

Mr John Forrester Collins & Mr Jeremy Russel
Collins & Mr Antony Dixon

The Old Vicarage

Inspection report

56 Main Street
Hornby
Lancaster
Lancashire
LA2 8JT

Tel: 01524221284

Date of inspection visit:
31 August 2017

Date of publication:
11 October 2017

Ratings

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

Summary of findings

Overall summary

The Old Vicarage is an old stone house adapted for use as a care home. The home is situated over two floors and there is a lift and stair lift available for access to the first floor. The home is registered for fifteen people who require accommodation and personal care. It is set in its own grounds in the village of Hornby in the Lune Valley between Lancaster and Kirkby Lonsdale. The home is close to local shops, churches and public houses. At the time of our inspection visit, there were thirteen people residing at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on 04 October 2014 and was rated overall as good. We had rated the service as 'Requires Improvement' under the safe and responsive domain. This was because improvements were required to ensure staff were suitably deployed and activities were considered for people who lived at the home.

At this inspection, carried out in August 2017, we found all improvements had been made and the service was meeting the fundamental standards. The registered manager had reviewed staffing levels to ensure there were suitable numbers of staff on shift to meet the needs of the people who lived at the home. People told us staffing levels met their needs. Staff were not rushed and had time to sit with people.

In addition, staff had been deployed to ensure people had the opportunity to take part in activities on a daily basis. People and relatives told us activities took place. We saw evidence of activities occurring during our inspection visit.

We reviewed systems in place for managing medicines. We found good practice guidelines were implemented when administering regularly prescribed medicines. However, documentation relating to 'as and when' medicines was sometimes unclear. We have made a recommendation about this.

People and relatives told us staff had the required skills and knowledge to provide effective care. The registered manager maintained a training matrix so that training could be planned effectively. Although training was provided we noted staff did not always receive refresher training to ensure their skills were up to date. We have made a recommendation about this.

We looked at fire evacuation procedures at the home. Whilst procedures were in place these were not always fully documented to show all risks had been considered. We have made a recommendation about this.

People told us they felt safe at the home. Procedures were in place to protect people from harm. Staff told

us they had received training in this area and were able to describe abuse and their responsibilities for reporting this.

The registered manager assessed individual risk and developed risk assessments to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes were recorded. Risk was suitably managed.

We reviewed staff records. Suitable recruitment checks were in place to ensure staff recruited possessed the correct characteristics and experiences for working with vulnerable people.

We looked around the building. We found it was hygienic and suitably maintained. We reviewed documentation relating to health and safety at the home and found suitable maintenance checks had been carried out.

People and relatives spoke positively about the quality of service provided. They praised the caring nature of staff, constantly referring to them as 'kind' and 'caring.' We found there was a warm and welcoming atmosphere at the home. People repeatedly described the home as homely and described it as a home from home.

We received positive feedback about the quality of food at the home. There was a variety of food on offer and staff were accommodating to people's individual needs and preferences. Meal times were relaxed. Nutritional and hydration needs were met.

Care records were person centred and reflected the needs of people who lived at the home. We saw evidence these were reviewed on a regular basis or when people's needs changed.

The registered manager had an understanding of the principles of the Mental Capacity Act and the Deprivation of Liberty safeguards. We saw evidence of capacity being considered within care records.

Resident meetings took place on a regular basis. We saw evidence of people being encouraged to give feedback about the service and areas in which improvements could be made.

People were supported by a stable staff team. This promoted effective and responsive care as people were supported by staff who knew them well. We observed dignity being respected at all times during our inspection visit.

People and relatives had no complaints about the service provided. They told us they were encouraged to raise any concerns and complaints.

People were encouraged to retain their independence. Care plans emphasised the importance of promoting independence and empowering people. People told us this occurred in practice.

The service worked in partnership with other care professionals to meet needs. Health professionals we spoke with said they had no concerns about the service provided and the skills of the staff.

Leadership within the organisation was good. Staff were positive about ways in which the service was managed and the support received from the registered manager.

The registered manager used a variety of methods to assess and monitor the quality of care at the home.

