

Fonthill Care (Harry Park) Limited

Fonthill House




Inspection report

Cassius Drive
Kings Park
St Albans
Hertfordshire
AL3 4GD

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Ratings

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

Summary of findings

Overall summary

About the service:

Fonthill House is a purpose built nursing and residential care home, that specialises in end of life care. The nursing home accommodates up to 64 people in one adapted building. At the time of the inspection 64 people were receiving care and support.

Peoples experience of using this service:

Fonthill care home has been recognised as a leader in end of life care, they achieved "Beacon" status which demonstrated innovation and outstanding end of life care and support. We looked at thank you letters regarding the end of life support and without exception these told a story of outstanding kindness and care that remained with and left a positive feeling for the families going forward. The staff provided great care during and after with families receiving support during these difficult times.

People received care and support at a time they wanted. The providers ethos was person centred care that was personalised and in line with people's needs and preferences. At a time, people wanted, where they wanted. People were not gathered together in one room to be managed in one space, they were encouraged and supported to live as they wished.

There were no set times for care, people chose when to get up, eat, wash and dress. There were many options available for entertainment. People could choose where to eat and could change their mind any time, nothing was too much trouble. There were no rigid meal times, people could request food throughout the day, when they wanted.

People and relatives told us the environment was lovely, clean and homely. People had developed great relationships with the staff. For example, a member of the hospitality staff arranged a shopping trip with one person who 'just wanted to go shopping'. The person uses a wheelchair with a palliative diagnosis and complex health needs this did not deter the hospitality staff member. They talked to the nursing team about how best to facilitate the persons wishes.

People's concerns were dealt with and acted on quickly and to the person's satisfaction. We saw lots of thank you letters and cards. People felt listened to and their opinions and ideas were valued.

Peoples interests, dietary requirements and independence were promoted and supported daily.

Skilled staff were provided with the necessary training and support. Staff received regular supervision and felt valued and supported by the provider. Staff loved working here, they all told us they would gladly have their loved ones cared for at Fonthill House. One staff member said, "I would gladly come here myself this is a wonderful place to be."

People were supported to have maximum choice and control of their lives. Staff supported them in the least

restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and were passionate about providing great care. People told us staff were kind, caring and promoted their dignity and independence. Staff knew people well and they promoted people's cultural needs. One person told us, "This place is fantastic and it's all because great staff."

Governance and oversight of the quality of the service was highly effective in driving improvements this included regular clinical meetings with the highly skilled multidisciplinary team (MDT) to support people with providing good outcomes. For example, due to appropriate specialist equipment, one person's independence was promoted. The person told us their outlook on life had dramatically improved and they were enjoying their life. The team met weekly to discuss people's needs to ensure people's changing needs were being met.

Risks to people were identified and managed well. Appropriate steps had been taken to safeguard people. The provider ensured good staffing levels with the required skills had been recruited to safely and deployed to keep people safe. Lessons were learned when things did not go quite so well. Infection control systems promoted good hygiene standards.

The last rating for this service was outstanding in responsive and well-led (report published 22 June 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection the service had improved to outstanding in caring and effective and maintained outstanding in responsive and well-led

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 exceptionally effective

Details are in our Effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding 

Fonthill 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 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.

The inspection team:

The inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection site visit took place on the 5 and 6 June 2019.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. The registered manager is also the provider for this location. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. We have through the whole report used the title provider.

Notice of inspection.

The inspection was unannounced.

What we did before the inspection:

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from statutory notifications the provider sent to us. A notification is information about

important events which the provider is required to send to us such as incidents or allegations of harm.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the provider, director of nursing, visiting professional, GP and a housekeeper.

We reviewed a range of records. This included three people's care records and medication records. We looked at a variety of records relating to the management of the service. We also looked at staff training and supervision planning records and other records relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents, compliments and complaints.

