

Ascot Residential Homes Limited

St Christopher's Care Home

Inspection report

Ascot Priory
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

St Christopher's Care Home is a care home without nursing that provides accommodation with personal care for up to 25 older people. At the time of our inspection there were 17 people living in the home.

People's experience of using this service and what we found

The staff and management team showed a genuine and in-depth understanding and compassion for people they supported. They continuously encouraged improvements and innovation to benefit people in the service. The staff team always tried to enable people to express their own views ensuring people received the care they needed and wanted.

Staff understood their roles and responsibilities, were motivated, and had confidence in their management and senior staff team. Moreover, they were supportive of each other to ensure people received excellent care. The management team placed a great importance on ensuring everybody was treated as an individual and received person-centred care. They had worked hard and had established a strong and visible person-centred culture. The service encouraged and sustained contacts with the local community, external resources and support groups.

The management team spoke with great passion about the care and support they provided to people and their families. They encouraged staff to go the 'extra mile' when supporting people and that was reflected in the feedback received from people and families. Staff were motivated to provide care with much kindness and consideration. People and their families felt they really mattered to the whole staff team.

We observed staff were respectful, considerate and incredibly positive towards people and their relatives. It was paramount to the service to ensure people's wellbeing was respected and protected. People and relatives confirmed staff always respected their privacy and maintained their dignity. People benefitted greatly from living at a service that had a very open and welcoming culture.

The service continued to provide end of life care with a great care and compassion. People and their families were always supported with the utmost consideration and understanding to ensure their decisions and preferences were taken into account. Staff continued to be skilled and attentive to deliver high-quality care following people's and families wishes ensuring they were comfortable. The provider and the registered manager always continued to ensure appropriate facilities and support were available to people, those who were important to them and staff, during the care and after the person's death. They continued to work with other professionals who praised the quality of the service and the care provided.

People were able to engage in a wide range of meaningful activities and maintain regular links with the community. People reported they really enjoyed getting involved in activities and outings because it made them feel busy and useful. People's choices were always respected by attentive and understanding staff,

who were continuously researching for creative and innovative ways to ensure people lived their lives to the full. The whole staff team were very responsive to the needs of people and enabled them to improve and enjoy their life.

The management team had quality assurance systems and were able to identify issues and any improvements necessary. They praised the staff team for their dedication and hard work and appreciated their contribution in ensuring people received the best care and support.

People felt safe while supported by the staff who had the relevant knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The management and staff team recognised, reviewed and explored better ways of working when things went wrong. The registered manager ensured there were enough qualified, skilled and knowledgeable staff to meet people's needs at all times. The service had an appropriate recruitment procedure to follow before new staff were employed to work with people. The service assessed risks to people's personal safety, as well as those to staff and visitors, and actions were taken to minimise those risks. There were safe medicines administration systems in place and people received their medicines when required. There were contingency plans in place to respond to emergencies.

The management team had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. Staff felt supported by the registered manager and senior staff, which helped maintain great team work. The management and staff team monitored people's health and wellbeing and took appropriate action when required to address concerns.

People received support that was individualised to their specific needs. Their needs and support plans were kept under review and promptly amended as changes occurred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interest. The policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (published 23 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-Led findings below.

St Christopher's Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Christopher's Care Home is a 'care home without nursing'. 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who use the service and two relatives. In addition, we spoke with the registered manager, the home manager, the nominated individual and nine members of the staff team. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed lunch, planned activities and interactions between staff and people living at the service. We carried out a tour of the premises.

We looked at four care plans, daily notes and other documentation relating to people who use the service. In addition, we looked at the records related to the running of the service. These included medicine management, six recruitment files, health and safety records, incidents and accidents information, compliments and complaints, and quality assurance audits.

After the inspection

We looked at further training data, meeting minutes and achievement records sent to us after the inspection. We received feedback from seven more relatives about their experience of the care provided. We also received feedback from seven social care and visiting professionals.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service and they knew who to ask for help if they felt unsafe. They said, "I feel safe here, it's so nice and friendly and nothing to worry about", "All the staff make me feel safe" and "If I was in trouble, staff would get me help as there is always someone here".
- Relatives said they felt their family members were safe with the staff.
- When there had been safeguarding concerns raised, the registered manager dealt with them appropriately.
- Staff knew how to deal with and report any issues relating to people's safety. Staff were confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health, wellbeing and care. Staff assessed risks such as moving and handling and falls, and care plans incorporated measures to reduce or prevent potential risks to individuals.
- When people had assessed needs identified, staff recorded the actions to achieve desired outcomes and information in the care plans how to do it. People's records were regularly reviewed to meet their current care and support needs and promote independence where possible.
- Business continuity plans were in place to ensure people were supported in the event of emergency.
- The environment and equipment were safe and well maintained. Staff monitored other general environmental risks, such as water temperatures, fire exits and slip and trip hazards as they went about their work. The registered manager had action plans in place to ensure safety in the service such as fire and legionella.

