Care Quality Commission

Barchester Healthcare Homes Limited

Vecta House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Vecta House is a residential care home that was providing personal and nursing care to 54 people at the time of the inspection. Vecta House provides a service for people living with dementia who also require nursing care. The service can support up to 54 people.

The home was purpose built as a nursing home and provides all single ensuite bedrooms on the ground floor. The home is divided into three separate units each having a range of suitable communal facilities including dining rooms, lounges and bathrooms. Safe accessible gardens and courtyards provide access to outside areas and fresh air.

People's experience of using this service and what we found
People and their relatives all gave us positive feedback about the home and told us that staff were kind and caring. We observed positive communication between staff, people and their relatives.

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.

People's care plans contained detailed information about them and their care and support needs, to help staff deliver care that was individual to each person. Care and support provided to people was regularly reviewed to make sure it continued to meet their needs.

Individual and environmental risks were managed appropriately. People had access to any necessary equipment where needed, which helped ensure people were safe from harm. The environment was well maintained, warm and homely.

There were appropriate policies and systems in place to protect people from the risk of abuse and the management team and staff understood their responsibilities and actions they should take.

People were supported to take their medicines safely and as prescribed. They were able to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. There were enough staff to support people's needs. Staff had received training and support to enable them to carry out their role safely. They received supervision to help develop their skills and support them in their role.

Staff showed an understanding of equality and diversity. People were treated with dignity, and their privacy

was respected. Activities had been developed in line with people's wishes to promote health and well-being.

The management team (regional director, registered manager and deputy manager) carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. People and their relatives said the registered manager was approachable and supportive. Staff were positive about the registered manager and told us she was supportive and approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection The last rating for this service was requires improvement (published 16 March 2019).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 safe. Details are in our safe findings below.	**Good**
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**

CareQuality Commission

Vecta House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

Inspection team
The inspection was completed by three inspectors and an assistant inspector.

Service and service type
Vecta House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection, we reviewed information we had received about the service, including previous inspection reports, action plans received from the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
We spoke with three people living at the home and six family members. We spoke with members of staff including kitchen staff, nine care workers, two nurses, two administrators, the activity coordinator, two housekeepers, the deputy manager, regional director and the registered manager.

We observed care and support provided in communal areas and spoke with one visiting healthcare professional.

We reviewed a range of records including 11 people's care records and multiple medication records. We looked at staff files in relation to recruitment, training and staff supervision, as well as a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives and two staff by telephone. We looked at additional information the provider sent us.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● Appropriate systems were in place and followed to protect people from the risk of abuse.
● People and their relatives said they felt safe using the service. Comments from relatives included, "I feel [my relative] is safe. I'm not worried about him", "The staff are lovely and I know they look after [my relative] well."
● Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member told us, "I would first tell the nurse or the manager, if nothing happened, I could go higher or to safeguarding."
● When safeguarding concerns had been identified staff had acted promptly to ensure the person's safety. The registered manager understood their responsibilities and knew the actions they should take should people or staff raise a safeguarding concern to them.
● Records confirmed that all safeguarding concerns had been reported and investigated appropriately, in liaison with the local safeguarding team.

Assessing risk, safety monitoring and management
● Systems were in place to identify and manage risks within the service.
● Risks to people's personal safety had been assessed and plans were in place to minimise them. These were linked to the individual person and covered areas such as, moving and positioning, tissue viability, medicines management, the use of bed rails, where people were unable to use call bells, falls, choking and behaviours.
● Care plans contained risk assessment information, which provided staff with clear guidance on how to mitigate risks to people. For example, one person had a risk assessment in place for 'choking' which provided staff with information about the required consistency of food and fluids and the best way to support the person to eat safety. Other people who were at risk of developing pressure injuries, had risk assessments and monitoring records in place which detailed frequency of position changes and guidance to staff on appropriate settings of pressure reliving equipment. Monitoring records in relation to these showed that these were followed appropriately.
● Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met.
● Equipment, such as hoists, were maintained according to a schedule. We saw staff using this equipment safely. In addition, gas and electrical appliances were checked and serviced regularly.
● Fire safety risks had been assessed by an external fire safety specialist and detection systems were checked regularly by an external contractor. Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an

emergency.