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 Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Staff were aware of these risks. We observed staff supporting people safely and patiently.
- People had their individual evacuation needs assessed these were reviewed to reflect any changing needs. Fire drills were practised by staff and they were aware of the evacuation procedures in the event of a fire. The provider had installed throughout the home a misting system which in the event of a fire would quickly extinguish and prevent fire from spreading.
- Accidents and incidents were reviewed, and actions taken to ensure people stayed safe. This was reviewed by the registered manager to enable them to identify themes and trends.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and knew who to speak to if they had any concerns. One person said, "This place is fantastic and it's all because of great staff. Forget about safety features, I had them all fitted in my house but when you are alone in the house, you can't get up to use toilet safely, you need a real person to help. Having help around makes me safe." Relatives and visitors told us they felt people were safe. One relative said, "I almost forgot how a good night's sleep feels, until we found this place. I have had no more problems; all my problems went away since coming here because I know all [their] needs will be met and being safe is one of the main ones."
- Staff had received training regarding safeguarding people from abuse. Staff knew how to report any concerns they had. One staff member said, "I would always report any concerns to the nurse."
- The registered manager regularly walked the home checking for any issues and ensuring staff and people were safe.
- Potential safeguarding concerns were discussed at regular clinical meetings. Practice changes were agreed and implemented without delay. For example, a safeguarding investigation was unsubstantiated but still resulted in changes to ensure a safer practice.

Staffing and recruitment

- Staff felt there were enough staff to meet people's needs. On the day of the inspection we saw staff being quick to respond to people's needs and call bells were answered promptly.
- The registered manager had introduced a specific non-care role for answering call bells (the runner) during the busiest time in the morning. This was because many of the calls were identified for non-care related requests and could be dealt with quickly with the use of the walkie talkies. Feedback from people about the role had been positive and people said that the 'runner' always comes back to update them on their requests and that they are polite and helpful.

- The provider had also introduced a hospitality service which supports people with all their nutritional requirements. This impacted on care and nursing staff as they could ensure they supported people with personal and nursing needs.
- Safe and effective recruitment practices were in place to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Preventing and controlling infection

- Systems were in place to ensure infection control was sufficiently managed. The environment was clean and tidy.
- People were protected from the risk of infections, staff received training and followed guidance.
- People were protected from the risk of infection with the introduction of a 48-hour barrier nursing policy for all people admitted from an inpatient setting.
- The nursing staff were very proud that there had been no viral outbreaks or cross contamination in the home. The use of 'outbreak' training provided by the local CCG gave staff up to date teaching from Public Health England whom the nursing staff liaise with if they have concerns about illness or infections.
- The provider had installed an air filtration system that filtered the air six times a day to improve the air quality by removing solid particulates such as dust, pollen, and bacteria from the air.

Using medicines safely

- People's medicines were administered, stored and recorded safely.
- Regular checks and audits were completed to ensure staff followed best practice.
- People received their medicines when they needed them. We saw staff administering medicines safely.
- A home remedies policy had been written by the in-house GP. The pharmacist worked closely with the nurses and GP to ensure changes and new prescription orders are quickly amended on the electronic medication administration record.
- A defibrillator was available to be taken on outings and trips and staff were trained in first aid and basic life support.
- There was an emergency locked drug box on both floors containing adrenaline and hypoglycaemic treatment for people. This can be used in an emergency and accessed by staff quickly as it is operated with a key pad.
- People were encouraged to manage their own medicines and were provided with small lockable fridges in their rooms if they are safe to self-medicate.

Learning lessons when things go wrong

- The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.
- The registered manager confirmed that lessons learned were shared with staff at meetings and supervision. They also explained that positive lessons were also shared.
- There were daily and weekly management meetings to discuss any safety aspects of note. Equipment was serviced and well maintained.