These included regular audits of medication, care plans and the environment.

The registered manager was aware of their responsibilities in reporting to the Care Quality Commission.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People who used the service and relatives told us people were safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures to assess the suitability of staff.

Arrangements were in place for management of all medicines. However, PRN medicines were not always suitably documented. We have made a recommendation about this.

The service ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who lived at the home.

Is the service effective?

Good 

The service was effective.

Relatives told us the service provided good care and treatment. The service worked proactively to promote health and wellbeing.

Staff had an understanding of the Mental Capacity Act 2005 and the relevance to their work.

Staff were provided with suitable training to enable them to carry out their roles proficiently.

Is the service caring?

Good 

The service was caring.

People who lived at the home and relatives were positive about staff.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People told us staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

Improvements had been made to ensure people were offered the opportunity to participate in regular activities.

People told us they were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded when people's needs changed.

The registered manager had a complaints system to ensure all complaints were addressed and investigated in a timely manner. This was readily available to people who used the service.

Is the service well-led?

Good ●

The service was well led.

Staff described the home as a good place to work and commended the skills of the registered manager.

We saw evidence of people being consulted with in order to develop and improve the service.

The registered manager had a variety of quality assurance processes in place to ensure safe, effective, high quality care was provided.

The Old Vicarage

Detailed findings

Background to this inspection

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

This inspection visit took place on the 31 August 2017, and was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience was a person with experience of caring for older people.

Before our inspection visit we reviewed the information we held about the home. This included notifications we had received from the service about incidents that affect the health, safety and welfare of people who lived at the home. This provided us with information to enable us to plan our inspection effectively.

We also consulted with the local authority, clinical commissioning groups and Healthwatch to see if they had any concerns. Healthwatch is an independent consumer champion for health and social care. We received no information of concern.

As part of the inspection process we spoke with ten people who lived at the home and five relatives. In addition, we spoke with the registered manager, the cleaner, two staff responsible for providing direct care and a volunteer who worked at the home.

To gather information, we looked at a variety of records. This included care plan files relating to four people who lived at the home. We also looked at medicine administration records relating to people who received support from staff to administer their medicines.

We viewed recruitment files relating to three staff members and other documentation which was relevant to the management of the service. This included health and safety certification, training records, team meeting minutes, accidents and incidents records and findings from monthly audits.

We looked around the home in both communal and private areas to assess the environment to ensure it

met the needs of people who lived there.

Is the service safe?

Our findings

People who used the service told us they felt safe. Feedback included, "Nothing has given me cause to feel unsafe. Everyone is very nice". And, "I am perfectly safe". Also, "I do feel safe".

Relatives we spoke with told us they were reassured people who lived at the home were safe. One relative said, "I feel people are very safe living here. I come here once a week and have never seen anything to concern me".

At the last inspection visit carried out in October 2014, we found deployment of staffing did not always meet the needs of people who lived at the home. This meant that people were not consistently monitored to ensure their safety and well-being. We used this inspection process to check improvements had been made. This was a breach of Regulation 18 of the Health and Social Care Act (2009) Regulated Activities 2014.

At this inspection visit carried out in August 2017, people and relatives told us staffing levels were sufficient to meet people's needs. Feedback included, "There seems to be enough staff. I have no complaints." And, "Yes there is enough staff and they are very good – all of them. When I press my buzzer they are always here within a few minutes." Also, "There is always someone around."

Following the last inspection visit the registered manager had reviewed staffing levels. Shifts had been amended during the afternoon to ensure one staff member was available to carry out activities. In addition, the home had recruited a volunteer who worked at the home two days a week. They provided flexible support at the home as required.

Strategies were in place to ensure staffing levels consistently met people's needs. Both the cleaner and registered manager said they worked flexibly and could offer support and assistance at the home if people's needs increased. For example, the cleaner told us they sometimes worked additional hours providing support at meal times if people's needs had increased during the day. Staff told us the registered manager would also help if extra staff were required.

Staff told us they had no concerns with staffing levels. They said recently there had been some concerns in filling staff vacancies at the home but this was being taken care of.

