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St Ronans Nursing and Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Ronans Nursing and Residential Care Home is registered to provide accommodation and nursing care for up to 46 people, including people living with cognitive impairments and physical needs. There were 42 people living at the home at the time of the inspection.

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

People and their families had mixed views on the staffing levels in the home. However, we found during the inspection there were sufficient staff to meet people's needs. Staff had the opportunity to interact with people in a relaxed and unhurried manner and respond to people's needs in a timely way. Recruitment checks were carried out before new staff started working at the service.

There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and people received their medicines as prescribed. However, some areas of medicine management required more robust systems to be put in place to ensure the management of medicines remained safe.

There were clear processes in place to monitor risks to people which helped to ensure they received effective care to maintain their safety and wellbeing. People were protected from avoidable harm and infection control risks were managed appropriately. Systems were in place to monitor incidents, accidents and near misses. These were recorded, acted upon and analysed to identified themes and trends. Where these were noted, actions were taken in a timely way.

People were supported to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided. Staff had received appropriate training and support to enable them to carry out their role effectively. They received regular supervision to help develop their skills and support them in their role.

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

People said that the staff were caring and kind and that they were treated with dignity and respect. Staff's knowledge of people's history, preferences and risks associated with their care and support needs was good. People were involved in planning their care and the support they received. Care plans contained detailed personal information about how people wished their care to be provided.

The service had a strong focus on inclusion and the prevention of social isolation and offered people a range of personalised activities.

The management team were open and transparent. They understood their regulatory responsibilities. People and their relatives said the management team were open, approachable and supportive. Everyone was confident the management team would take the necessary actions to address any concerns promptly. There were effective governance systems in place to identify concerns in the service and drive improvement.

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

Rating at last inspection

The last rating for this service was requires improvement (published August 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

There is no required follow up to this inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

St Ronans Nursing and Residential 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

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

Service and service type

St Ronans Nursing and Residential Care Home 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the, business manager, owner manager, training manager, registered manager, deputy manager, chef and care staff. We observed the care being provided and reviewed a range of records, included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from three health and social care professionals. We reviewed training data, quality assurance records and additional supporting information provided by the management team.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection we identified the provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed, monitored and mitigated. This contributed to a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Clear processes were now in place to monitor risks to people which helped to ensure they received effective care to maintain their safety and wellbeing. Care plans contained risk assessment information, which provided staff with clear guidance on how to mitigate risks to people. For example, when people required their position changing while in bed to prevent pressure sores, actions to be taken by staff were clearly documented. Monitoring charts in place also reflected that people's position had been changed as stated within the risk assessments.
- People who were at risk of malnutrition and dehydration had clear and up to date information within their risk assessment of how this should be monitored and managed by staff. This included information about their likes and dislikes of certain food and the implementation of food and fluid charts, so that their intake could be closely monitored.
- Other risk assessments in place included areas such as, moving and positioning, skin integrity, medicines management, the use of bed rails and behaviours.
- Staff had a good knowledge of potential risks to people and how to mitigate these risks.
- Equipment, such as hoists, and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.
- There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Preventing and controlling infection

At our last inspection we identified that the provider had failed to fully prevent and control the risk of infection. This contributed to a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The home was clean, hygienic and well maintained. Staff were trained in infection control and understood the importance of maintaining a good standard of cleanliness. Adequate stocks of personal protective equipment were available, such as gloves and aprons. People confirmed staff wore these as appropriate.
- Domestic staff were employed within the service who completed regular cleaning tasks in line with set schedules. These staff worked closely with the management team and care staff and were available to respond to any immediate cleaning tasks that arose to ensure the environment remained hygienic.
- Since the last inspection a clear and robust system had been put in place to ensure that shared usage of toiletries did not occur. This system was closely monitored by the management team and prevented cross contamination and reduced the risk of infection.
- Since the previous inspection, improvements had been made within the laundry room to allow a dirty to clean flow which helped to prevent cross contamination. The laundry room was clean and well organised.
- Policies and procedures were in place to protect people from the risk of infection. Infection control audits were completed regularly by a member of the management team and we saw that action had been taken where required.