Staffing and recruitment
- People were supported by consistent, permanent staff.
- Some family members felt there should be more staff. Their comments included; "No, I don't think there is enough staff", "There often is no staff available to people in the day room and I have had to get staff for people when they need help", "[Person's name] does have to wait for the toilet sometimes because there is not enough staff to help."
- Staff said they were sometimes short staffed when staff were, "off sick." Staff told us they were still able to meet people's needs when this happened but, "We just need to have more teamwork those days." Other staff told us they felt there were enough staff. For example, one staff member said, "There are enough staff to look after people and they also have activities going on throughout the day."
- Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager monitored the staffing levels by observing care and speaking with people and staff to ensure that staffing levels remained sufficient. The provider used a dependency-based tool to calculate staffing levels. This showed that appropriate numbers of staff were provided for the number and needs of people at the home.
- We saw people were supported without being rushed and were given the time they required. Staff responded to people's requests for support in a timely way.
- Short term staff absences were covered by existing staff members this helped ensure continuity of care for people.
- There were clear recruitment procedures in place to help ensure staff were suitable for their role. These included health declarations, checks of conduct where people had previously worked in health and social care and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safe recruitment decisions.

Using medicines safely
- Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely.
- A relative said, "The management of medicines are probably one of the best things with the nursing staff. Always on time."
- We observed staff supporting people with their medicines in a safe and unhurried manner. They wore a tabard to highlight they should not be disturbed during the medication round. We observed good practice and staff demonstrated they had good knowledge of people's needs.
- Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed. MAR charts were checked regularly to help ensure that all people had received their medicines as required. This also helped to ensure any errors could be identified quickly and acted upon.
- Medicine administration care plans provided clear information for staff on how people liked to take their medicines. In addition, they included important information about the risks or side effects associated with their medicines.
- Each person who needed 'as required' (PRN) medicines, such as pain relief, had information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.
- Medicines that have legal controls, 'controlled drugs' were appropriately managed. Balance checks or internal audits of these medicines were robustly completed.
- Safe systems were in place for people who had been prescribed topical creams.

Preventing and controlling infection

● The home was visibly clean throughout, however there did appear to be an ingrained malodour in some areas. The registered manager explained the actions they were taking to address this which were confirmed by housekeeping staff.
● Relatives felt the home was usually clean.
● Staff had received infection control training. Personal protective equipment (PPE), including disposable gloves and aprons, were available to staff throughout the home. Staff were seen using these when appropriate. In addition, people who used hoists had individual slings allocated to reduce the risk of cross infection.
● Effective processes were followed in the laundry to reduce the risk of cross contamination.
● The service had been awarded five stars (the maximum) for food hygiene by the local food standards agency.
● Infection control audits were undertaken, and an annual infection control statement had been completed as required.

Learning lessons when things go wrong

● There was a system to record accidents and incidents. We viewed records and saw appropriate action had been taken as necessary.
● A staff member said, "I'd write an accident and incident report and tell the nurse."
● The registered manager was keen to develop and learn from events. All accidents or incidents were reviewed and where appropriate, such as following falls, with the local authority falls team. This enabled any trends or themes to be identified, so action could be taken to mitigate the risk and prevent reoccurrence.
● The providers senior management team also monitored accidents and incidents and how the service had responded to these.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Comprehensive assessments were completed before people moved to the home. This was to ensure their care needs could be met safely and effectively within the environment and in line with current best practice guidance.
- Information had been sought from the person, their relatives and any professionals involved in their care, when required. Information from these assessments had informed the plan of care.
- Staff followed best practice guidance, which led to good outcomes for people. For example, they used recognised tools to assess the risk of malnutrition and the risk of skin breakdown.
- Each person had an oral care plan in place and staff supported people in accordance with the latest best practice guidance on oral care.
- Care plans were kept under review and amended when changes occurred or if new information came to light.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Their diverse needs were detailed in their care plans, including gender preferences for staff support.
- The service made appropriate use of technology to support people. An electronic system allowed people to call for assistance when needed and movement-activated alarms, linked to the system, were used to alert staff when people moved to unsafe positions.