On the days of the inspection visit we observed staff were not rushed and took time to speak with people who lived at the home. Staff were able to respond to people's needs in a timely manner.

We looked at how risks were managed and addressed within the service. We did this to ensure processes were in place to keep people safe. People consistently told us they felt safe whilst living at The Old Vicarage.

We saw a variety of risk assessments were in place to manage risk these included manual handling assessments and falls risk assessments. Risk assessments were reviewed on a monthly basis or when needs changed to ensure they were up to date and accurate to meet people's needs.

Staff were aware of the importance of keeping people safe. They were able to recall people's healthcare needs and actions they had to take to keep people safe. For example, we observed staff ensuring one person was sitting on their pressure relief cushion to aid their physical health.

We looked at how safeguarding procedures were managed by the service. Staff told us they received safeguarding training. When asked, staff could describe different forms of abuse. Staff were confident if they reported any concerns to management they would be dealt with immediately. In addition, they were aware of their responsibilities to raise concerns externally should there be a need to do so.

We looked at how the service managed medicines. We observed medicines being administered to four people. Good practice guidelines, 'Managing Medicines in Care Homes' were consistently followed when administering all medicines. For example, medicines were only administered to one person at one time and staff only signed for medicines after they had observed the person taking the medicine. Medicines were stored securely within a locked medicines trolley when not in use. Monthly stock checks of medicines routinely took place.

We looked at the medicines administration records (MARs) for people who lived at the home. MAR sheets are documents which show when medicines have been prescribed to people. Although we found no concerns in regards to the administration of medicines, we found there were some inconsistencies in recording of medicines which were prescribed on an as and when basis. For example, staff had not consistently recorded the amount of medicine prescribed to one person when there was a variable dose. We discussed this with the registered manager. They told us they were currently working with the pharmacist and the doctor's surgery to improve instructions on as and when prescribed medicines to ensure they were more clear and directive.

We recommend the registered manager reviews and implements a robust procedure to ensure as and when medicines are consistently administered and recorded as directed.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed three staff files. Full employment checks had been carried out prior to staff starting work. Two references had been sought and stored on file prior to the staff member commencing work, one of which was the last employer. Gaps in employment history had been explored with each applicant.

The service requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing personal care supporting vulnerable people. Staff confirmed they were unable to commence work without the suitable checks being in place.

As part of the inspection process we walked around the home to ensure it was suitably maintained and hygienic. We identified a malodour arising from one bedroom. The registered manager advised us this was due to the person who used this room having a recent health condition. They told us they were working proactively to remove the odour from the room. They said in the event this was unsuccessful they would replace the carpet. We found the remaining areas of the home were tidy and hygienic.

The registered manager undertook monthly bedroom checks to ensure rooms were of a good standard which promoted safety. This included checking window restrictors and water temperatures. Although window restrictors were in place, we noted the restrictors in situ were not tamper proof and could be at risk of being damaged through force. We discussed this with the registered manager. They agreed to review

window restrictors in place.

As part of the inspection visit we reviewed fire evacuation procedures at the home. We saw there was an evacuation plan in place and each person had a personal emergency evacuation plan (PEEP) in place. Whilst discussing fire evacuation we were made aware the registered manager lived on site at the home and was on standby should the home require to be evacuated. However, there was only one means of access from the person's personal area to the home. This meant the registered manager would be prevented from assisting in an evacuation if this area was restricted by fire. The registered manager said in the event of this happening other staff within the village could be called upon to assist. However, this was not documented.

We recommend the registered manager reviews fire evacuation procedures at the home and implements a robust procedure which clearly details people's responsibilities and actions.

We looked at the system for reporting accidents and incidents. Records were detailed, concise and up to date. The registered manager had oversight of each accident and incident so they could review all accidents that had occurred at the home. Monthly audits of all accidents and incidents took place.

Is the service effective?

Our findings

People who lived at The Old Vicarage told us they received effective care. Feedback included, "The staff do notice if I am unwell and will call a doctor straight away." And, "The staff always ask if I am alright. On the odd occasion that I have needed a doctor they have got one to see me straight away."