Using medicines safely

- There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely. However, temperatures of medicine storage areas were not always monitored. For example, where medicines were stored within medicine trollies kept in corridors of the home no process was in place to ensure these medicines remained at a safe temperature. This was discussed with the management team on day two of the inspection who immediately took action to rectify this.
- Stock checks of medicines were completed monthly to help ensure they were always available to people. However, we found medicine stock checks were not completed for all prescribed medicines. This was discussed with the management team who took immediate action to address this.
- Medicines administration records (MAR) were completed correctly which indicated that people received their medicines as prescribed. A MAR chart audit was completed weekly to help identify any gaps on the MAR or errors in the administration of medicines to help ensure these could be identified quickly and acted upon.
- Medicines were administered by registered nurses or suitably trained staff who had been assessed as competent to do so safely.
- Medicines that have legal controls, 'Controlled drugs' were appropriately managed. Balance checks or internal audits of these medicines were robustly completed.
- Safe systems were in place for people who had been prescribed topical creams.

Staffing and recruitment

- People and their families had mixed views on the staffing levels in the home. People and their relatives' comments included, "At times they're very, very busy and they could do with more [staff]", "There's never enough, are there?" and "I've found it all right." One person and a relative also commented that people were often left waiting for support when they needed to use the bathroom. This was discussed with the management team on day two of the inspection and they agreed to discuss this with people and investigate, monitor and review staffing levels.
- During the inspection we found no evidence of there being insufficient staff levels to meet people's needs. We saw the staffing levels provided an opportunity for staff to interact with people they were supporting in a relaxed and unhurried manner and that call bells were responded to in a timely way.
- Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager said they listened to feedback from people and staff, observed care and monitored the time it took staff to respond to the needs of people to help ensure that the staffing levels were sufficient.

- Staff told us they did not feel rushed in their roles and had enough time to meet people's needs safely. One staff member commented, "You get up and down days, but generally, there is always enough" and another said, "Mostly, we are not rushing, we have time to sit down with people and talk." The management team had implemented a 'butterfly' shift pattern which allowed for an additional member of staff to be available to support people, particularly during busy times of the day such as mealtimes. A staff member said, "Now we have the butterfly shift, it takes a lot of pressure off of us, we don't need to worry about rushing people, it is such a help."

- Checks were carried out before new staff started working at the service. These included, the completion of Disclosure and Barring Service (DBS) checks, which will identify if prospective staff had a criminal record or were barred from working with vulnerable people and obtaining references. This helped ensure suitable staff were appointed to support people. However, reasons for gaps in people's employment history was not always documented. This was discussed with the management team who assured us this would be addressed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at St Ronans Nursing and Residential Care Home.
- There were appropriate policies and procedures in place, which had been developed in line with national and local legislation to protect people from abuse. Staff had received training in safeguarding and knew how to recognise and report abuse to protect people. One staff member said, "Safeguarding is always brought up and discussed in meetings. We've been given guidance on what to do if we suspect abuse."
- There were robust processes in place for investigating any safeguarding incidents. We saw records which confirmed where abuse was suspected, action had been taken immediately and thoroughly investigated. There were systems in place so that any concerns would be reported to CQC and the local safeguarding team when needed.

Learning lessons when things go wrong

- There was a process in place to monitor incidents, accidents and near misses. These were recorded, acted upon and analysed.
- Monthly audits for all incidents and accidents that had occurred were completed. This helped to ensure any trends or themes identified could be acted upon to help mitigate risk and prevent a reoccurrence.
- Staff were informed of any accidents and incidents and these were discussed and reviewed, with staff where required.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we identified that the provider had failed to ensure the service was working within the principles of the Mental Capacity Act. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

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.

- Staff were knowledgeable about how to protect people's human rights in line with the MCA and received regular training on this topic.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- MCA assessments and best interest decisions were completed and recorded appropriately, where required. The policies and systems in the service supported this practice.

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 and found that they were.

- Applications for DoLS had been submitted to the appropriate authorities by the management team, as required.
- The registered manager had a system in place to ensure that all DoLS authorisations did not exceed their expiry date.