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. Comments from people and their relatives included, "The staff look after him very well" and "The staff seem to know what they're doing."
- Staff completed a range of training to meet people's needs, which was refreshed and updated as required. Staff were also supported to gain additional qualifications relevant to their roles.
- New staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Staff felt supported in their roles and received one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also completed, to assess the performance of staff and any development needs.

● Staff said they felt they received enough good quality training and would feel comfortable asking for more if they felt they needed it. A new staff member said they had a good induction and did two weeks shadowing to give them a chance to get to know people well.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat a varied and nutritious diet based on their individual preferences. People told us they had enjoyed their lunch time meal and we saw most people ate all their lunch.
● Individual dietary requirements were recorded in people's care plans and staff knew how to support people effectively. Care plans also included information about people's likes and dislikes and preferred food choices. The chef told us they used this information to help plan weekly menus.
● Drinks and snacks were available to people throughout the day and night and we observed that people were regularly offered these.
● Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff. Monitoring records of people's food and fluid intake were well completed, and we saw that actions were taken in a timely way where required.
● One person who was at risk of malnutrition had a risk assessment in place and was weighed monthly, this was recorded and there had been no substantial weight loss.

Adapting service, design, decoration to meet people's needs
● The home was suitable to meet the needs of older people with reduced mobility. Vecta House was a bungalow design with all areas of the home on the ground floor. The home was divided into three distinct units each with a range of communal lounges, dining rooms and bathrooms.
● All bedrooms were for one-person use, had ensuite facilities and were personalised to the individual. Should they wish to do so, people could have their own furniture, personal fixtures and fittings.
● Fixtures and fittings had been designed with the needs of people living with dementia or poor vision in mind. Where necessary signs and colour schemes supported people. For example, hand rails in a contrasting colour to walls making them more readily noticeable to people to enable them to move about independently.
● There was level access to various flat enclosed garden areas which we were told people enjoyed using in warmer weather.
● There was a maintenance programme to help ensure the building remained fit for purpose.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care
● Relatives told us people were supported to access local healthcare services such as doctors or dentists. A family member told us, "When [my relative] moved to the home we found they had a problem with their feet. They now see the chiropodist every month or so."
● Staff were knowledgeable about people's individual health needs and people were supported to access appropriate healthcare services when required, such as doctors, specialist nurses, dentists and chiropodists. All healthcare involvement was clearly documented in people's care files and used to help monitor their health and medical conditions.
● A family member said the home had managed to reduce the high levels of sedative medication their relative had been regularly prescribed when they were admitted. The relative identified that this had improved the person's quality of life and enabled them to move around more safely.
● Staff worked together to ensure that people received consistent, timely, coordinated, person-centred care and support. At the start of each shift staff received a comprehensive handover of all necessary information and could access care plans should they wish to confirm any information. A staff member said, "We get all