Relatives told us they were kept informed of any changes in their family member's health. We spoke with one relative about the quality of care provided to their family member. They said staff had worked hard to meet their family member's health care needs and to keep them safe. They described the care provided as, "excellent". Another relative praised the skills of staff at the home saying they had managed to work proactively and efficiently to manage their family member's health condition.

We saw evidence of partnership working with other professionals. This included the district nursing team and people's doctors (GP's). We spoke with a health care professional. They told us staff were proactive in ensuring people were kept safe and said staff used initiative, calling for nursing and medical assistance in a timely manner.

Individual care records showed healthcare needs were constantly monitored and action was taken in a timely manner to ensure a person's health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were regularly reviewed and changes in assessed needs were accurately recorded within the care plan.

As part of the inspection process we looked at how people's nutritional needs were met. People and relatives told us they were pleased with the quality and availability of food provided. Feedback included, "I will eat whatever is there! I have no complaints at all. There is a reasonable choice." Also, "I do enjoy the food and there is a very good choice." And, "The meals are very good. You can have small meals or large meals or different choices, whatever you want."

We spoke with the cook. They told us meals were flexible and if people requested something that wasn't on the menu they would try to cook that meal for them. They told us they worked with people who lived at the home to devise the menu. They said, "We speak to the people on a regular basis. If people get fed up with the menu we change it." During the inspection visit we checked stocks in the kitchen and found there was a variety and range of food available.

We observed a lunch time meal being served. On the day of our inspection visit the dining room was in the process of being refurbished. People were therefore eating meals in the lounge and conservatory. Despite the upheaval there was a relaxed atmosphere in the dining area and people were not rushed. We saw people sitting at tables chatting to each other over their meals. People were offered a choice of foods and people had different portion sizes according to their preference. This showed us staff understood people's individual needs and preferences well. We observed people being offered drinks throughout the day.

When people were at risk of malnutrition we saw their weights were monitored and recorded on a regular

basis. Information on people's dietary needs was relayed back to the cook on a weekly basis so meals could be adjusted as necessary.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We noted people's mental capacity status was assessed as part of the preliminary assessment. We spoke with the registered manager about people who lived at the home. They advised us that all people currently at the home had capacity. We noted there were no restrictions in place at the home.

We spoke with staff to assess their working knowledge of the MCA. Staff told us they had received training and were aware of the need to consider capacity and what to do when people lacked capacity. One staff member said, "People can make their own decisions. We sometimes have to be patient with people. Give them plenty of time and word things in different ways so they understand." This demonstrated staff were committed to ensuring people could make their own decisions.

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. Staff said they were happy with the training and support provided by the registered manager. They told us training was provided through a mixture of online training and external training.

We reviewed the training matrix maintained by the registered manager. A training matrix is a tool which can be used to track and plan staff training and monitor staff skills within the service. We saw that staff had received training in safe handling of medicines, moving and handling, food hygiene, health and safety, first aid and infection control. Although these courses had been completed, we noted refresher training was not routinely undertaken. For example, nine of the eleven staff trained to administer medicines had not had completed any refresher training for over three years. This placed staff at risk from not having up to date refreshed knowledge.

We recommend the registered manager reviews the training and development plan to ensure staff receive regular training on an on-going basis.

Staff on duty on the day of our inspection visit were all long serving staff members. They told us new members of staff were expected to complete an induction at the start of their employment. As part of the induction staff were expected to complete training and were supported by a more senior member of staff. One staff member said, "At the beginning I received really good support and training. I had a mentor. The induction was really good."

We spoke with staff about supervision. They confirmed they received supervision. Supervisions are one to one meetings between a member of staff and their line manager which are held to discuss any concerns they may have. Staff said the registered manager was approachable and they were not afraid to discuss any concerns they may have in between supervisions.

Is the service caring?

Our findings

People who lived at the home were complimentary about staff who worked at The Old Vicarage. Comments included, "They are all very nice. I am very happy here." And, "They are very kind." Also, "They are very patient." And, "The staff talk to me all the time. They never make you feel like you are a nuisance."