Using medicines safely

- People had their medicines managed safely.
- Medicines including specialised drugs were stored securely and regularly checked by the senior staff. We reviewed the stock of specialised drugs kept in a separate cabinet and it tallied with the records kept.
- People were supported to have their medicines at the right times as prescribed. Staff told people what their medicines were for and supported them to take them.
- Only trained senior staff who had been assessed as competent supported people with their medicines.
- We reviewed medicine administration record (MAR) charts for the people who use the service and we found no errors.
- Where people were prescribed 'as required' medicines, we found there was guidance in place to identify when the person might need the medication or what symptoms they might present with.

Staffing and recruitment

- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience. We found some information gaps regarding evidence of conduct. We raised this with the registered manager. We have since been provided with evidence that this has been rectified.
- There were enough staff to support people's needs. The registered manager and the staff team regularly reviewed the numbers needed.
- Staff felt there were usually enough staff to do their jobs safely. Both registered and home managers were always helpful ensuring the service operated at safe staffing levels.
- We observed staff answered call bells promptly on our visit. People and relatives felt staff were available when needed. We saw staff responded to people's request for support during the day.

Preventing and controlling infection

- Appropriate measures were in place regarding infection control. We saw dedicated staff ensured the service was kept clean, tidy and odour free.
- Staff followed a cleaning schedule and used appropriate personal protective equipment to help protect people from the risks relating to cross infection.
- Staff were trained in infection control and followed the provider's policies and procedures.

Learning lessons when things go wrong

- When people had accidents, incidents or near misses these were recorded in the service's monitoring documents. These were also discussed with staff to ensure people were provided with the correct and timely support and to look at ways to prevent recurrences. The registered manager also completed significant events analysis to look for any themes or patterns and further prevention or risk mitigation. Any incident and accidents were reviewed daily to ensure no actions were missed, supporting people to stay safe.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs. Staff were able to monitor and address the changing needs of people and improve the quality of their lives.
- People felt the staff knew how they liked things done and received effective care and support from them. Relatives and people said, "The staff look after you well", "Oh gosh yes, [the staff know how I like things done]" and "Yes, the staff support [relative] whatever is needed, and the continuity of staff makes me feel reassured".
- A community professional thought the service provided effective care. They said, "From my involvement with the service I would have no hesitation in saying the service is effective. Residents needs are met without failure, families are engaged in support planning (where appropriate) and any alterations in needs are quickly identified and appropriate plans are put in place."
- People received effective care and support from staff who knew how they liked things done. We observed staff interacted well with people and responded to those who needed help.

Staff support: induction, training, skills and experience

- People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles effectively. Staff received training that equipped them with the knowledge they needed to support people. The provider had a system for monitoring staff training was up to date.
- When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Staff felt very well supported through the provider's performance and appraisal system. They received feedback about their performance and discussed training needs during one to one supervision.

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

- People were supported to receive meals which met their dietary requirements, this included the consistency of the food needed to reduce the risk of choking. Staff made sure foods were available to meet people's diverse and cultural needs and preferences.
- During lunchtime, there was a very nice atmosphere and the people engaged with each other and the staff creating a pleasant mealtime experience.
- People liked the cooked food and they agreed choices were offered to them. They said snacks and drinks were available at any time and they were encouraged to drink regularly.

- As the weather was good, people also chose to eat outside in the garden and staff supported them appropriately.
- The staff and the kitchen staff were aware of people's dietary needs and preferences. Where required, people's food and fluid were monitored, to ensure they received sufficient nutrients during the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's changing needs were regularly monitored to ensure their health needs were responded to promptly. People experienced positive outcomes regarding their health and wellbeing. For example, the provider was continuously aiming to provide preventative care rather than responsive care for people at risk of pressure damage. As a result, there was no pressure damage reportable. The provider understood and promoted understanding of how it could affect people's lives including increased pain, infections, low self-esteem and reduced quality of life.
- People were referred to relevant health professionals in good time to address any health or changing needs. The staff were knowledgeable and informed about people's health and wellbeing. The care for people's health and wellbeing was proactive and organised well thus it prevented frequent hospital admissions. This meant people could enjoy their life as much as possible without health issues getting in the way.
- Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Adapting service, design, decoration to meet people's needs

- The premises were clean and bright, and furnishings and fittings were of a good quality.
- The majority of people living at the service were able to mobilise independently or with the aid of walking frames. People were able to mobilise with ease around the communal areas and their rooms, and the outdoor areas were also accessible and safe for them to use.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's rights to make their own decisions, where possible, were protected.
- People agreed staff asked them before providing any care or support. We observed staff were polite and respectful towards people and their decisions.