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 Outstanding. At this inspection this key question has remained the same Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's needs were assessed in detail at the earliest opportunity by staff who had exceptional skills based on their qualifications. Staff followed best practice and as a result people achieved better outcomes. For example, people with complex medical needs were supported by nurses that were highly trained in the area relating to the person's needs. Staff received training from the nurse consultant to adhere to strict procedures and protocols to maintain competency when supporting people. One person said, "I came from a nursing background so even as a pensioner I still remember the job. I never notice anything that I do not like. The staff are very skilled, and they know how to do their job well."
- Audits completed by the dietician employed by the provider. showed improvement year on year with reducing the number of people on a high Malnutrition Universal Screening Tool (MUST). This is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition. One person said, "If you just saw the menu, you would wish to stay here and never leave...and regarding medical help and supporting health needs; where would you find trained nurses at your doorstep."
- A highly skilled multidisciplinary team (MDT) employed by the provider. supported people with their care.
- The team met weekly to discuss people's needs and ensured people's needs were being met. For example, the team ensured one person with end stage Chronic Obstructive Pulmonary Disease (COPD) had rescue antibiotics and steroids in place to be started should their condition worsen. Since the implementation of these rescue medicines there had been no further admissions to hospital. This was because there were no delays with the correct medicines and staff support, prior to this strategy the person had experienced frequent admissions to hospital. The staff team had worked to provide a better outcome for this person.
- Another person who struggled with being able to transfer independently from their wheelchair was provided with intensive physiotherapy by the provider's physiotherapist. Their transfers improved to such a level where they were able to transfer using a board. They were then provided with an electric wheelchair which has given them a huge sense of freedom and independence.
- The staff team consisted of a GP, physiotherapist nurses and nurse associate, chiropodist, speech and language therapist, nurse consultant in palliative care, doctor in palliative care and cognitive behaviour therapist, occupational therapist, beautician and massage therapist and the dietician. All of whom were employed by the provider. This ensured people received exceptional support and timely care.
- The providers ethos was to ensure people had access to great care, they ensured that the staff received appropriate training and development. One staff member said, "The staff are so supportive, we have excellent training. If we have any questions we can see the nurses and they take the time to discuss. One thing I was told is no question is too silly." Staff were supported by the provider to develop their skills and the provider had ensured that the staff in place had the skills and knowledge to promote great outcomes.

Staff support: induction, training, skills and experience

- Staff training, supervision and development was appropriate and based on people's needs. One staff member said, "We have handovers and supervisions, [staff] support me. I am confident in my skills."
- The provider regularly reviewed staff support needs and sourced additional training when needed. One person told us, "Carers and nurses are taking a real interest in my health, that is why I like it here, even the younger carers are knowledgeable enough."
- A member of staff was in the process of undertaking a master's in clinical Skin Integrity and Wound Management arranged and funded by the provider. The director of nursing told us a specialist in this area was missing from our current MDT and has been recognised by the provider and staff team as beneficial to people.
- There were clinical supervision groups held monthly to allow specialist speakers time to update staff on individual topics.
- There were outside trainers who provided up to date training and assessment of clinical skills, such as syringe drivers, Intravenous therapy (IV) is a therapy that delivers liquid substances directly into a vein and central venous access. The nursing team consisted of experienced and well-trained staff who have access to further study and professional development as they require. Care staff had completed the care certificate and were supported to develop their skills and knowledge. For example, one staff member completed a University course and qualified as a Registered Nursing Associate. Staff were supported and encouraged to develop their skills which enabled them to support people with best practice ensuring high standards of care.