Relatives also told us staff were kind and caring. Feedback included, "The carers are lovely. So is [registered manager]. They are all so supportive. This home is unique." Also, "The staff are so lovely, my [family member] relates to them so well."

People who lived at the home constantly praised the welcoming atmosphere. Feedback included, "This is my home and the nicest part about it is the staff treat it like it is my home." Also, "This feels more like a family home rather than a care home." Another person said, "It's like home from home here."

We observed positive interactions between staff and people who lived at the home. Staff frequently checked the welfare of each person to ensure they were comfortable and not in any need. We observed a staff member ensuring one person was okay. The person commented, "We get service with a smile here."

People who lived at the home told us they were supported to maintain their own independence. Feedback included, "The staff never make me feel restricted." And, "The staff do not crowd you but they are there if you need them." During the inspection visit we spoke with a person who lived at the home. They told us they liked to go to the supermarket to purchase their own toiletries. Staff supported the person to the bus stop. Then the person went to the supermarket on their own. The person phoned the home to let them know they were returning and staff met them at the bus stop. This showed us that independence was supported and promoted.

Staff showed an interest in people who lived at the home. We saw in the daily notes one person had been speaking to staff about where they used to live. The staff member used a computer and Google-maps to show the person a street view of where they used to live. The registered manager told us another person who lived at the home was unable to attend a family wedding. The staff worked with the family so that technology could be used to stream the wedding live to the person who lived at the home. This showed us staff were caring and understood the need for people to be able to share precious moments with family and friends.

We observed staff treated people with patience. We observed one person taking their medicines. The person was taking time in swallowing the medicines. The staff member did not rush the person but offered them gentle support and reassurance.

People told us privacy was considered at all times. Feedback included, "The staff always ask if they can come into my room, they never just barge in." And, "The staff do respect my privacy, if I want to talk to someone privately they will even let me use the conservatory and ensure the door is closed."

Relatives said they were welcome to visit at any time and could have privacy if required. We observed visitors spending time with people in their rooms. Relatives told us they were always made welcome whenever they visited. All the relatives we spoke with commended the service on the hospitality provided. One relative said, "We are always offered a drink."

Relatives told us staff sometimes went the extra mile. One relative told us they had visited the home on Christmas Day and had been provided with Christmas dinner. This enabled them to share the special occasion with their family member.

We spoke with the registered manager about end of life care. They told us they had completed six steps training and hoped to roll this out to other staff. Six steps training is a process of learning about end of life care and how to successfully support people at the end of life. We noted people who lived at the home had six steps checklists in place within their care records. This showed us the registered manager was committed to ensuring people had good end of life care.

We looked at how advocacy was promoted throughout the service. We saw the service had a policy on advocacy which signposted people to advocacy groups if people required support and assistance in making decisions.

Is the service responsive?

Our findings

People who lived at the home and relatives told us that person centred care was delivered. One person said, "They make you feel like you are a person, not a number."

We looked at care records belonging to four people who lived at the home. We saw evidence pre-assessment checks took place prior to a service being provided. People and relatives told us they were involved at the pre-assessment stage in developing care plans.

People's consent was sought throughout the care planning process. Care records were personalised and highlighted key points of their likes, dislikes and important factors to consider when supporting them.

During the inspection process we observed person centred care being provided. For example, we observed a staff member enquiring if a person was okay. The staff member realised the person did not have a jug of water at their side and explained the person always liked a glass of water nearby. The staff member went straight away and brought the person the water.

Care plans were person centred, up to date and addressed a number of topics including managing mental and physical health conditions, medicines administration, personal care, social needs, cultural needs, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. Care plans were reviewed monthly to ensure they were accurate and relevant to meet peoples identified needs.

At the inspection carried out in October 2014, we found staff did not always have time to ensure people were provided with activities to keep them active and occupied. At this inspection visit carried out in August 2017, we found improvements had been made.