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

- The registered manager placed the focus on ensuring continuous care, compassionate and kind support was provided to people from the dedicated staff. As the staff turnaround was low, people and staff knew each other exceptionally well and had well established relationships. From our observations it was clear they had strong bonds and trust between each other which supported positive interactions and successful delivery of care. Relatives added, "Yes! I work in this domain myself, and can truly NOT fault the wonderful attitude shown by ALL members of staff, be it the maintenance staff, kitchen, carers or owners!" and "Yes they are all very caring, friendly and kind. They give my [relative] complete personal care - they always show my [relative] great respect and dignity".
- People and relatives consistently agreed staff were very caring and kind. People agreed staff knew how they liked things done when supporting them. For example, one person came to live in the service who had a long history of getting lost, not returning home and getting upset for unknown reason. Staff took real interest to get to know the person, their likes and what made them feel happy. They started to regularly help with activities that made them feel content such as changing their clothes during the day, rearrange and tidy their room. They also took the person for walks bringing back wood, leaves, cones and make displays in their room. This was an important part of the person's life and staff always encouraged them to make displays as they saw how the person's mood and behaviour improved. Another person could not travel too far to their relative's birthday party. The provider did not want the person to miss it thus they suggested the family and friends to have the celebration at the service. The person thoroughly enjoyed the event having people important to them together. The relative said, "Thank you for making my birthday celebration in the garden so special. Very kind of you for allowing us to use it as the venue. [My relative] was delighted to have all her family around her." The provider and staff demonstrated a real understanding for the people they cared for and what was important to them that had such positive outcomes for people.
- Comments we read left by family members in the compliments book included, "Thank you for all your hard work and dedication, it's very much appreciated, and I can sleep easier knowing [my relative] is in the best place", "Just to say thank you to everyone who cared for [relative]. He could not have had better care or been in a more wonderful environment" and "The standard of care and attention is simply outstanding and there are too many special people to mention but literally all the carers and nurses we came into contact with were so patient with [relative] and so professional. The staff accepted [relative's] changing personality and gave him dignity whilst dealing with the difficult behaviour – this we will forever be grateful for". This demonstrated people and those close to them were treated with much compassion, dignity and respect and they truly mattered.
- Staff were very considerate when providing support to meet the diverse needs of people using the service

including those related to disability, gender, ethnicity and faith. For example, one person was using their own language to communicate with others. Staff continuously helped this person express their views in own language by using assistive technology and electronic devices to translate and look things up about where they grew up. The service also used a themed day to celebrate that country to make sure the person felt at home. Staff understood the importance of treating people respectfully and kindly. They said, "Always talk to the residents how I would like to be talked to, in a nice tone. Respect their ways they might communicate and do things differently", "Always give them choices, always respect their wishes if it is safe to do so" and "Treat people with dignity, don't talk over them, consider their feelings, and hold hands, smile – it makes a huge difference".

- Community professionals and visitors added, "In all the times I have visited the service or spoken with staff, residents or families about the service I have never had reason to doubt the compassion of the staff team and their dedication to the role they play in people's lives", "I attend St Christopher's Care Home on a weekly basis. It is a wonderful place and I certainly enjoy going there. The staff are very helpful, and they provide high levels quality care for the residents" and "Yes, residents seem very happy and have good relationships with staff who are approachable and patient. Nothing is too much trouble. Individuals are encouraged to maintain their independence".

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

- People and those important to them were encouraged and always involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents and relatives' meetings, and verbal and written feedback. Two relatives added, "I feel the staff go that extra mile to support my [relative] and make sure I am involved and informed" and "Yes, the staff are very good at communicating, they know me and that is nice. Staff tell me all information or answer my queries. It is a calm and nice service". One person using the service lost their spouse. Staff were caring for both of them before the loss. Staff were able to maintain consistent support to the person and help them understand the loss with the support of the family. The staff knew they loved their garden and their tool shed back at home, so they have arranged for the person to get involved with the workmen and the gardener to do some work or just spend time together. Staff also helped him express his thoughts about the family and children, by knowing and using their names, where they went to school, where they lived. They knew his love for rugby and singing rugby songs. Staff ensured the person got the support they needed and wanted which also helped relieve any tensions or mood changes that may come with the loss of a family member. The person also attended the international nurses' day with his relative. The relative felt seeing him celebrating it and singing along, it benefitted both of them to spend time together. The relative added, "I had my dad back, and I'd forgotten so much about the real him". The staff helped people to express their views about their views, preferences, wishes and choices that made an impact to people's emotional wellbeing.