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

- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's pain levels, risks of developing pressure injuries and to monitor their bowel movements.

- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life. Where appropriate, there was guidance for staff in people's files which reflected good practice guidance.
- Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's plan of care. Care plans were accurate as the content described the people we met and our discussions with staff, who knew individuals well.
- The management team told us how they involved people in the assessment process before they moved into the home.
- We saw technology used to support people to meet their care needs. For example, there was a call bell system in place and where appropriate some people had pressure activating mats to allow them to have privacy in their rooms whilst maintaining their safety.

Staff support: induction, training, skills and experience

- New staff were required to complete a comprehensive and detailed induction programme before working on their own. This included completing essential training for their role and shadowing an experienced member of staff. New staff were required to have successfully completed their induction training prior to being added to the official staff team.
- There was a dedicated team of staff who were responsible for supporting new staff members to complete shadow shifts and feedback to management. A member of staff told us, "I shadowed someone during my induction, it was very good, and now I'm part of the shadowing team and they [new staff] shadow me."
- Staff felt they received a good standard of training which helped them to effectively support people and meet their needs. A staff member said, "We have yearly refreshers in our training and there's always notices up around the home about other courses, like dementia and stroke." A healthcare professional said they thought the staff were, "Well trained."
- Staff told us they were regularly offered new courses which were specific to people's individual health needs and conditions. A staff member said, "[The training manager] is really good, she is really on top of our training and up together with it. She is always offering new courses for us to do. I went to the bereavement one recently, it was interesting." Another commented, "The training is good. I've asked for extra training in diabetes, Parkinson's and MS (multiple sclerosis) and it's being sorted out."
- Staff received regular supervision sessions with a member of the management team. This provided them with an opportunity to gain feedback on their performance, identify any concerns, and agree learning opportunities to help them develop. Staff employed longer than 12 months had received an annual appraisal of their overall performance.
- Staff said they felt supported by the registered manager and management team. One staff member said, "We have a supervision roughly every 3 months. They are helpful if you want to talk about something or if they [management] have something to say so you can improve, they will let you know."

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

- Menus were personalised to people's needs and preferences and people received a balanced diet. A quarterly resident preference survey was carried out by kitchen staff, which took into account people's cultural and religious needs, dietary preferences, allergies, medical conditions which affect diet, likes, dislikes, eating aids and level of assistance needed.
- People told us they enjoyed the food provided at the home. When a person was asked if they enjoyed their dinner they told us, "It's very good, I have nothing to complain about." Another person said, "I can get anything I want, they will give me eggs and bacon if I asked for it."
- Throughout the inspection, people were offered drinks and snacks regularly. Care records and food and fluid charts also demonstrated people had choice and access to sufficient food and drink throughout the day and night.

- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- People's care plans clearly highlighted people's food preferences, such as the type of diet they required, any food allergies and the level of assistance they needed.

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

- People confirmed that they were supported to access healthcare services when required. A person said, "I'm going to the eye clinic tomorrow." A relative told us, "Oh, yes, they're [staff] good that way (getting medical support when required). They've called the doctor out for her in the early hours of the morning. I can't fault this place."
- Care records confirmed people were regularly seen by doctors, specialist nurses, dentists and chiropodists.
- Peoples' care records contained clear and detailed information on their specific health needs and how these should be managed and monitored.
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay.

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

- St Ronans Nursing and Residential Care Home is set over three floors with bedrooms on all floors. Floors could be accessed by people, staff and visitors via a passenger lift, staircases and stair lifts.
- The home was well maintained, and people could move around freely.
- There was a number of communal areas available to people, including two dining areas and three lounges which allowed people the choice and freedom to choose where they wished to spend their time.
- People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions.
- Some adaptations had been made to the home to meet the needs of people living there. For example, corridors had handrails fitted to provide extra support to people. There was limited decoration throughout the home to support people living with dementia or poor vision, such as picture signs on toilet, bathroom and bedroom doors. This was discussed with the registered manager who informed us that signs were used in accordance of people's needs, and at the time of the inspection no one living at the home required this signage to be in place.
- The garden area was accessible and well maintained with a number of seating areas for people to enjoy.
- Wi-Fi had also been installed to allow people or their visitors to connect to the internet and aid communication.