the information we need at the start of each shift, if we've been off for a few days we can ask for additional information from the nurse."
● If a person was admitted to hospital, staff ensured key information about the person was sent with them. This helped ensure the person's needs continued to be understood and met. Where possible, a member of staff would also accompany the person to hospital.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Where people did not have capacity to make decisions, MCA assessments had been completed such as for personal care and receiving medicines. These had included consultation with those close to the person and decisions had been made in the best interests of the person. These had been fully documented and family members confirmed they had been consulted as necessary.
● Where people had capacity to make some decisions, this information was recorded within their care plans. Records seen demonstrated that where able people were involved in making decisions regarding their care and support as well as their everyday life.
● Staff were clear about the need to seek verbal consent from people before providing care or support. A staff member said "You always have to assume capacity and ask consent for everything. Meals, personal care, even things like do you want to read a book"
● People's right to decline care was understood. Staff said that should people decline care or medicines they would return a short while later to again offer assistance. Daily records of care showed if people declined care, such as a bath, their wishes were respected by staff.
● During our visit we saw staff respected people's choices and staff members were observed asking people for consent throughout the day.
● Where necessary applications had been made to the relevant authority and nobody was being unlawfully deprived of their liberty. There were systems in place to ensure that renewal applications were submitted in a timely way prior to existing DoLS becoming out of date.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and their relatives described staff as "friendly" and "caring." Comments included "They [staff] are nice", "The staff absolutely adore [relative] and you can really see that" and "I'm here most days and they're all kind, they all genuinely care no one is ever rude to anyone. And I can tell it's not for my benefit, they just do really care."
- We observed positive interactions between people and all staff. Staff supported people in a friendly, calm and patient way. They consistently treated people with respect. For example, a staff member walked past a person and checked they were all right and comfortable. We saw other staff would stop and speak with people when they passed them. A person was sat at the table falling asleep, they flinched and woke up and shouted "ah, fallen over." A staff member placed a hand on their arm and reassured them and said, "It's okay, it was just a dream, you're sat in your chair you're safe", the person smiled and said "ah, lovely." The staff member waited for a few minutes and then asked if the person would like to go for a walk or if they were happy at their chair, they said, "Sitting here ah lovely, you're lovely."
- A member of the housekeeping team was going to clean the carpet in a small lounge where one person was sat. The housekeeper got down to the person's level and explained what they wanted to do and got the person's consent. The person also asked the housekeeper for a drink and this was immediately provided for them.
- Staff spoke positively about people and demonstrated a good understanding of them as individuals. For example, one staff member said, "I noticed that [person] loves cheesy things so I always try to offer that."
- People were supported to follow their faith. Local clergy were invited to the home and the management team said leaders of any religion would be welcomed at the home.

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

- People and relatives where appropriate, were encouraged to express their views and be involved in making decisions about their care.
- Records confirmed that people, and where appropriate family members, were involved in meetings to discuss their views and make decisions about the care provided. A family member told us, "We were invited to a review and they [registered manager] was very accommodating and flexible when we needed to arrange a different time."
- Staff spoke to people in a way they could understand and showed patience when supporting people living with dementia. Where people had limited ability to verbally communicate, staff observed people's body language and general presentation to interpret what they needed.
- Staff gave us examples of how they used different forms of communication to help people understand

information and make decisions. For example, one staff member described how they would show people options of suitable clothing, so they could indicate what they wanted to wear. This meant staff could adapt how they supported people to be involved in decision making, based on their individual needs.
●The registered manager organised monthly meetings for relatives. We saw there had been discussions about the menu choices, people's preferred foods and the activities they wanted to do. Informally the management team would speak with people and visitors on a regular basis to ensure they were satisfied with the care being provided.
● Family members were welcomed at any time. One visitor said, "I can visit whenever I want." Staff ensured that family members, and others who were important to the person, were kept updated with any changes to the person's care or health needs. One relative said, "Yes they let me know either when I visit, or they will call me."

Respecting and promoting people's privacy, dignity and independence
● Care was provided in a way that respected people's privacy and dignity. People were supported to be independent as far as possible.
● When asked if staff respected their privacy and dignity a person said, "Oh yes, always." A staff member told us they, "Would always keep people covered up as much as possible" when providing personal care. We saw staff knocked on doors before entering rooms and closed doors during personal care.
● We noted that a bathroom in one part of the home did not have a lock on the door – meaning that others may enter the room whilst a person was having a bath. We were told the lock had been removed and not replaced. Once we identified this the nurse in charge of the area said they would follow this up.
● People or where necessary their relatives had been asked if they had a gender preference regarding staff who might be providing personal care support. Respecting these choices helped ensure people's privacy and dignity, as they were cared for by staff they felt comfortable with.
● Care files included information as to what people could do for themselves.
● At lunch time we saw a range of crockery and cutlery was available to suit each person's individual needs meaning wherever possible people could eat without staff support.
● Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately in accordance with legislation.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 received individual care from staff who demonstrated they knew people well.
● Person-centred care was promoted. Staff had access to key information about people's care needs and used this information to help ensure they supported people in line with their preferences. People's likes, dislikes and preferences were recorded in their care plans that were reviewed and updated, when needed.
● Staff told us they were committed to ensuring people were treated as individuals.
● Care and support records were personalised. Care plans were reviewed on a regular basis, so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. Comments in care records included, 'I like it in the top lounge with music playing. I like it when someone reads to me', 'I usually retire to bed at around 22.00 to 23.00. Staff need to check on me hourly', 'I like a hot drink and snack before retiring to bed', 'I sleep well at night on a 4000 mattress. I will need my lights off, but the toilet lights on' and 'Too much noise confuses me.'
● People were supported to make their own decisions and choices. For example, staff told us a person had been awake during the night and therefore was staying in bed longer the following morning.
● We heard people being offered choices throughout the inspection. Staff were responsive to people's changing needs. For example, during the inspection we observed a person was holding their shoulder. A staff member noticed and asked if the person was experiencing pain and offered to get them some pain relief.
●Technology was used to ensure people had assistance when needed. For example, a call bell system was in place so that people could request prompt support and equipment was available to inform staff if people at high risk of falls were moving about in their bedrooms.
● Staff worked together well to deliver timely and effective care to people