- Staff respected people's choices about how and where they wanted to spend their time. Staff felt they were making a difference to people's lives in the way they provided such a caring and kind service. They felt proud of their work and understood their role was important to the people they supported.

- Community professionals thought the service was successful in developing positive caring relationships with people and staff seemed to know people well. They said, "I have witnessed the most exemplary standards of care, and whilst it is a phrase that is often used with little evidence to substantiate the claim, I feel that the staff at St Christopher's view themselves and everyone connected with the home as one large family". One visitor added, "The length of time families spend when visiting their loved ones is testament to how warm and homely the atmosphere is at St Christopher's - I can see everyone feels really welcome, safe and cared for - and cared about - and with exceptional compassion and sensitivity. The staff are engaged with the families and friends as well as the residents and there is an atmosphere of quiet, efficient calm."

- People's bedrooms were very personalised and decorated to their individual taste including pictures of friends and family, paintings and other items important to the person. We observed people and their

appearance. They looked well cared for with clean clothes and appropriate footwear.

Respecting and promoting people's privacy, dignity and independence

- People and relatives agreed staff showed them respect and said they were "very nice, kind and caring". Staff continued to show concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly.
- The service recognised how important it was to preserve people's dignity and maintain their independence. For example, one person had a period of feeling fear for their safety. The staff offered reassurance, kindness and understanding. With additional professional support, the person was able to maintain their dignity and independence, doing things they always enjoyed. Another person was struggling with their behaviour which prevented them taking part in activities they enjoyed including spending time with their family. Again, with much sensitive support and reassurance to the person and family, the staff were able to work together and help the person settle in the service. They were able to enjoy the simple things in life that they enjoyed and meant so much to them, such as going for walk, going out for lunch, being as independent as possible and even just having a conversation in a dignified manner. The service was able to anticipate people's needs and recognised distress and discomfort at the earliest stage. They offered sensitive and respectful support and care that had a positive impact on people.
- People and relatives agreed staff protected their dignity and privacy. Staff respected people's privacy and explained how they would support someone with personal care. We saw that staff knocked on people's doors before entering their room.
- We observed interactions between people and staff were genuine, kind and very supportive. Staff gave time and attention to each person without making them feel rushed. We heard laughter, happy interactions and observed gentle touches like holding hands. People responded to staff with smiles and jokes indicating they were comfortable and so happy with each other's company. People appreciated the quality time given to them and staff demonstrated a real empathy for the people they cared for.
- People were encouraged and supported to be independent. Staff supported people to do as much for themselves as possible. Staff understood the importance of treating people with respect and compassion, so they could live their life as chosen.
- People's right to confidentiality was protected. All personal records were either stored on the password protected computer system or kept locked away in the office. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

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

End of life care and support

- The service was committed to providing outstanding end of life care that met people's wishes. The management and the staff team were passionate about ensuring people who use the service experienced a dignified, comfortable and pain-free end of life.
- In August 2018 the service received the Platinum Status award, the highest rating for providing and sustaining outstanding end of life care awarded by the National Gold Standard Framework (GSF). The GSF Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling frontline staff to provide an exceptional care for people nearing the end of life. Providers also need to review the care of people who use the service and the integration of the processes into everyday practice according to GSF requirements.
- The supporting and reviewing professional for this framework added, "We would like to congratulate you and the staff on your success and thank you all the hard work you have put into continuing this work. We are extremely proud of your achievement and we are sure that this will continue to be of great benefit to you, your residents and all who work in the home. Well done!"
- As part of the excellent end of life care, the registered manager and the staff team ensured relatives were also taken great care of. They ensured relatives were fully supported to spend time together with their family member. The provider continued supporting their staff too, to ensure they understood how to deal with death and loss and provide reassurance to grieving relatives. Staff had confidence and the training to discuss any queries with the relatives and people regarding the end of life care.
- When people needed to receive end of life care, they and their relatives were consulted regarding their care planning and were involved in discussing any preferences and changes. Staff followed best practice in monitoring and caring for people, providing pressure area care and managing pain, specifically at this stage in their life. The service ensured it had the relevant pain relief medicines in stock including end of life care medicine.
- The service worked closely with external health care professionals to ensure people received personalised and compassionate care and support from them when nearing the end of their life. The GP visited people regularly to review their progress and, if necessary, the palliative care team or community nurses were involved.
- Reading comments from the relatives, it was clear they were extremely grateful for the compassion, attention and love their family members received from staff during the last days of their lives. They said, "We greatly appreciate the exceptional level of care, support and constant reassurance you gave our [relative] throughout her time at [the service]. The respect and compassion shown to our dear [relative] during her final weeks and hours touched us deeply. [Relative's] passing was peaceful and dignified", "To all at [the service] remembering our dear [relative], with love and thanks for all your gentle care and kindness", "Thank

you very much for the wonderful care you have all provided for [relative] over the years" and "Just a few words to express my thanks and admiration to you and your colleagues at [the service] over the last months of my [relative's] time with us".