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

- People told us the food was excellent. One person said, "There is so much choice." Relatives told us that the food was good.
- Tables were set ahead of the meal and drinks were offered. Menus were displayed, there were a wide and varied choice of food and people could order takeaways if they wanted at no extra cost to themselves. People were helped to make suitable choices regarding their health needs.
- The Chef designed menus in conjunction with the in-house Speech and Language Therapist (SALT) and Dietitian. This ensured people had meals tailored to their likes and to their specific health needs. People were involved and listened to about the choices of foods they wanted.
- Hospitality staff and care staff were updated daily on people's changing needs via the dietary handover spreadsheet and electronic communication system.
- The ethos of the registered manager was for people to choose where they ate, at what time and with whom. The provider explained, this was their home and as such people were supported to live their life. This meant every day choices. People had access to food and drink when and where they preferred. Families were encouraged to come in and dine with their relatives in the coffee shop where a full menu was offered at no extra cost. Families did come in and share family meals together. This promoted a homely feel and valued and supported interaction. People enjoyed these times with their family.
- People were given support in a kind and patient way if they needed help to eat. Staff chatted with people while they supported them.
- People were routinely assessed for choking risks and were referred immediately to In House Speech and Language Therapist if required. This meant people could have specialist advice without having to wait.
- Allergies, dietary needs and weight changes were shared with the kitchen staff. Staff recorded people's food and drink intake where people were assessed as being at risk of not eating or drinking enough.
- Peoples needs for complex or modified diets were clearly communicated between all departments, there was a morning hand over where changes to people's dietary needs were discussed. Food and fluid charts were maintained by care staff and reviewed by the nurses to ensure swift action was taken where required.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by different health and social care professionals. Staff supported people with this as needed. This included hospital appointments and opticians.
- We saw that all changes in health were documented and staff were updated with these changes.
- People's needs were regularly discussed and reviewed by the multidisciplinary team. This meant people's health needs were identified quickly and better liaison with outside health professionals were established.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had implemented a detailed care plan for people receiving care who have lost capacity to ensure the care and support given, considers any actions taken are in the persons best interest.
- The in-house GP completed capacity assessments to assist with DOLs applications, care planning and care in the best interest of the person. The nursing director and matron attended training in changes to the Mental Capacity and DOLs and supports other members of the team to complete DOLs applications and mental capacity assessments.
- People were encouraged to make their own choices and decisions. Staff we spoke with understood the importance of the right to choose. One staff member told us, "I explain everything I am doing and respect people's wishes."
- The ethos of the provider was clear with staff, "No decision about me, without me."
- The director of nursing told us about one person who wanted to walk round the local area and lake, they were supported on an accompanied walk by staff. It was a spontaneous request and actioned in the least restrictive way. Staff recognised the ongoing risk of falls and with the person's agreement were able to accompany them. This promoted their choice in the least restrictive way and promoted their independent decisions to live their life the way they wanted in a safe environment.

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 now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong person-centred culture where people were supported by highly motivated staff.
- It was clear to see people's care was based on what was important to them. For example, one person with no living family mentioned to a staff member that all they wanted for their birthday was a 'proper Italian lasagne' On the person's birthday the staff member collected a lasagne from the local Italian restaurant. They sat together at lunch and enjoyed a quiet birthday celebration. The staff member did this on their day off. This showed the caring nature of staff and friendships they developed with people.
- People and relatives praised staff highly for the tireless work. One relative said, "Staff are hardworking and dedicated. You watch all these programs about bad care and you come here and see all this kindness, support and true interest in people's wellbeing."
- One person told us, "The staff are great they work well together, nothing is too hard for them. The good care is their second nature, whatever they face outside stays away and when they are here they give 100%." We saw throughout the inspection staff took the time to engage with people and spend time to care and support their needs.
- Staff noticed one person no longer enjoyed eating in the restaurant. Staff were concerned and took the time to talk with the person to see what could be done. They found that due to the person's changing needs they felt embarrassed about eating with others. Staff put a plan in place which included foods the person really wanted to eat but found difficult. The person's weight stabilised, and they report to be very happy with the arrangements staff put in place to support them. This supported the person with their nutritional needs but also supported them emotionally, looking after their wellbeing.
- The caring ethos of the home was all about providing a place where people felt at home. For the provider and staff nothing was too much trouble. People's care and support was at the heart of everything they did. One relative said, "Carers are excellent: kind and respectful. Not overpowering, they know residents well and finely tune into their rhythm. [Name] has some muddy days when they imagine all sorts of things, staff sit and calm them down, offering them frothy coffee, even in the middle of the night."

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

- People, or those acting on their behalf, contributed to how they wanted their care and support to be provided. Peoples care plans were updated with their decisions.
- Peoples were supported to think about what was important to them using "Genograms" these are pictorial displays of a person's family relationships and medical history. They go beyond a family tree by demonstrating hereditary patterns and psychological issues that affect relationships.
- This was introduced into the home as part of the initial holistic need's assessment and part of ongoing

psychological support and developing creative relationships. The positive impact of adopting this approach with people are as follows:

- People had an opportunity to consider who was important to them in their lives, family, friends, pets. What was important to them, previous careers, general interests. People could explore how positive aspects identified can still be part of their lives through engaging in relationships, through reminiscence, photographs, virtual reality and activities. People were given the opportunity to consider certain challenges they had experienced in their lives and how they dealt with these.
- Staff have learnt since the introduction of genograms how rewarding it is to have a deeper understanding of people. Because of the introduction of genograms, a project was now underway to celebrate the extraordinary lives of the people. Plaques will be put up along the corridors (with people's consent), to celebrate people's lives.
- We were told about one person who had previously discussed with staff their feelings of hopelessness and helplessness. They wanted to donate some organs for research to help others but did not know how to do this. Staff worked with them and their next of kin and gave the information needed for the person to make informed decisions and discussed their feelings.
- The process gave the person a significant boost to their self-esteem and they found hope and solace in knowing they will be helping others. Staff were there to support and respect their wishes and support their emotional needs.
- One person told us, "Not sure when I had my (care plan) review last time, but staff chat with me and ask if there is anything else they can do. The person told staff they would like to have more involvement with the church, as they used to be involved with pastoral support.
- Since then staff have taken them to church. The person told us, "Sometimes I am asked by staff to talk with residents who need a chat, it makes me still feel needed and that I am doing something good." This gave the person a true sense of wellbeing.
- People and relatives had the opportunity to attend meetings. People and their relatives felt they had a voice and that they were listened to. One person said, "[Staff] listen. It takes a special kind of person, not everybody can do that, even top trained staff, you can't learn that skill."
- People told staff they missed having takeaways occasionally they enjoyed having fish and chips from the local shop. Because of this feedback the provider set up a takeaway delivery service which can be accessed on an electronic pad at the coffee shop. Visiting families also used the service and enjoyed treating their relatives from a selection of food outlets. This was a completely free service.
- The provider told us, "If people come to your home, you wouldn't charge them for their food and drinks." This was part of the providers ethos. It was all about the person, their family and friends experience of living their life the way they wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people extremely well and ensured that any changes in people's needs were noted and discussed with the nurses. Privacy and dignity were embedded within the ethos of the home and staff promoted people's dignity and respect daily.
- Housekeeping staff took great pride in their role and promoted people's independence. For example, some people preferred to put their own clothes away once returned from laundry while others like this done for them, the housekeeping team knew people's preferences and supported people with their choices.
- One relative said, "[Name] definitely made choice for female helper." They confirmed that staff always respected the person's wishes.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people choices in the way they wanted to be supported and promote their independence.
- For example, one person told us, "I am staying here for two weeks and having problems remembering all

sorts of things, staff really helped with making things around my room easier, I now have all-important things near my bed on this chest, I just have to remember to put stuff back after using." Staff were thoughtful and helped support people with their daily needs.

- One person told us that staff were very thoughtful and they felt comfortable receiving personal care. They said, "I have my favourite staff, but they are all good people and they work very hard. It's not easy to be old and they help by being nice and kind." People truly felt staff promoted their independence.
- Staff knew people's needs and likes. For example, for one person who did not like to use the lift alone, staff offered to help them, discreetly escorting them to and from the dining room so that they did not become restricted or isolated by their fear.
- For one person who suffered a visual impairment, staff enabled them to remain independent by ensuring nothing was moved in their room. The person needed very precise placement of objects to enable them to find their important belongings and staff understood and supported them to ensure they maintained their independence.

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 Good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw several examples where people living with very individualised care needs were supported to have their needs and preferences met. People were supported to have maximum choice and control of their lives whilst being supported by staff.

- People received their care at exactly the time they needed, this met their needs exceptionally well. For example, we spoke with one person who required specialist equipment to promote their independence. They told us, "Staff help me to live my life the way I want." Their relative said, "The staff here are incredible, completely caring and they have the right skill to care for[name]." They also explained, since coming to Fonthill House their relatives outlook had completely changed and they were now more positive and enjoying life again. They told us, "This is because of the wonderful staff." The provider had ensured specialist equipment needed was in place which allowed them to get out from bed and be a part of the community. The provider ensured that people had the equipment they needed. One staff member said, "Regardless of the cost people get the equipment they need to ensure the best care and support." The provider wanted to ensure positive outcomes for people.

