

Westgate Healthcare (Hemel Hempstead) Limited

St Pauls Care Centre

Inspection report

Long Mimms
Hemel Hempstead
Hertfordshire
HP2 5XW

Tel: 01442229170

Date of inspection visit:
18 February 2020
20 February 2020
06 March 2020

Date of publication:
12 May 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

St Pauls Care Centre is a nursing home providing personal and nursing care to 85 people at the time of the inspection. The service can support up to 88 people.

St Pauls Care Centre is a purpose-built care home offering people accommodation over four floors. The bedrooms are generous in size and there are several communal areas and dining facilities for people to use. People can also spend time outside in the garden.

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

People, relatives and health professionals were extremely positive about how responsive staff were to people's needs. They told us the care people received was personalised to their individual needs and this had a positive impact on people's health and well-being.

People were happy and involved in the home's day to day life. People told us they were supported to continue to live their life; pursuing their hobbies and interest. Staff enabled people to accomplish their wishes and this increased people's self-esteem and their motivation to improve their physical and psychological well-being.

Staff used computer devices and other aids to help people communicate and interact with each other and their family members. There was a collective effort from staff to ensure each person living in the home felt important, included and the care they received was meeting their needs holistically.

People, relatives and staff were regularly asked to provide feedback about the service. The provider had regular meetings people and staff committees to ensure they could address any issues raised.

The provider worked together with other providers of similar service types to discuss and influence current best practice. Everyone we spoke with praised the management team of the home for being kind and working together for the people to receive care and support that met their individual needs and preferences.

The provider was responsive to the needs of the community by developing and offering services needed, for example, for people with an acquired brain injury. Health and social care professionals were extremely positive about the care and support people received and praised the leadership in the home.

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 told us they felt safe and well supported by staff who knew them well. Staff were trained and skilled to meet people's health needs. They knew how to recognise possible signs of abuse and report concerns to

their managers or external safeguarding authorities.

People's medicines were administered safely by staff who were trained and had their competency checked. Infection control procedures were followed by staff when cleaning and when offering personal care to people.

There were enough staff, employed through robust procedures, to meet people's needs in a timely way. When things went wrong staff completed a root cause analysis of the incident to ensure that any actions needed to improve the service could be identified and implemented.

People praised staff for their kind, caring and respectful attitude. People's likes, dislikes and cultural preferences were known and respected by staff and management in the home. Staff met and catered for people's diverse dietary needs. When there was a need for it, health professionals like dieticians were involved to help people achieve a good nutrition.

The registered manager and the provider completed a range of regular audits to ensure they were assessing the quality and safety of the service provided. Where actions were needed to improve the service, these were completed in a timely way.

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 19 August 2017). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

St Pauls Care Centre

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 eight people who used the service and eight relatives about their experience of the care provided. We spoke with twelve members of staff including the provider, registered manager, deputy manager, nurses, unit managers, care workers and the activity coordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service and we received feedback from more relatives. Also, two relatives and a health professional contacted us to give feedback about the service.

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; Learning lessons when things go wrong

- People and relatives told us the service was safe. One person said, "It's good here, they are nice to me. I feel safe." A relative told us, "[Person] is definitely safe here. They [staff] are very careful with the care and I wouldn't want them to be anywhere else."
- Staff told us about what safeguarding meant and how they reported their concerns to their managers. They were also aware of external safeguarding authorities they could report their concerns to.
- Lessons were learned from safeguarding incidents or when people sustained an injury. A root cause analysis was carried out and learning was shared with staff to ensure the likelihood of reoccurrence was minimised.

Assessing risk, safety monitoring and management

- Risk assessments were in place and these gave staff details about what measures were needed to keep people safe. These were regularly reviewed to ensure people were safe from the risk of harm.
- Staff knew people well and they were able to tell us where people were at risk of falls, malnutrition or dehydration. We observed staff supporting people well, encouraging frequent drinks and food for people who were at risk of dehydration.
- Staff knew what to do in case of an emergency like fire. Regular fire drills were in place to ensure staff could be prepared and knew how to use the evacuation equipment in case of an emergency.

Staffing and recruitment

- People and relatives told us there were enough staff to meet people's needs in a timely way. One person told us, "I don't need to use the bell often. They [staff] are around all the time so I just ask." A relative said, "There are enough staff and the staff are so well trained that if they are a bit short staffed, say someone is off sick, then they will move people from different floors. It works well."
- On the day of the inspection there were enough staff and they were visible throughout the building. Staff told us that staffing numbers were based on the needs of people using the service.
- We observed staff respond to call bells quickly and people's support was not rushed.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.

Using medicines safely

- People's medicines were administered safely by staff who were trained and had their competency checked regularly.
- Time critical medicines were administered as prescribed and for medicines prescribed 'as and when

required' protocols were in place detailing when, why and how to administer these.

- Stock of medicines we counted corresponded with the records kept and mood control medicines administered to some people were regularly reviewed.

Preventing and controlling infection

- Areas in the home were clean and pleasantly airy. There were enough housekeeping staff on duty and throughout the day of the inspection cleaning was in progress.
- Staff were seen using personal protective clothing when dealing with food and when offering people personal care.

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 needs were assessed before they started to use the service. Assessments detailed people's overall support needs and individual preferences. These assessments formed the basis of people's care plans and risk assessments and were further developed as and when needed.
- Relatives told us they were fully involved in assessments and reviews of people's care where appropriate. One relative said, "We filled in a brochure to give them some background and they [staff] did talk to us. Every time we come in, they show us the care plan and what is changed."