- The service also provided the opportunity for the families to have funerals in the church on site and the staff would accommodate the wake afterwards if this was the families wish. This way the service ensured the relatives felt it was an extension of their family member's home and be able to conclude that journey for their loved ones near their home. Some volunteers at the service were relatives of people who had previously passed away. The provider felt extremely honoured that they decided to come back and volunteer for the service.
- The service also marked All Souls day each year in the local church. The provider would invite families of people who used to live in the service and passed away, so they could remember their loved ones. The families felt the annual service helped them with the grieving process.
- The provider felt really proud to be recognised again for their excellent skills and knowledge of end of life care. They were also delighted to be nominated as one of the top ten care homes in the country for the best end of life care.

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

- The service placed a great emphasis on enabling people to live as full a life as possible. They established people's likes and dislikes, so they could be incorporated meaningfully into an activity for each person. We observed a few activities going on and we saw people enjoyed getting involved and chatting to others in between. The staff team arranged various activities helping people live life as normal as possible without feeling isolated.
- The importance of maintaining their social skills and emotional wellbeing was well recognised and fully promoted. People were able to choose what activities they took part in and suggest other activities they would like to complete. For example, a few people went ice skating as part of their wish list. People told staff they really enjoyed it as it was something different to do and had not done it for years. It made them feel that nothing was impossible. The service had some animals on site that people who had an interest in animals could look after such as chickens, fish and horses. The provider told us that this way they would not only feel they were responsible for them but also develop a sense of wellbeing and feeling of being at home. It encouraged people to go outside and spend time reminiscing about the times when they were young and kept animals. Provider said it brought people enjoyment preventing them from feeling lonely or isolated.
- Activities were listed and available to people, visitors and staff throughout the service. There were exercise classes, lots of music-based activities, quizzes and word games. Staff regularly organised a lot of outings around the local area such as attending the Ascot race course to see the royal coaches, a music festival, and an annual garden party. We were told people were going to the Isle of Wight soon. The provider used these various simple ways to ensure people who use the service felt valued and involved in everyday life. The service continuously strived to go the extra mile to find out what people have done in the past and tried to make that happen.
- Even small details or extra consideration meant people were able to do things they liked. For example, we observed one person had been given a very large jigsaw with a large board on a table, so the person was able to work on it comfortably. Another person liked ironing as it made them feel good. They spent time ironing in the home this included their own clothes as well as items like pillow cases and napkins. They could maintain their independence and by doing a simple task, they felt really helpful and valued by the home. Another person had connections to London and asked if they could have 'a good old knees up'. The staff arranged activities around this. They booked in a pearly king and queen and there was singing and dancing. For supper, people had jellied eels and continued with the party afterwards singing various songs special to each person. Everyone got involved and really enjoyed it and people had a chance to reminisce

about the happy days. Another person used to live in a nearby town and talked regularly about going on the 'white bus'. The staff offered to take the person on the bus where they met many old friends. The service arranged a white bus tour. The person met with a number of old friends during the tour, whom they had not seen for a long time. Staff saw the benefits for the person were immense in regard to their wellbeing. This was now become a regular activity for the person.

- The service also helped people mark their family's anniversaries ensuring people could send cards on those days to the family members. Knowing those special days helped the staff recognise when a particular time of the year would bring back sad or happy memories. In this way the staff could understand people's lives better and deliver more tailored person-centred care to them.

- On the day of the inspection we saw people were attending weekly chapel service. This meant they could maintain and practice their faith that was an important part of their life. By using simple activities, the staff team were able to create an environment where people felt included, valued and most importantly felt as if they were at home.

