see how people were being cared for and supported. Our observations included 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.

We spoke with staff on duty who included four care workers, a chef, a housekeeper, two nurses, the deputy manager, support manager, registered manager and one of the company directors.

We looked at the care records for nine people who used the service. We looked at records of complaints, accidents, incidents, meeting minutes, quality audits and the recruitment, training and support records for five members of staff.

We conducted a tour of the environment, in particular looking at how infection prevention and control was managed and we looked at how medicines were being managed.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

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

Learning lessons when things go wrong

At our last inspection on 17 and 18 November 2020, we found the provider had failed to assess and mitigate the risks of providing care and treatment to people because they did not always operate systems for learning when things went wrong. This was a breach of Regulation 12 (safe and care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 12.

● Lessons were learned when things went wrong. The provider analysed all incidents and accidents that occurred at the service to find out what went wrong and how to prevent these from happening again in the future. They also investigated appropriately any complaints they received.
● The provider conducted debriefing sessions with staff following incidents and accidents, or any concerns and complaints received, to discuss what happened and any lessons learned, or what could have been done better. Based on these discussions, they put an action plan in place to help prevent reoccurrence.
● A member of staff confirmed urgent meetings took place after incidents to debrief and discuss what had taken place and what could have been done better. They also told us there were arranged meetings with staff about lessons learnt.

Assessing risk, safety monitoring and management

At our last inspection of 17 and 18 November 2020, we found the provider had failed to assess and take steps to prevent or minimise the risk of falling and other incidents. This placed people at risk of harm and was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 12.

● Although people were protected from the risk of avoidable harm, we found an additional safety measure was required to ensure people were safe from the risk of using stairs.
● There were two sets of stairs leading up to the first floor. Whilst there was a keypad at the top of the stairs to prevent people coming down the stairs there was none at the bottom of the stairs to prevent people walking up the stairs. Access to the stairs was through an unlocked fire door in both instances.
● We raised this with the deputy manager and operations manager who explained they had completed a

risk assessment and people who lived downstairs were always monitored by staff if they were walking about. Therefore, they felt assured people were in no danger of using and falling on the stairs. However, they took on board our comments and provided evidence the day after our inspection that they had installed a keypad on both doors.

● A person who used the service had been admitted to the home with pressure ulcers. We saw evidence and were told by a healthcare professional the person was receiving good care and was regularly repositioned in bed to prevent further skin deterioration. However, recording on repositioning charts was not always regular or clear. We discussed this with the deputy manager who put in place a more robust system with immediate effect and discussed with staff the importance of good recording. They assured us they would be monitoring this closely going forward.

● The staff had assessed individual risks to people. These included risks relating to health conditions, skin integrity, moving safely, the risk of falling and nutritional risks. The assessments were reviewed each month and updated when people's needs changed.

● The home was well maintained. There was access to a courtyard garden and an external garden, but this was secured so people who were unsafe to exit the home by themselves were able to walk about safely but unable to leave unaccompanied.

● There had been some good measures to reduce falls. Along a lengthy corridor on the first floor a padded bench had been placed so people could sit and rest as they walked about. The operations manager told us falls had reduced as a result. There were also rails on both sides of the corridors and these were clear of trip hazards.

● All of the cupboards containing cleaning products were locked and cleaning staff had locked trollies were the products in use were kept.

Using medicines safely

● Medicines were managed well and people received these as prescribed. One person told us, "Medication is normally dead on time" and another said, "I do take medication. It's normally on time." A relative commented, "They keep me up-to-date with all of the medication." However, we identified some areas for improvement.

● Equipment to monitor people's blood sugar levels was not always managed in accordance with the manufacturer's instructions, to help ensure blood glucose readings were accurate.

● Staff did not always record the use of topical medicines appropriately. In addition, staff did not always rotate the site of application of transdermal patches appropriately. These are patches that deliver a medicine overtime through the skin.