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information. For example, one person's care plan stated, 'I can answer simple questions. I communicate using one word.' Another person's care plan stated, 'I may become upset if I don't understand what the task is at hand. Please explain to me slowly

and clearly what you would like me to do.'
● For the two people for whom English was not their first language translation cards of relevant words and phrases had been made available for staff.
● The registered manager was arranging communication training for relatives to help them when communicating with a loved one who was living with dementia.

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
● There was a range of activities available to people providing physical and mental stimulation.
● Within the environment there were some stimulating things for people to do. The registered manager told us they were currently introducing dementia pathways for people with dementia and this would address the environment.
● Pictures were displayed, however there were no local pictures that would stimulate memories and conversation. There was an interactive table where people could participate in games or enjoy visual stimulation and ornaments and items for people to explore were available.
● Two activities staff were employed to provide activities throughout the week. An activity plan was in place that identified activities available throughout the day for people to attend. We saw people in a lounge area listening to an entertainer singing and playing the guitar, people were dancing, some were singing along and interactions between staff and people were positive.
● we observed that activities provided had a positive effect on people. For example, one person who was walking constantly around the home joined in the group music activity. Their behaviour changed markedly when they were occupied, they were laughing, communicating with other people and they appeared more relaxed.
● All parts of the home had access to secure outside areas meaning people could enjoy fresh air. There was a sensory courtyard garden which was well maintained and provided people with sensory interaction, different textures, colour and sound, relaxation.
● Internet access via WIFI was available throughout the home meaning where able, people could use this to keep in contact with family members who could not visit regularly.

Improving care quality in response to complaints or concerns
● The registered manager welcomed people's views about the service.
● Information about how to complain or make comments about the service was available in the entrance area. A suggestions box was also provided to enable anonymous suggestions or views to be shared with the management team.
● People and relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the management team and were confident any issues would be resolved. A family member told us they had not needed to make any complaints but were confident that if they needed to it would be dealt with appropriately.
● The registered manager stated they aimed to make themselves as available as possible to people and visitors, meaning any issues could be addressed promptly before people felt the need to make a complaint.
● Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint. We viewed the records relating to complaints which had been received in the year prior to this inspection. These had been comprehensively investigated and a written response had been provided to the complainant. The providers senior management team also monitored complaints and responses to these.

End of life care and support
● As they approached the end of their lives people received care which was compassionate and helped