- The service continued to maintain regular contact and support with the organisations outside the service. The provider considered that an important part of people's lives was to feel integrated into the local community. They ensured people had a range of activities and events to participate in within the community, in addition to the chapel service. This included local schools visiting to perform and spend one-to-one time with people, Christmas and summer fayres, a fashion show for a local designer, plays and special events and local schools visits. Some of the bigger events that had previously been celebrated were celebrated again and very well received. For example, the service celebrated International Nurses Day again. It was so popular there was standing room only. People who use the service, relatives, staff and nurses from the community read during the service. Special guests included the Major and High Sheriff of Berkshire. She said, "It was a pleasure to be at your wonderfully uplifting and beautiful service...I particularly enjoyed meeting and chatting with you both as well as others; and then some of your amazing residents who are clearly so happy and have made deep friendships. I was overwhelmed by the warmth of everyone". The Colonel Commandant of the Queen Alexandra's Royal Army Nursing Corps also came to the service to celebrate this day with people, families and staff. The event had been a great success again and people using the service felt they were a part of a bigger community. The provider created events that people always looked forward to getting ready for, attending, and it made them feel special. Another event organised by the provider was a Burns Night Party. People had the chance to enjoy planning their outfits and doing their hair and make-up. The feedback people gave after the event that it was a memorable party and a wonderful evening out with visitors, friends and family having singalongs at the end of the night. The provider said they used the feedback to develop more events and activities to suit people's needs and wishes.

- This meant the service was continuously being involved with the local community and helping people to maintain links outside of the home. They ensured people, continued to connect to those important to them, celebrate being together and feel part of the local community like any other person.

- The provider ensured all these events and occasions were always remembered by producing a monthly newsletter.

- People and families looked forward to finding out what was going on in the service and what was planned for them as trips and events. The provider put together some memory books displaying various pictures from events, trips and visitors. It was a great reminder of the friendships people made, occasions celebrated, and the wonderful times people, staff, and visitors had enjoyed together. The service also remembered all the people who passed away that year with a special page dedicated to them with their photos and great times they had together. It was a constant visual reminder to people, families, visitors and staff to celebrate the events and impact it had to people.

- We spoke with the activities coordinators and we felt they were hard working and dedicated, developing personalised activity schedules for people. They were very proactive and very responsive to the needs of the

people. They also did a lot of one-to-one activities in people's rooms for those who preferred not to join in with group activities.

- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people during inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or outside in the garden.

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

- People felt they received support that was individualised to their personal needs.
- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care. Where a person's health had changed it was evident staff worked with other professionals. People's needs, and care plans were kept under review and amended when changes occurred or if new information came to light.
- The service was very responsive and achieved some great results for the people that had a significant impact on the quality of their life. For example, one person had a major change in their life. To help the person get back to their normal self, staff arranged a private physiotherapist to attend the person and help them with rehabilitation, as there was a delay in this being processed through referral channels. Staff requested the views of the family and medical professionals as the person's wellbeing was noticeably declining. With continuous staff reassurance and care, as well as medical intervention, the person was able to feel so much better and started interacting with others again. The service was focused on providing person-centred care and support that achieved positive results for the person and prevented further negative impact on their health and wellbeing.
- The staff used shift handovers and daily meetings to discuss any tasks to complete or what was going on in the service. The registered manager and the home manager monitored the service and practice regularly during the day and ensured appropriate action was taken to address any issues.

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.

- The five steps of AIS were reviewed and noted in people's plans of care to ensure all information presented was in a format people would be able to receive and understand.
- Care plans described the support people needed to communicate effectively and what staff needed to do to communicate effectively with them, wherever possible.
- Staff were aware of different ways of communicating with people, for example, pictures, using pen and paper or signing, and giving them time to respond.

Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously and would use it as an opportunity to capture any trends and improve the service.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- People and their relatives knew who to talk to if they had concerns. The concerns log showed all issues raised were looked into, actions taken were indicated and outcomes recorded.
- People and relatives were encouraged to raise any issues or concerns so they could be sorted out straight away. The management and staff teams communicated with people, relatives and staff regularly on an individual basis to ensure no issues were missed. The registered manager and the home manager always thanked the staff and appreciated their work.