● We discussed this with the provider. Although nobody had been harmed, they took immediate action to make the necessary improvements and provided evidence of these.

● Medicines were ordered, stored, and disposed of safely.

● People were safely supported to take their medicines by staff whose competency was regularly assessed.

● Regular audits of medicines were carried out by staff to identify and address any issues.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. They told us they felt safe living at the service. Their comments included, "I've lived here for three years. I feel safe. There's always a nurse around if you need one. I've got a buzzer over there by my bed. If I need anything I'll use it. They get here quickly", "The carers check-up on me at night" and "We're checked every hour at night. There's always a nurse on duty at night." A relative agreed and said, "It's definitely safe. They're so friendly."

● There was a safeguarding policy and procedures in place and staff were aware of these. The provider worked with the local authority to report and investigate any safeguarding concerns.

● Care staff we spoke with confirmed they had received safeguarding adults training. They were able to

describe signs of abuse and understood their duty of care to report concerns. They described how they would whistle blow if necessary, but all felt the management team would always be proactive in investigating and addressing concerns.
● Staff confirmed they were expected to report any bruising, redness or pressure ulcer, complete a body map and write a report. Senior staff told us training had been provided so staff could write up and describe incidents clearly.
● There were posters displayed telling staff how they could whistle blow.

Staffing and recruitment
● There were enough staff on duty at any one time to meet the needs of people who used the service. A relative told us, "I'm very happy with the ratio of staff to residents – you can always find a staff member." The provider used a dependency assessment to determine the level of support a person required and based their staffing levels on this. Throughout our visit, we observed there were staff available to meet people's needs.
● The provider had not used agency staff since the last inspection and told us they always ensured they had enough permanent staff to cover all shifts.
● The provider carried out checks on the suitability of staff before they started working at the service. These included checks on their identity, eligibility to work in the United Kingdom, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● New staff completed inductions, where they shadowed experienced staff and their skills and abilities were assessed by senior staff. These systems helped assure the provider staff were suitable and could carry out their roles.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections. People who used the service commented, "It is kept very clean", "I'm very happy with the cleaning. The laundry is all done well" and "They're always mopping everywhere."
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last comprehensive inspection we rated this key question good. At the last inspection of November 2020, we did not inspect this key question. At this inspection the rating has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to being admitted to the service. Assessments were clear and detailed and contained all necessary information about the person, their needs and wishes.
- We saw evidence that information gathered during the pre-admission assessment was used to write the person's care plan and develop this over time to be person-centred with the involvement of the person and their relatives.

Staff support: induction, training, skills and experience

- People who used the service were supported by staff who were well trained, supervised and appraised. One relative told us, "From what I have seen I think the staff are very skilled at what they do." We saw evidence of regular supervision meetings with all the staff where a range of subjects were discussed and any areas for improvements were identified.
- New staff followed an induction process which included terms and conditions of employment, training, code of conduct and health and safety within the home. They were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The staff received regular training to help ensure they were able to meet people's needs. Training courses included, fire safety, food hygiene, moving and handling, health and safety, dementia care, challenging behaviour, first aid, safeguarding adults, infection control and MCA and DoLS. They also received training specific to people's needs such as dysphagia, communication, privacy and dignity and duty of candour.
- Staff confirmed they had received training to understand dementia and to manage people when they were anxious, angry or distressed. They spoke of techniques such as distraction and asking for support from other staff to take over or use a different approach. Staff confirmed restraint was not used in the home.
- Managers described covering various topics in handovers each week. They would give a bite sized training session, revisit and ask staff questions to help ensure they had understood and retained the knowledge.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs, food likes and dislikes were recorded and met. Most people told us they were happy with the food on offer and had a good choice. One person said, "The food is not bad. We have our own chef. There is a daily menu and there is normally a choice. There's enough to eat and you can always ask for a bit more." A relative added, "My relative has a good appetite and seems to be eating well. There are