- The person told us, "This feels like my home. I want to die here." They went on to tell us about their recent birthday party, they told us how the provider and staff had ensured there was plenty of food and drink for all their relatives and friends, they said, "It was such a wonderful day." There had been a huge impact on this person's life, and although they were on palliative care they were enjoying and living life to the full. This was because of the care and support provided daily from staff.

- The home had a coffee shop that was the hub of the home, people, relatives and friends met to socialise and have refreshments at no added cost.

- The provider had implemented a system that ensured staffing levels met people's needs. They employed hospitality staff. Who supported people with their nutritional and hydration needs at a time people wanted. This ensured care staff and nurses had more time to perform their duties.

- All staff communicated using a walkie talkie system via an earpiece this ensured no matter where a staff member was they could be located when needed. This ensured appropriate staff were available when required.

- The walkie talkie system used different channels for example, one channel was for the house keeping team another for the hospitality staff and so on. For example, one relative needed to pass on information to the nurse. The staff member used the walkie talkie system and told the relative that the nurse would be with them within a few minutes.

- The provider ensured there were daily activities to support peoples interests and hobbies. The activity coordinators confirmed people had a say in the type of activities they wanted. People also had access to day trips.

- There were lots of activities to choose from daily, such as: Tai Chi, Gardening, pottery classes, exercise classes, computer club, print making and many more. People were aware of what was on and if needed were supported by staff to attend.
- People were not gathered in one area to socialise as there were lots of different areas in the home to meet. Staff supported people to do what they wanted, when they wanted. We saw some people in the garden, other people were in the coffee shop. People were busy in their own rooms. One person who was helped by staff into the music room sat at the piano and enjoyed playing.
- A relative told, "My [name] arrived just couple months ago, it was a hard thing for them to move from home. I never could imagine they would be interested in anything else except reading and crosswords, because this was the only thing they would do at home, but here they attended music events, cinema evenings, they refuse to go to church, but lately mentioned they might go next time as the singing is good, I am so impressed and proud of them that they settled so well. They are starting to be very settled here."
- One person told us, "Apart from the great care and excellent staff, activities are something I enjoy the most, so much to choose and something for everybody...even the people who are difficult to engage, once they come they really enjoy, staff are very good with encouraging people."
- People were encouraged to pursue their interests and supported to achieve this if required. For example, one resident who loves to attend local football matches. Staff escorted them to the games, ensuring the match officials were ready to support them to get through the stand and to their seat safely.
- We spoke with one person in their room, who was reading their newspaper. They told us that they were aware of what activities were available. They told us about the things they enjoyed taking part in. As we were talking their landline started to ring so we ended our conversation and they as we left the room picked up the telephone and chatted happily to the person on the other end of the phone. This was a great example of the providers ethos. People were living in their own homes and were aware of all the opportunities available to take part in if this was their choice. The provider and staff provided much more than the care and support people needed. They ensured people felt at home and supported them to live their lives the way they wanted. People were supported to follow and develop their interests and live life to the full.

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.

- Staff followed guidance and ensured people were not discriminated in any way. People with sensory impairments led as normal a life as possible.

Improving care quality in response to complaints or concerns

- The provider had followed their complaints process and involved people and relatives in resolving concerns.
- Any concerns or complaints were taken very seriously, and actions taken to resolve any issues. People were encouraged to have their say and talk about any concerns they had.

End of life care and support

- People had their preferences and advanced care wishes documented.
- The provider appointed a Nurse Consultant with a speciality in end of life care, they had completed a master's degree in medical ethics and palliative care and was an Advanced Communication Skills Trainer to ensure people had the best end of life care support. The nurse consultant provided training programmes on end of life care and ethics for all staff to ensure understanding and best practice.
- The in-house GP had a special interest in end of life care and insured anticipatory medicine packs were in

place (This meant that medicines required such as pain relief were in place to ensure appropriate care and support).