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

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

- Feedback from people reflected they felt that the staff were caring. Comments included, "I like the staff; they're very nice. They will do anything for you", "Definitely (caring), nothing seems too much trouble", "They've got some good carers, they'll go the extra mile" and "They [staff] are very respectful. They explain in a clear way what they have to do."
- We observed mostly positive interactions between people and staff. For example, staff complimented people and noticed when they had their hair done and supported people in a kind and gentle way. On one occasion a staff member asked a person if he could move their chair, the staff member was careful to explain why he wanted to move the person and assured them he would return her to where she was when able. We also heard a person tell a staff member they were 'fed up.' The staff member put an arm round the person and spoke quietly to them which resulted in the person looking comforted. However, on two occasions, staff did not ask people's consent before providing them with interventions. For example, one member of staff asked another if she should, 'take [person] for a little spin in the garden?' The person was not asked and expressed they did not want to spend time in the garden; however, they were taken anyway. Additionally, we observed one staff member place a clothes protector around a person's neck without asking their consent and began to feed them without asking if they wanted to be assisted. This information was shared with the management team following the inspection, who agreed to look into these issues.
- The staff recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally. Information about people's life history was recorded, which staff used to get to know people and to build positive relationships.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments.

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

- With the exception to the issues highlighted above we observed staff regularly interacted with people to seek their views and wishes. For example, staff provided choices of drinks, activities and asked where people would like to sit.
- People were given the opportunity to express their views, both on a one to one basis with staff or the management team and during resident's meetings. Resident meeting minutes confirmed that discussions were held with people about the day to day running of the home and demonstrated that people were involved in making decisions about their care.
- People were involved in planning their care and the support they received. Care plans contained detailed personal information about how people wished their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we saw that staff took steps to protect people privacy, such as knocking on their door before they entered and speaking with people quietly and discreetly about any personal care if they were in a communal area.
- Staff described how they took action to protect people's dignity and privacy when supporting them with personal care. One staff member said, "I make sure the door is shut, the blinds are pulled and when washing them, I cover them with a towel."
- People were supported to maintain their independence as much as possible in their daily routines. One staff member described how they encouraged people's independence when providing personal care; they commented, "I always encourage and ask them to do tasks for themselves, like washing their own face or having a drink if they can."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs; supporting people to develop and maintain relationships to avoid social isolation, to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences. This enabled them to engage effectively and provide meaningful, person centred care. A relative said, "I'm impressed that the new staff are ready with a smile, they know [family member] and her needs."
- Staff had access to key information about people's care needs and used this information to help ensure they supported people in line with their preferences. A staff member said, "We can pop into the office and read through the care plans whenever we want."
- Care and support records were personalised. Care plans were reviewed on a regular basis, so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. Care records were updated which showed how staff were responsive to people's changing needs.
- Staff worked together well to deliver timely and effective care to people. Staff received a handover at the beginning of their shift to ensure that any updates and key information was passed to them. A staff member said, "We have a handover at the start of our shift and they tell us all the information that we need to know. If we have a new person, they always tell us about them and their preferences, like if they prefer hot or cold drinks, and what music they like."
- The service employed two 'life support workers' whose role it was to arrange activities, events and outings for the people living at the home and prevent social isolation. Activities provided included; visits from external entertainers, trips out in the local community, arts and crafts, music, quizzes, reminiscence, and exercises. Following requests from people the service also had regular 'cheese and tippie' afternoons which families were invited to.
- People were satisfied with the activities offered and provided. Comments included, "There's a quiz, I often come top of the list and there's trips to the seafront", "Oh, yes (there is enough to do), they have a puppet theatre and a ballet, that's a bit of culture. They bring in live animals, they've brought in hamsters and grass snakes and frogs" and "They have them (activities) all the time. I don't take part, I watch them. Ascot was the last one, it was pleasant." A social care professional said, "The social aspect is excellent."
- Regular themed days/weeks were held to celebrate special events. People were fully involved in choosing themes and participated in arranging these. For example, the home held a VE day celebration where people chose what type of food they should have and helped decorate the home and garden in support of this. The Grand National day was arranged where people dressed up in novelty jockey hats and a communal area of the home was decorated with large horse shaped balloons. Families were invited to watch the race with their loved one and rosettes were presented to the people who picked the winning horses. An Oscar themed

party was held where people were presented with an Oscar for things they had done. The management team told us that these themed days, 'had improved morale and the atmosphere is amazing.' People also talked about these days fondly.