always plenty of drinks."
● One person stated they did not always like the food on offer. We fed this back to the registered manager who immediately undertook a survey. The results of this showed an overall satisfaction.
● There were two rolling menus which gave both choices of Asian and Eurocentric meals. People chose the day before, but enough food was made to support people if they changed their mind and alternatives such as omelettes were made on request. Meals were made from fresh ingredients and were taken by heated trolley to the units. We observed food temperatures were checked by staff prior to serving.
● The chef got feedback from the staff about the meal experience and changed the menu accordingly.
● Textured meals were prepared by the kitchen. The chef informed us anyone who required fortified foods was supported by the care workers. The daily meal choice form also contained information about food preferences, allergy and textured meals such as pureed.
● We observed lunch and saw people appeared to enjoy their meals. Portion sizes seemed reasonable and food looked appetising. We observed both cold and hot drinks being served throughout the day. There was a variety of cold drinks served, such as apple and cranberry juice and squashes.
● When people were at risk of malnutrition, the provider used a Malnutrition Universal Screening Tool and where necessary, referred people to relevant healthcare professionals such as Speech and Language Therapists. Some people received input from a dietician and were prescribed food supplements.

Adapting service, design, decoration to meet people's needs
● The environment was suitable for the needs of the people who used the service. The premises were well laid out and suitable for people living with dementia.
● There was an internal courtyard nicely planted with seats so people could go outside with ease. In addition, a long pathway had been created to run around three sides of the home. This meant that people who enjoyed walking could be supported to walk safety outside.
● There was adequate signage and objects of reference to support people to find their way around the home.
● There were wide corridors with benches placed along for people to sit and rails on both sides of the corridor. There were communal lounges and dining areas, bathrooms and toilets for people's use. People had their own ensuite bedrooms.
● Additional lounges were available as quieter spaces and a sensory room had been designed for people to use. This had lights, and lit equipment used with music to give a soothing effect.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People's health needs were recorded and met. People's care plans clearly described their healthcare needs and how to meet these.
● We saw evidence people were visited by healthcare professionals and supported to attend health appointments as needed. One person told us, "A carer goes with me to medical appointments."
● Healthcare professionals involved in people's care recorded the outcome of their visits in people's records and any information or instructions for staff to follow. They included the GP, district nurses, chiropodist, Speech and Language Therapist and psychiatrist. A visiting healthcare professional told us, "It's a good care home, above average. Staff tend to know their patients and we get a good history about the person."
● The registered manager confirmed they had a good professional relationship with the local authority, and healthcare professionals who supported them and regularly visited people, such as the district nurses and the GP. A healthcare professional stated, "People's needs are met. The two people I see have complex needs and being managed well. I don't worry about people here. Their needs are met. The staff are caring. The nurses are good."