- The home had achieved the Gold Standards Framework (GSF) This enables staff to deliver more personalised care within the care home providing people with a better quality of life consistent with their wishes.
- To qualify for accreditation, care homes must have undertaken the full training programme over nine months, embedded this into their homes for at least six months and then undertaken a rigorous accreditation process 'Going for Gold'. To achieve this an assessment against 20 clear standards of best practice is completed. To be recognised as a beacon in this area, a home must show innovative and established good practice across at least 12 of these 20 standards. The provider and staff achieved the Beacon standard and were very proud of this achievement.
- As part of the end of life care provided, after death analysis was completed to assess the outcomes and to identify improvements and learning for all staff. The provider was always looking to improve the quality of people's end of life experience.
- Families were made to feel welcome around the clock when end of life was assessed as imminent.
- All departments were informed about changes in a person's health and asked to accommodate family's needs during these difficult days.
- We read many thank you letters that showed both people, relatives and staff were supported during these difficult times.
- Relatives had commented, "You all cared for [name] so much from the nursing care and so much more, all the staff are fabulous, genuine care and love shown to [name] and us as a family. This is in our hearts forever.", "My [name] stayed with you for the last days of their life. I have the following comments. Your care home is astonishing. Your staff are beyond belief So caring, so loving, so kind."
- Bereavement calls were made to family members two weeks after death and again after six weeks to maintain a level of support for the bereaved. Relatives were sign posted to places for additional support, such as: The Good Grief Trust, Cruse and St Albans Bereavement Network organisations. The provider created a 'what to do next' letter which families were offered following a person's death.
- Relationships had continued after a persons death. For example, one relative visit's regularly to see staff and chat with people in the coffee shop. Another relative runs the poetry class on a weekly basis. The flowers were arranged by one relative of one person who chose Fonthill House as their preferred place to die.
- As a result of the impact on staff, the provider started a communication channel. 'Memories and messages'. This had been very well used by staff who find it a nice way to express how they feel, staff felt supported during these difficult times.

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 Good. At this inspection this key question has now improved to outstanding. This meant the service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and health professionals were very positive about the quality of care provision. One person said, "The [provider] is always visible, they helped us many times with numerous paperwork, they didn't mind that. We asked a lot of questions at the start and they were always there to help. That really helped when we decided to stay here, and we have never regretted."
- There was an open-door policy, the provider promoted openness and support. Staff were supported with regular supervision and meetings and understood the importance of providing high quality care. Staff upheld the provider's values. One staff member said, "The provider is very supportive. People get what they need it's not about the cost it's always about meeting people's needs."
- The provider was clear about their role, and understanding quality performance, risks and regulatory requirements.

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

- The provider fully understood their legal responsibilities. They had notified CQC about events that they are required to inform us of. They were clearly displaying their previous inspection rating both in the service and on their web site which is a legal requirement.
- There was a strong framework of accountability to monitor performance and risk. Regular reviews by the MDT meant that people experienced best practice and care that promoted good outcomes. The Provider and Director of Nursing were very visible around the home. They took the time, daily, to engage with people they knew on a first named basis. This enabled people to share with them openly about what was missing from their lives or what would make their lives better. For example, the provider frequently took one person out to a club they had been a member of for years as this remained an important part of who they were.
- Processes were in place to support staff. Staff told us they felt supported and listened to. They were provided with the training and support to deliver good quality and effective care.
- All staff were passionate and delivered care and support that was person centred and truly about people's individual needs. One person said, "I had a good friend, who was a resident here before they died. [Staff] treated them like a princess, making sure they had everything they liked and their family as well, whenever they came to visit. Somebody was with them all the time, talking, they died so peacefully."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's needs and preferences were listened to, people had lots of opportunities to have their opinions and wishes heard, staff did their utmost to enable people to have a better quality of life.
- People's views and suggestions in how the service was run were acted on, care and support were individualised. One person who lived with dementia and was a very keen sports person did not enjoy the group exercise classes at Fonthill. The physiotherapist worked with them instead at the local gym, where they had previously attended fitness classes and felt more relaxed in this environment. This supported the person to have their support in an environment that they preferred and supported their wishes.
- One person told us, ""Staff are looking after us as real people, we can feel that we matter to them, they are very skilful." One staff member said, "When I compare this place with some other places I visited while working as a carer, I think the reason why people are content is everybody is cared for according to their needs and for that a good assessment and honest approach with the question, "can we support this unique person". I know they nailed this process."