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 service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service's aims and objectives were to provide people with high quality care and support. People and what was important to them was the focus of the staff's work. The provider encouraged open and transparent communication amongst all team members. They worked with people, relatives, staff and other health and social care professionals to ensure best practice was always present in the service.
- People were really valued and treated with compassion, kindness, dignity and respect by a dedicated, motivated and committed staff team including a devoted registered manager. They delivered care and support that was very caring and person-centred which had a positive effect on people. This also demonstrated that the registered manager and the provider had established a strong and visible person-centred culture. The service was particularly sensitive to times when people needed caring and compassionate support.
- The management team continually strived to improve the service and their own practice to ensure people were at the heart of the service. Professionals agreed the service provided was of a high quality and they did not have any concerns. They said, "The organisation has strong leadership and I think this is key to their success. They are responsive. The residents always seem happy and I have had only praise from families and certainly no complaints." Another professional added, "Yes, it is my opinion from all I have seen that the service provides the very highest quality of care to all residents and their families. The service has a "can do" attitude and aims to exceed everyone's expectations on a daily basis." The third visitor said, "In my view and from my experience, this organisation is clearly focussed on the individual and their unique needs, whether they be residents, family members, friends or staff. Unique and exceptional care extends to everyone - including volunteers. Nonetheless, there is a tangible feeling of community across the entire organisation. More especially, the vision and values of the provider are of a truly exceptional standard - way beyond anything I experienced in my working life. They are definitely exemplars in their field."
- The management team and staff demonstrated a shared responsibility for promoting people's wellbeing, safety, and security. There was a 'whole team approach' and supportive culture across the service. People and relatives agreed the service was managed very well. By encouraging people and families to get involved in various activities, the staff ensured people's stay in the service was always memorable and enjoyable. They always strived to achieve notable success in responding to people's needs and increasing the quality of life for each person living in the service. Relatives added, "The service provided at St Christopher's cannot be faulted. We as a family are so truly grateful to have [relative] living there. It helps to deal with the awfulness of the disease by knowing that he is in beautiful surroundings being looked after by great professionals with big hearts" and "This home is excellent. They are wonderful with my [relative] who needs

special care and support ...they are so caring and kind, patient and professional and will go that 'extra mile' to make sure she is comfortable, happy and well cared. I live in [county] so I am no longer close by but I have total confidence in them and know that [relative] is very well looked after."

- Staff felt listened to and the registered manager and provider were approachable. Staff spoke very positively about them and felt they were incredibly supportive. Staff said, "I like it here and I like the people owning the place because their heart is in the right place. They constantly think how to improve the quality of the service. I am proud of the things we have achieved. We have a strong team approach to ensure people receive great care and it is not just a job". Another staff added, "The service is managed brilliantly. Our voices are always heard, and suggestions are always listened to and we are notified of the outcome. The management have always put the residents and the staff at the top of their list making sure our residents live well and [receive] end of life care with an excellent quality of life". The third staff member said, "We support each other, families and residents with a great support from our management".

- The registered manager praised the staff team saying, "The staff are a bunch of genuinely kind people caring for residents from care staff to housekeeping staff. They are heart-touchingly caring, beyond love and kindness. I am amazed about the things they have managed to achieve". The registered manager added about the team saying, "The staff are safe and comfortable to come and work here. They bring a lot of different skills and it is a very stable team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager promoted a positive, caring, transparent and inclusive culture within the service. They actively sought feedback to gain the views of people, relatives, staff, and external stakeholders so the people enjoyed living in the service.

- The provider was awarded gold in Investor in People Framework and recognised as one of the top 10 services to work for in the country. One of the recommendations from this work that the provider took further was to review their values as an organisation. The staff were encouraged to share their ideas about what they felt embodied the care delivered in the service. The provider held a focus group made up of families and people. The feedback was the values reflected how they saw the service and the approach taken. However, the language was very corporate, and that was not how they saw the service. As a result, the provider had commissioned a poet/playwright to re-word the values in a way that reflected an organisation. The values were in use in the recruitment and induction processes to help identify potential staff who shared the same ethos and principles, and the provider referred to them when making decisions as a senior management team. The provider was delighted to be awarded such a high rating. This also proved they worked hard to support and develop their staff team, which consequently ensured people received higher level of care from a consistent and dedicated team.

- The service had a particularly strong emphasis on continuous improvement and finding new ways to help people live their life to the full. For example, as part of the training around continence care, the service identified a project to trial changing some hot drinks that may be a bladder irritant to decaffeinated tea and coffee. With the agreement from people and relatives and an announcement to visitors, they started the trial. Other than occasional visitors, most people chose to drink the decaffeinated drinks. In the first few days the staff noticed people were a little less alert, however, they began to sleep better at night. Gradually, alertness returned to each person's individual norm. Sleep improved, with less disturbances during the night for some people. In particular one person with advanced prostate problems only got up once in the night. Each day staff shared feedback at the handover meetings about the impact and any noticeable differences in people's behaviour. Within the first month there were no increases in urinary tract infections (UTI's). The service continued with the use of decaffeinated tea and coffee, and over time realised the UTI's had significantly reduced and so had the falls. The staff, people and their families were delighted with the outcome, the improved quality of life and comfort that people lived with. To date the numbers of UTI's

remain significantly reduced. The provider shared this with other providers at the events and they were considering how they could implement it. This was also shared with the continence service and at training events. The provider told us the continence service were amazed with the results they have achieved.