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People we spoke with told us the staff asked for their consent before providing care and we saw evidence of this during our inspection. They said staff gave them choice and respected their wishes.
- Where necessary, the provider had applied for appropriate authorisations in a timely manner, which meant people were not deprived of their liberty unlawfully.
- Mental capacity assessments were in place and regularly reviewed and the care plans clearly reflected the support people required to make decisions.
- All staff received training in the MCA and had a good understanding of the principles of the Act.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection we rated this key question good. At the last inspection of November 2020, we did not inspect this key question. At this inspection the rating has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated kindly and respectfully. Their comments included, "I am treated with respect – the staff use my name and I think they know me", "Because there are regular staff it makes a difference. I feel comfortable having personal care" and "The night staff are kind. The night my [relative] passed away they were amazing and supportive… they knew what to do. I really appreciated their kindness. [Staff names] are excellent nurses."
- Relatives thought the staff were kind and treated their family members well. One relative told us, "I have not met anyone here who is not kind and friendly" and another said, "The care is exceptional. My relative is checked every two hours to make sure [they are] clean. There has been no development of ulcers or sores. I think these are always good indications of the level of care someone is receiving." A visiting health professional told us, "Carers treat people well, I think they are a good team, never seen anyone harsh."
- The provider had an equality and diversity policy in place which included how to meet the needs of people from the LGBT+ community. Currently the service was supporting a person from the community. We saw there was a care plan in place for the person which covered how they chose to express their sexuality, and how the staff could support them with this, such as giving them the privacy and dignity they required.
- People's cultural and religious needs were recorded in their care plans and met. This included providing people with meals of their choice and according to their country of origins and religious practices. Some staff were skilled at helping people to eat and encouraged them on occasion using familiar Asian terms and people responded well to these.
- Staff sometimes put their arm around people's shoulders to reassure them or to show people they were friendly. In one instance, we observed one person was becoming agitated and refusing their meal. The care workers swapped places so a more familiar care worker could take over. They spoke in reassuring terms and put their arm around the person. This helped the person settle.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in their care. People's views were obtained during meetings, surveys and one to one conversation. One person told us, "There are residents' meetings – we had one last week. They are useful. We are listened to and things do get done. I can't think of any improvements as we are so well looked after here."
- Staff gave people choices of where they wanted to go, where to sit, what meals to eat and a choice of drinks. Staff listened to people and supported their preferences where possible.

●There was a policy of putting a grasshopper sticker or a ladybird sticker on people's doors. This signified if they wanted only male or female staff to deliver their personal care. People told us their choice in this area was respected.

Respecting and promoting people's privacy, dignity and independence

● People's privacy, dignity and independence was respected. We observed staff knocked prior to entering bedrooms. People were supported to eat independently where possible. For example, we observed a staff member cutting up food and providing a spoon for the person to eat with.

● Care staff told us how important it was to support people's privacy and dignity. For example, one care worker stated, "We must close the door and ask their permission before touching them. They must feel safe first, we have to have their permission and before going into their room, we knock."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were recorded and met. Care plans were detailed and developed from the initial assessments. They contained people's life history which contained details about their childhood, family members, hobbies and interests. Care plans were regularly reviewed and updated according to people's changing needs.
- People's care plans contained a 'This is me' care passport. This stated information about the person in sections such as 'Things you must know to keep me safe', 'Things that are important to me' and 'My likes and dislikes'. This contained information which was specific to the person and helped the staff meet their needs according to their likes and dislikes.
- Care plans contained people's life histories, including their background, family members and hobbies. Records included a 'service user profile' which listed important information about the person, such as their GP's details, next of kin and allergy status.
- The staff recorded care notes for each person at the end of each shift. These were recorded in a clear and person-centred way.
- The provider used a 'Dependency assessment' to determine the level of care a person required in a range of areas such as eating, transferring, personal care, oral care and mobility. Based on this, they ensured the person received the correct support from staff. This was regularly reviewed in line with people's changing needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plan and met. We observed the staff responding well to a person who had difficulties expressing their needs verbally, anticipating what they wanted to say and acknowledging their needs patiently and kindly.
- One person spoke English with a strong accent and this was sometimes difficult to understand what they wanted to say. We saw evidence the staff were familiar with the way the person expressed themselves and understood them. The staff told us this was because they were regular staff who knew people well and had developed a close rapport with people they supported.

● The staff showed understanding and patience in their communication with people living with dementia and had a good rapport with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to undertake activities they liked, and these were recorded in their care plans. Their comments included, "There are tons of things to do here", "When the Queen died, we made cards and sent one to Buckingham Palace. Three people went to see the funeral pass by yesterday" and "I like to sit in the lounge and I'm taken there each day. We can go to the garden if it is warm enough – we've had lunch out there during the summer." A relative commented, "They send photographs of the activities. My relative used to be a keen gardener and [they have] watered the plants in the garden here. They have a relationship with a local school and the children have been here. There is singing. They've held lots of different functions. Marvellous days."