Continuous learning and improving care

- The provider had developed robust systems which promoted accountability and the delivery of outstanding care.
- They had implemented a system of electronic recording which allowed all staff to communicate about aspects of people's care and well-being. For example, the maintenance person was completing water temperature checks. The results of these checks were instantly accessible to the provider.
- The system had private channels for sensitive information. All staff members could be contacted instantly and could be asked to attend in any area of the home. Equally messages for individuals or groups for sharing relevant information were supported.
- The provider had instant access to information and accessed daily reports via their phone. Staff were kept fully up to date with any changes in people's needs. Photographic evidence and clinical observations were documented electronically, all information was accessible using the system as well as non-clinical information relating to cleanliness and safety of designated areas of the home.
- There were daily inter-departmental and weekly management meetings to discuss any safety aspects of note. Equipment was serviced and well maintained.
- Potential safeguarding concerns were discussed at clinical meetings. Practice changes were agreed and implemented without delay. For example, a safeguarding investigation was unsubstantiated but still resulted in changes to practice. This was to promote best practice and support continual learning for all staff.

Working in partnership with others

- The provider had established excellent relationships with community health professionals and worked closely with them to support ongoing care. One professional we spoke with told us, "People here receive high quality care."
- Clinical Governance was taken very seriously, the provider supported student nurses at Fonthill House, this was seen as beneficial and a productive way of maintaining standards and current practices.
- Staff competencies were assessed and monitored. The provider ensured staff were supported to develop their roles.
- The provider regularly reviewed changes with the needs of people's care and support. Technology and equipment were constantly reviewed and updated along with appropriate staffing levels and appropriate skill sets to meet people's needs.
- The provider had ensured an in-house MDT to ensure people received a quick response and support to any changes. This was important because of the complexity of some people's needs.
- The MDT has grown over the past four years to ensure people have the best support and care. For example, the in-house GP was employed to enhance the existing NHS services. They provided chronic and acute care

in both physical and mental health, especially around their particular interest in end of life care.

- The Nurse Consultant worked alongside the nursing and care staff and was committed to embedding a culture of holistic care by being a role model, they provided a teaching programme and facilitated staff reflection. They support staff and patients who were living with and caring for people with increasingly complex and challenging health issues to ensure they could achieve their full potential.
- An example of this was one person with a very complex medical history was admitted to Fonthill House to be near their family. The provider was able to facilitate this because of the highly skilled staff who were competent at accessing and managing a Portacath. (a Portacath is a small chamber or reservoir that sits under your skin). Such is the complexity of these devices that specialist skills and knowledge are required. This allowed the person stability and the reduced need to be transported to and from hospital.
- The GP told us the communication between the staff is fantastic, the skill set here is outstanding. people have access to very good care and great outcomes.
- The provider had set up a clinical supervision group. This was set up to coordinate the clinical care which was managed by five different GP practices. The group consisted of all clinicians involved in peoples care: nurses, care staff, district nurses, Macmillan nurses, physiotherapists, dieticians, GP's and the palliative nurse met monthly.
- The provider described the meetings as an opportunity to pool ideas and explore ways to improve people's care. For example, people returning post operatively to the home to be rehabilitated and supported in familiar surroundings.
- The provider had ensured a progressive, well-led, effective and caring organisation that is responsive to people's needs. They achieved this with a skilled and clinically diverse team of carers and registered nurses working within a multidisciplinary team. The providers ethos was to promote holistic, compassionate, competent and creative care with a strong focus upon how nursing and caring can bring meaningful exchanges for people with great outcomes.
- The provider funded multiple training courses to enhance staff skills and ensure staff support people in a way that supports up to date best practices that are reviewed and reassessed regularly.
- The provider had well established relationships with local groups including schools, Hospitals, fire service, falls service and religious groups.
- Focused recruitment was ongoing - staff recruitment and open day events were held to encourage people to work in the care sector. Fairs at the local university and colleges and online were used to advertise posts.