- The service organised a virtual dementia tour using the dementia bus. This is innovative training that gives trainees and providers an experience of what having dementia might be like and help improve practice. They wanted to provide a different experience to staff, families and local community in order to help them understand this condition from people's point of view. This would also help staff review practice, reduce issues and improve people's lives. Those taking part felt it was a very enlightening experience. It helped them understand a person with dementia a lot better and ensure people with dementia were always shown empathy. The staff felt it was one of the best training they had ever had, helping them see through the eyes of people living with dementia and how it may affect each person differently.
- The service successfully engaged and worked with external organisations as part of their development and sharing of best practice. For example, the service worked with university students who were studying to become speech and language therapist and had an observational placement at the service. The students and the tutor were extremely grateful for such an opportunity and enjoyed every part of it. They said, "Seeing how relaxed the setting is, I was not anxious as I thought I would be", "The staff were friendly, welcoming and genuinely seemed to appreciate our help. The residents were just delightful" and "I have learned that all residents are different". The tutor added, "We are very grateful for this opportunity for our students". Not only had students had an opportunity to spend time with people but also understand and help staff enhance their practice for the benefit of the wider community of people using the service and achieve better outcomes for people.
- The registered manager, the home manager and the staff team were highly motivated to provide care and support to people as their needs and health were changing.
- The registered manager held meetings for people who use the service to listen and gather any views or concerns they had. The provider took all suggestions and wishes on board. They achieved great results such as redecorated areas in the service, adopted chickens for people to look after, putting up new fencing, introduced snack boxes and canapés, organised a second minibus with a tail lift so staff could take more people out and take them more often. The staff team also had meetings to ensure any items arising from audits, reviews, people's meetings, relatives' feedback were shared with the staff team. This was to ensure all team members were aware of any issues, actions to take and pass on positive feedback.

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

- The management team had a quality assurance system in place to assess and monitor the service delivered. They regularly sought feedback from people and their relatives to help them maintain the high quality of service and identify any potential issues or prevent possible incidents. These included reviews, annual surveys, audits of various service aspects, regular review of audit outcomes, staff performance checks and supervisions. The management took appropriate disciplinary action if they needed to address poor performance. They also reviewed reported incidents and accidents related to falls, health and any errors made when providing care. They used the information to drive improvement within the service. All the information was recorded, and actions taken to address any concerns.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the safety and quality of care provided.
- The registered manager submitted notifications to us when required. Notifications are events that the registered person is required by law to inform us of.
- There was a commitment to provide people with excellent quality care and support they wanted from the registered manager and the home manager and the staff team continuously supported this. The registered manager had an open-door policy and welcomed any feedback of how to maintain the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been three incidents that had fallen under the definition of those that should be dealt with under the duty of candour regulation. The registered manager was clear in their understanding of the duty of candour and took the actions in line with the regulation. The provider had a policy that was followed to ensure staff took all necessary actions in situations where the duty of candour would apply. People were supported to go to hospital when they needed treatment and staff updated the care plans when people's needs changed. The registered person was open and transparent with people when things went wrong.

Working in partnership with others

- The registered manager had well-established partnership working with outside organisations. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.
- The provider was the founding member of the Berkshire Care Association that assisted care providers to ensure they provided high standard care and support to people across the county. They continued to use this as an opportunity to learn from other services about things that had gone well and not so well. They shared best practice and learned from experiences to ensure the service was of a high standard. The service always welcomed other providers to visit and encouraged the learning process between them.
- The provider also worked with the local quality team to provide training and upskilling of staff in verification of expected death (VOED). As the service supported people and relatives with end of life care, this was appropriate continuation of support to those receiving care. The training also minimised care staff anxieties and nervousness around VOED and empowered them to complete this task with confidence. Making learning and development exciting and creative contributed to staff development and therefore retention. The established practice of VOED meant the service met the needs and expectations from the people and their relatives in after-death care providing the full holistic care package. This reduced the burden on out of hours GPs who were able to support other aspects of healthcare when needed. In addition, this staff development supported a consistent approach for VOED across the integrated care system in the area.
- The service had strong links with the local community and the provider worked in partnership to improve people's wellbeing. For example, community groups attended the service to provide entertainment and continuously involved people who use the service in the local area life.
- One community professional added, "Yes - the service works well with a range of external partners, that is, primary and secondary care, external consultant, such as myself, the local authority and other stakeholders. The service is unflinching in its advocacy for residents when it comes to accessing external services, and they invariably manage to access these services in no small part due to their relationship with external services. This approach has a positive impact on the resident's quality of life."