● In each lounge there were activities throughout the day. For example, crafts preparing for Alzheimer's Awareness day and cutting out flags for decoration. Other activities seen included drawing, listening to music, watching the Queen's procession on the TV. Some people had chosen to watch football in one of the small lounges. There was a friendly atmosphere and it was noticeable people talked with one another as well as with staff who were attentive and chatted with people.

● People who used the service were involved in a tomato project. This was started when a local school had planted up tomato plants and presented these to people who used the service. People had been supported to water the plants and look after these until tomatoes grew. The deputy manager explained, "Tomato plants to touch, feel smell and eat… [Person] comes out to water, and several enjoy doing this. This person is always confused but [they] like planting so the care worker brings [them] down to water the plants."

● The staff tried to meet people's specific interests. For example, one person had a keen interest in royalty. We saw evidence the staff had recently organised to take the person for a visit to Buckingham Palace.

Improving care quality in response to complaints or concerns

● Complaints were taken seriously and responded to appropriately and in a timely manner. People who used the service knew how to make a complaint. One person told us, "I can talk to any of the staff. They would all listen" and another said, "I don't have a problem letting people know if I'm not happy about something." A relative stated, "I would see [Senior staff names]. I've not found anything to complain about."

● There was a complaints policy and procedures in place and this was available to people who used the service. There had not been any complaints in 2022, but those received in 2021 had been appropriately investigated and any shortfalls addressed in a timely manner.

● The provider had received a complaint in 2021 in relation to mealtime and kitchen staff. They had carried out mealtime audits to understand better people's mealtime experience, and if there were any concerns in relation to how meals were provided. As a result, they had identified some areas for improvement such as interactions between staff and people, lack of senior oversight during mealtime and poor organisation.

● An action plan was put in place to help ensure improvements were made. During our inspection, we did not find any concerns in relation to mealtime support for people.

End of life care and support

● People's end of life care needs were recorded in their care plans. These included how the person wished to be cared for at the end of their life, and the support they required to achieve this. For example, one person wanted to be cremated and wished to remain at the home comfortable and pain-free.

● People had 'My future wishes - Advance care plan' documents in place. These stated the person or people to contact in case of an emergency, what was important to the person in the event they became too unwell to voice their wishes, and where they wanted to be looked after at the end of their lives.

● The staff we spoke with confirmed they had received end of life training and had for example, learnt about the law in the UK and Do Not Attempt Cardiopulmonary Resuscitation (DNARCPR) decisions. These are decisions that are made in relation to whether people who are very ill and unwell should be resuscitated if they stopped breathing. Bedroom doors had discreet red stickers where a DNARCPR was in place.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

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

Continuous learning and improving care

At our last inspection of November 2020, we found the provider had failed to maintain accurate records and to effectively operate systems to mitigate risk and improve quality. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 17.

● The provider had improved their systems for monitoring and improving quality and these were mostly effective. The areas for improvement we found on the day of our inspection in relation to medicines management and record keeping were addressed immediately and we saw evidence of this.
● Monitoring checks including audits undertaken by the management team were effective.
These included, first impression weekly audits, wound care, medicines, mattress and bed rails, nutrition and weight gain/loss, infection control, mealtime experience, health and safety, activity provision and night time audits.
● We saw audits were effectively carried out and appropriate action was taken when any concerns were identified. For example, wound care audits were detailed and included any deterioration or improvement noticed, for example, ongoing, healing slowly or improving.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider understood their responsibility in relation to duty of candour. They informed the relevant bodies of all incidents, accidents and complaints and responded to these in a timely manner.
● The registered manager told us, "If we have a fall, we have the duty to inform the family and to inform other agencies like CQC to say what happened and offer an apology if necessary."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The provider supported staff with their ongoing professional development, and the staff told us they appreciated this. One member of staff had completed their nursing training after being employed as a care worker for 16 years and had chosen to continue to work as a nurse in the home.