People who lived at the home and relatives told us activities sometimes took place. One relative told us they had recently observed people playing skittles. We saw evidence of special occasions being celebrated. For example, we saw a party had been held to celebrate the 90th birthday of the Queen. On the morning of the inspection visit a local church was visiting the home to provide holy communion to those who wished to participate. In the afternoon we observed a staff member playing dominoes with a group of people. People were enthusiastic and were laughing and chatting as they played.

In addition to group activities people told us they were supported to pursue their own hobbies and interests. Two people who lived at the home told us they enjoyed knitting. They told us, "I like to knit and sew and the staff always help me when I want them to." And, "I like knitting. The staff bring things to me so I can carry on knitting."

People told us they were not pressurised into joining in, if they did not want to. One person said, "I do join in with the activities, but you can please yourself."

We asked people who lived at the home if they had any complaints. No-one had any complaints on the day of our inspection visit. People said they knew how to make a complaint and would feel comfortable doing so without fear of reprisal. In addition they believed that their concerns would be acted upon. Feedback included, "I have no concerns." And, "I would not be afraid to speak to the staff about anything." Also, "You can speak to anyone in this home." Also, "This is a lovely place, the staff are nice, the food is good, and you would have a hard job to complain about anything."

We spoke with the registered manager. They confirmed they had not received any complaints since the last inspection visit. We noted details on how to complain were placed within welcome packs in people's rooms and in the visitors file. This demonstrated the service encouraged and valued complaints being raised.

Is the service well-led?

Our findings

People who lived at the home and relatives told us the home was well managed. Feedback included, "The [registered manager] is excellent." And, "I did not know what it would be like before I came here, but it is better than any expectations I could have had."

When asked, people who lived at the home and relatives were aware of who was in charge at the home. One person said, "I know the manager and most of the staff." A relative said, "I am always talking to the manager and the staff when I come here."

Staff spoke highly about the dedication and the skills of the registered manager. Feedback included, "I have no concerns about the ways in which the home is run. [Registered manager] is brilliant." And, "The home is very, very well managed. I have never come across one that is so well run."

Staff told us that communication within the service was good. Staff were provided with a daily handover so that relevant information could be passed on. In addition to daily meetings the registered manager held team meetings. Staff told us these happened infrequently. They said daily handovers reduced the need for regular team meetings. We viewed the last team meeting minutes which was held in April 2017. We saw that medicines management, hygiene around the home and the needs of people who lived at the home were discussed. The registered manager said they had regular communications with the owners of the home to discuss the vision and organisation of the service.

The registered manager held residents meetings for people to express their views on how the service was managed and organised. We viewed minutes of meetings held and noted people were asked for their thoughts on where improvements could be made.

We found quality assurance processes were in place to monitor and assess the quality of service delivery. The registered manager had sought feedback from people who lived at the home, relatives and staff. We reviewed completed questionnaires and found every respondent had provided positive responses and rated the service either good or excellent. Comments about the quality of the care provided included, 'I can't thank staff enough for their kindness and support.' And, 'I am very happy with the care.' Also, '[Relative] feels safe and cared for which gives me peace of mind.'

The home had undertaken an independent accredited quality assessment in December 2016. Following the assessment the home was awarded five stars for the quality of service delivered. This external assessor recognised them as an excellent provider.

In addition to stakeholder feedback the registered manager carried out regular audits within the home. These included audits of medicines, infection control, accidents and incidents and environmental audits. We saw evidence audits triggered change. For example, we saw an environmental audit had identified a missing restrictor on a bedroom window. Action was therefore taken to ensure a restrictor was fitted. This showed us the registered manager was proactive at managing risk.

We looked at compliments received at the service since the last inspection visit. Feedback included, 'I would like to thank you and all your dedicated staff for their kind and excellent care. The transformation since living with you is incredible. The whole family have noticed their happiness and contentment.' And, 'I have visited a few care homes and can honestly say it is the most homely and caring home I have come across.'

On the day of our inspection visit we noted the home was undergoing a period of refurbishment. The lounge area had been refurbished since our last inspection visit and the dining area was in the process of being redecorated. The registered manager said there was an on-going refurbishment plan at the home. This showed us the registered provider was committed to making improvements at the home.

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.