ensure any symptoms such as pain were managed.
● Care records viewed did not contain detailed end of life care plans, but some did contain anticipatory care plans completed by outside health professionals. This meant there was limited information in relation to people's wishes at the end of their life. This was discussed with nursing staff and the registered manager who said this was usually done when 'end of life' was expected. The registered manager said they would review how and when this information was obtained.
● The service had worked with external professionals to help support a person who was approaching the end of their life to return to their own home as was their wish. This had been achieved and the person's wish for where they would be cared for had been met.
● No-one was imminently approaching the end of their life at the time of this inspection. The registered manager spoke positively about their desire to provide people with high quality care at the end of their lives, to help ensure they experienced a comfortable, dignified and pain free death. The registered manager had links with the nearby hospice and said they would always approach them for support when needed.
● Nursing staff had completed additional training to help them meet people's needs towards the end of their lives. This had included using equipment called syringe drivers which help provide regular pain relief.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were quality assurance procedures in place. The provider had a compliance manager and had developed formalised systems and audits which the registered manager or senior staff completed regularly. Audits included, care plans, medicines, infection control and the environment. Where necessary action plans were developed to address any areas identified in audits. The provider's regional director told us they monitored the service closely through visits and via electronic monitoring of audits and records completed by the registered manager.
- Additionally, the management team monitored the service people received by observing staff practice and approach, to ensure they worked safely and displayed a respectful attitude. This included providing some direct care when required and weekend and night working. The deputy manager worked some nursing shifts each week meaning they were able to work directly with staff to monitor and ensure appropriate care was provided.
- There was a clear management structure in place consisting of the provider's nominated individual, providers regional director, the registered manager, the deputy manager, nurses and senior care workers. There were also heads of departments such as housekeeping and catering.
- People and relatives were positive about the registered manager. For example, one relative said, "I could contact [registered manager] or the nurses if I needed to and they always let me know what's going on."
- Staff were also positive about the registered manager. Staff said they felt well supported by management and they felt the registered manager was approachable. One staff member said "[Registered manager] is a good manager, she's approachable and she always listens."
- Staff understood their roles and were provided with clear guidance of what was expected of them. Staff communicated well between themselves, for example during handover meetings, to help ensure people's needs were met. Care staff commented that they all worked well as a team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the home. One relative said, "This place is run well, I'm more than happy. I could approach [registered manager] with anything." A person told us they were "happy."
- People, their relatives and a health professional spoke positively about the management of the service and all told us they would recommend the home to others.
- Staff had a good understanding of people's needs and demonstrated a shared commitment to treating people in an individual, person-centred way. One staff member said they, "loved working at the home and

were always thinking about the people I look after."
● The registered manager had clear expectations that staff would provide high-quality care in a caring and compassionate way. From our observations and discussions with staff, it was clear they understood these values and were committed to meeting them consistently in their day to day work.
● The registered manager had sought support from external sources where necessary to ensure people received the care and support they required.
● There were various processes in place to ensure staff felt rewarded for their work. This included an employee of the month for who people, relatives or staff could vote. The employee of the month received a gift and recognition for their work. All staff had received a Christmas gift from the provider.

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
● Records showed that where necessary the registered manager had notified CQC of all incidents and occurrences as required. Records also showed incidents had been reported to the local authority safeguarding team and where appropriate to family members.
● The registered manager was aware of their responsibilities under the duty of candour, which requires providers to be open and transparent if people come to harm. They showed us examples of when this had been followed, both verbally and in writing, as required.
● The home's previous rating was displayed in the entrance lobby and on the home's website.
● Staff were open and transparent throughout the inspection. The management team were open to any suggestions for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager made sure they were available to people and visitors. This included staying late at the home one evening each month so they could meet relatives who were unable to visit during the day time. Relatives meetings had also been held.
● Staff meetings were held, including meetings with specific staff teams and minutes were available for staff unable to attend.
● Vecta House had links with local schools and colleges and offered work placement opportunities where this was appropriate.

Continuous learning and improving care
● Where we identified minor areas for improvement immediate action was taken by staff. For example, we found supplies of dressings and syringes had not been discarded once they had passed their safe to use date. These were immediately discarded, and a system put in place to check these regularly.
● The registered manager was also a member of a local care provider's forum that shared best practice guidance and belonged to a network of homes that focused on local healthcare issues. The management team were up to date with relevant research.

Working in partnership with others
● The service worked in collaboration with all relevant agencies, including health and social care professionals. The registered manager and nurses were clear about who and how they could access support from should they require this. They demonstrated an open attitude to seeking support.
● The registered manager had completed training to become a 'dementia friends' trainer. They were now offering free training to local businesses to help increase awareness of dementia within the local community. The registered manager had joined local care organisations with a view to working together to improve the service for people. For example, at the time of the inspection they were working on a project to

help ensure all necessary information and belongings remained with people when they were admitted to hospital.

● An external health professional told us they were contacted appropriately by the home who followed suggested guidance and recommendations.