● Individual members of staff were nominated as 'employee of the month', and this was displayed for people to see. Posters of the staff member also stated a little about them, and their achievements. This motivated the staff to do well and to feel appreciated.
● The provider kept a log of any compliments they received from relatives or external professionals. We viewed a range of these which included, "Thank you for the bottom of my heart for the care you gave my [family member]…I am very grateful for everything you did to make [their] end of life so comfortable" and "It has been so lovely to see how settled my [family member] has been since [they] came to Vicarage Farm… all the staff have been so warm and welcoming."
● All staff were provided with a 'Welcome to our home' manual which listed information for staff based on the CQC's key lines of enquiries and how to aim for an outstanding rating. It listed the plans for activities and outings for people for 2022. It also included a falls analysis where concerns had been identified at our previous inspection.
● We saw evidence that the number of falls had reduced in the last year, and there was an action plan to further reduce these, such as further moving and handling training for staff, frequent audits, monthly clinical reviewed and reviews of people's medicines. The business manager told us, "My role is to motivate and monitor staff to help them do their job to the best of their ability. Visibility is important."

Working in partnership with others
● The management team and staff worked with external agencies, such as the local authority, healthcare professionals and other providers. They attended forums and meetings with other care providers where they could share information and discuss any concerns they may have.
● The staff had good working relationships with healthcare professionals involved in the care of the people who used the service. We saw they made referrals and followed their recommendations and guidance to help meet people's needs. A visiting healthcare professional told us, "Nurses follow my instructions… [Deputy manager] is a hard task master, [they] supervise and make sure everything I recommend is done." They added, "There is an excellent [working] relationship, staff are very good… [Deputy manager] is clinically so good, [they] won't phone unless necessary, they are very much in regular contact."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● There was a positive and inclusive culture at the service and people, relatives and staff confirmed this. People knew and trusted the management team. One person told us, "[Deputy manager] is nice and approachable. The [Registered manager] is a nice [person] too. You always see [Deputy manager] walking around the home." A relative agreed and said, [Deputy manager] is wonderful – [They] always update me about things. Recently it was about the COVID-19 booster jabs."
● All staff we spoke with felt well supported by the management. They found them friendly, approachable and fair. One staff member told us, "Yes its very nice here. I like working with residents and caring for people, coming to work with a smiling face for them, it makes them happy."
● The staff confirmed there was good communication with management and regular meetings were useful. They told us additional meetings were organised following any incident or accident to share information and review procedures.
● There were handovers at each shift change to share information about people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were involved in the planning and reviewing of their care.
● All stakeholders were asked to complete satisfaction surveys to discuss their experiences of the service. We saw the outcome of the latest survey for people, carried out in February 2022, and saw people were

overall satisfied with the care they received. Where there were issues raised, we saw evidence these were addressed. For example, some people had raised they wished for more vegetables and fruit to be offered. This was passed on to the kitchen staff to improve the menus and food provision. Other people stated they wanted more outdoors activities, and these suggestions were incorporated in the activities timetable.

●The last survey carried out for staff and relatives was in October 2021 and the provider planned to undertake another one this year.

● There were regular meetings which included meetings with nurses, care staff, activities coordinators and domestic staff and health and safety meetings. One staff member told us, "In staff meetings our views are welcome, we are free to express our self in front of the management. That is what the meeting is for." The staff were expected to sign when they had read the minutes of meetings to evidence they had read these and had agreed their contents.

● Relatives confirmed they were invited to meetings where they could discuss any concerns they may have, be involved in the service and make suggestions. One relative told us, "They do have meetings here. Their communication is excellent. I can't think of any improvements. I can't fault them" and another said, "We used to have relatives meetings on Zoom during restrictions. They were useful. They have good communication. There is also a newsletter."

● There were also senior management meetings where a range of subjects were discussed for example recruitment, training, the environment and developments of the home, and any concerns in relation to people or staff.