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information. For example, one person's care plan stated, "I need staff to speak slowly and loudly to me, use simple words and non-verbal gestures to aid my understanding."
- The registered manager was aware of the Accessible Information Standard (AIS). Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.
- A 'communication station' was available to people and staff to help people with communication difficulties. This includes picture boards, wipe clean boards to write down information, picture cards and magnifying glasses.
- For people whose first language was not English, interpreters would be sourced from the community if required.

Improving care quality in response to complaints or concerns

- People, their relatives and staff knew how to raise a complaint. They felt confident that their concerns would be taken seriously and responded to by management. A relative told us, "There was an issue with a resident. He had dementia and he used to come into [persons] room. It was handled very sensitively."
- There were robust systems in place to deal with complaints, including a comprehensive complaints policy. Information about how to make a complaint was displayed clearly in the reception area of the service and in each service user guide. The registered manager told us that this could be provided in an easy to read format if required.
- Two formal complaints had been received since the previous inspection. The management team was able to demonstrate that these were taken seriously, investigated robustly and action had been taken in a timely way.
- The service also had a concern log in place, which was used to capture and address concerns before they became a complaint. On reviewing this concerns log it demonstrated that the management team were open and honest in their approach and tried to resolve any issues promptly. The complaints and concerns log was regularly audited so the service can identify and act on any recurring themes.

End of life care and support

- At the time of the inspection, one person living at St Ronans Nursing and Residential Care Home was receiving end of life care. Individual end of life care plans had been developed for people, which gave clear information for staff about how to meet their end of life goals and outcomes. People's care plans contained detailed information about their individual end of life wishes. This included information about where the person wanted to be at the time of their death and how they wished their body to be cared for.
- The registered manager and staff were able to provide us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death. Staff had received training in end of life care and demonstrated that they understood this. The registered manager told us, "We go on the journey with people and keep families involved every step of

the way. We are also in the process of arranging an end of life network group for people, this will provide them with ongoing support following the death of their loved one and help them understand what they need to do in relation to things like registering the death.

- We saw 'thank you' cards from people's relatives, which confirmed their loved ones had been treated with respect, compassion and support at the end of their lives. One commented, 'We would like to thank all the staff for your care, compassion and patience in making our [relative] as comfortable as possible in her last few weeks, we could not of ask for better care' Another said, 'Special thanks to [named staff members] for their tender care and wealth of information given to us on a weekly basis to help us prepare for [relatives] death.'

Is the service well-led?

Our findings

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

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

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

At our last inspection we identified there was a lack of robust systems and processes in place to assess, monitor and mitigate the risks associated with people's care and ensure the safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There was a clear management structure in place, which consisted of the providers, business manager, owner manager, training manager, a registered manager and a deputy manager; each of whom had clear roles and responsibilities.
- Staff spoke positively about the management team. They told us they felt fully supported by the management team and they enjoyed a good working relationship with their colleagues. Staff comments included, "[The registered manager] is very nice, I can always go to her if I need to talk about anything" and "The management are approachable, I can 100% talk to them about anything. Things are always sorted out."
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control.
- There were robust quality assurance procedures, which included audits of care plans, cleaning records, medicine administration, environmental audits, training and supervision.
- All completed audits resulted in an action plan being completed, where required. These were discussed with the management team and timescales for work to be completed, agreed.
- The registered manager felt well supported by the wider management team who were fully involved in the running of 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

- The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- When something had been identified as not having gone as well as expected, this was recognised, discussed and a plan made to help ensure the event did not re-occur.

- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the services business manager who was able to demonstrate that this was followed when required.
- The previous performance rating was prominently displayed in the reception area and on the providers website.
- A relative told us, "It's struck me the atmosphere and the attitude of the staff is very open. If I ask a question, they're never defensive. They're always ready to explain."

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

- People and their relatives felt the service was well led and told us they would recommend the home to others. A person told us, "This is the best home there is. It's got a very good name. You get your hair and nails done. They like you to look nice. We're very lucky." Relatives comments included, "Yes (it's well led), you can see the manager and deputy anytime you want to. The manager is really friendly" and "It's very good all the way round. I would recommend it to anybody." A social care professional said, "I find the managers easy to communicate with and helpful with any queries I may have."
- The management team demonstrated they were committed to providing person-centred, safe and effective care to people. The registered manager told us, "I do this job because I like to make people's lives better. I love the residents and the staff."
- People were made to feel that they mattered. A person said, "It's very nice. If you want anything changed, they'll come and do it." Another person told us, "They [staff] pop in even when it's not their shift. It's very heartening." One person who wanted to visit the beach but was unable to do so due to health issues was supported to have a 'beach experience' through the use of technology and the beach was brought to the person, including pebbles, sand, salt water and ice cream.
- People were supported to remain in contact with family members and loved ones who were welcomed any time. Where families were unable to visit assistive technology was used to aid contact.

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

- Staff told us they enjoyed working at St Ronans and felt valued. Staff comments included, "I absolutely feel valued here, it's like a second family", "I love my job, I wouldn't be here otherwise" and "I feel relaxed working here. I can give it my all for the benefit of the people we support."
- Staff told us regular staff meetings took place and they were actively encouraged to provide feedback and make suggestions which would improve things for people. Staff confirmed they found staff meetings useful and felt listened to by management when raising issues. A staff member said, "We have regular staff meetings and if we can't attend we can look at the minutes, which they send by email. Issues we bring up always seem to be dealt with." We found that staff comments were taken seriously, and actions taken were required. This was evidenced within the staff meeting minutes.
- The management team consulted people and relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and resident and relative meetings.
- Feedback surveys were given out annually to people, relatives and health and social care professionals. Due to previously poor completion levels of these surveys the management team reviewed and changed the way these were provided, which has resulted in a higher returns rate for feedback. On reviewing the recent completed survey sent to relatives and friends the responses were positive. Following feedback from all surveys, detailed action plans were developed, and actions carried out where required to help improve the quality of the care provided.
- The service also produced a bi-monthly newsletter which contained up to date information to people and relatives about past and upcoming events and changes in the service.

- There was a comments box within the reception area of the home which allowed people to make suggestions or raise issues confidentially if they wished.

Continuous learning and improving care

- There was an emphasis on continuous improvement.
- There were processes in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety.
- The management team kept up to date with best practice through training and reading relevant circulations / publications and updates provided by trade and regulatory bodies.
- All learning was shared with staff during staff meetings, handovers, supervision.
- Staff performance was closely monitored by the management team.

Working in partnership with others and community involvement

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- The service worked in partnership with a number of organisations. The business manager of the service sat on the Hampshire Domiciliary Care Providers (HDCP) executive group and was the representative for the Portsmouth area. The providers were also a member of the Hampshire Care Association (HCA) executive board. HCA represents the views, concerns and interests of its members to commissioners, government and regulatory bodies. The management team participated in local provider meetings and liaised with the local authority and the Clinical Commissioning Group (CCG). Their active involvement with these organisations provided them with the opportunity to share knowledge and ideas with others to aid the delivery of effective care following up to date guidance and legislation.
- Staff supported people to attend local community events and to access activities and support from external agencies. The service had links with other resources and organisations in the community to support people's preferences and meet their needs. This included, supporting people to follow their faiths, being part of a local community gardening project and working with a local scout group. Links had also been developed with a local college and university to provide students with work experience and offer placements for apprentices.
- The service was also in the process of planning to host an in-house coffee morning and craft market. This event would be open to the local community to attend.