Staff support: induction, training, skills and experience

- People and relatives told us they found staff knowledgeable and keen to learn about different health conditions people in the home had. One person said, "I find staff being extremely knowledgeable, they must be well-trained."
- Staff told us they were well supported by their managers and the provider to understand and carry out their roles effectively.
- One staff member told us, "I like it here. The managers are very supportive, and they help us, not just working but with learning as well. Those who have been here for longer, get an award, I got a 5-year award. I feel appreciated. Managers support you to progress in life and any other training you want to do."

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

- People told us they were happy with the quality of the food provided. One person said, "The food is very good."
- Some people were assessed as needing staff to monitor their food and fluid intake. Staff were seen monitoring this and encouraging people to eat and drink sufficient amounts.
- Meal times were a social event and people enjoyed spending time and eating in the dining room. The food served on the day of the inspection was homecooked. Home cooking smells filled the dining room where tables were laid ready for lunch with tablecloth, drinks and napkins. Condiments were available.
- Staff were attentive and offered people support in a sensible way.
- The chef catered for people's dietary needs and cultural preferences. Where people were identified losing weight, they were referred to their GP or dietician for support.

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

- Staff knew people's needs very well and ensured that any changes in a person's condition was noted and discussed with the person, their relative if needed, and the management team.

- They worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided. A health care professional told us they were impressed how well prepared and knowledgeable staff were about people's health conditions. This enabled them to make decisions on people's treatment when they visited the home.
- We saw from records that staff made referrals to professionals such as GPs, physiotherapists, opticians and chiropodists as necessary.

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

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other special equipment people needed.
- There was ample space in people's bedrooms, as well as open-plan communal spaces. People had access to en-suites in their room, communal toilets and bathrooms were located throughout the units.

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

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

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

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

- People told us staff listened and respected their choices. One person said, "I like it here. They listen to me and this makes me feel comfortable. I can choose what I want to do and what help I need. It's great" A relative told us, "They are so good, and they give people choices."
- Care plans evidenced if people had capacity to decide about their care or treatment. Where people were found to lack capacity a care plan was in place and the registered manager applied for DoLS.
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, health and social care professionals to ensure the care people received was in their best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives praised staff for being kind and caring. People told us, they were happy that there was a permanent staff group in the home, and they got to know staff well. One person said, "I know them all and they know me. This is very important!" A relative said, "Before [family member] moved in I did ask the question about staff turnover. It's important to have staff who are permanent, and they can provide a consistent support and care. I was reassured by the low turnover and I always see the same staff working."
- People were supported by staff with empathy, respect and kindness. We observed staff spending time with people, laughing and offering support when needed.

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

- People told us they were involved in planning their care and support. Where appropriate, relatives supported people to ensure they received care and support the way they liked it. One person said, "I am very happy here. They talk to me properly and they listen to me."
- Throughout the inspection we saw staff asking people for their views and supporting them to make choices about things such as what to eat, where to sit, whether to participate in an activity.

Respecting and promoting people's privacy, dignity and independence

- People were well-groomed and dressed appropriately for the weather. We saw staff supporting people with their needs discreetly to protect their privacy. Doors were closed when staff were giving personal care.
- People were encouraged to remain and re-gain independence. One person told us that since moving in the home they felt motivated by staff and started exercising so they increased their mobility and independence.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received extremely high-quality care. Staff were enabled by the provider's systems and processes to provide people with personalised care and support. People's likes, dislikes and personal preferences were met, and this enhanced their well-being.
- The positive outcomes people achieved after moving in the home were significant. People's mobility improved; in some cases from being cared for in bed to walking independently. One relative told us that because staff were so responsive to their family member's needs and took time to encourage and support them, their motivation increased, and they started walking again.
- The relative said, "[Person's] life changed for the better when moved to St Pauls. Within a week of their arrival we were overjoyed that [person] was walking with a frame and able to join in activities (was bedbound and needed hoisting before). It was even better when they began walking unaided and has continued to do so. I feel [person] is lot happier now and being a very sociable person, settled well. [Person] loves everyone at St Pauls and has a lot of fun."
- Staff understood how important it was for people to feel valued and useful members of the community they lived in. They encouraged people to continue to live the life they wanted and be involved in the running of the home. For example, they enabled people to take part in housekeeping duties, delivering activity sessions and other little jobs people wanted to do. One person was proud to work as part of the activity staff and wearing a uniform. They said, "I really feel like part of the team, being able to change into my uniform for my job is great, feels just like before I retired! I still can't believe I came to a nursing home and got a job!"
- Visiting health and social care professionals as well as volunteers praised staff for the individualised care and support, they were providing to people. A visiting GP told us they were impressed by how responsive staff were to people's changing needs and they involved health professionals at the right time so that people's health and well-being could be maximised.
- Care plans were well developed, personalised to each individual person with likes and dislikes clearly recorded. Staff told us how important it was for them to have personalised information in care plans especially for people who were no longer able to communicate their preferences. For example, one care plan detailed, "I like to wear makeup and I am able to do this with supervision. I like to have my nails trimmed and painted in light pink colours. I like to attend the hair dresser." We saw pictures of this person always smiling when participating in various activities in the home and always had their hair done, nails painted and wore makeup. This meant that people received personalised care and support from staff which made them feel happy and content.

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 carer's.

- Staff were focused to find ways to effectively communicate with people and helped people establish effective communication with family members. They used computer devices and FaceTime for people to be able to keep in touch with their family. One relative said, "I feel a bit guilty that I can't always get to see [family member] when I want to, but knowing the staff are showing them what we're doing is great. When I'm on the phone I can hear staff showing [family member] the picture of what I'm talking about. I feel really comforted knowing [family member] has such a caring team around them."
- There was a drive from the provider to keep up to date with current best practice in communicating with people who lived with dementia. Staff understood the importance of gathering information about people's past lives style to ensure they had terms of reference to effectively communicate when they were no longer able to communicate verbally. Staff used music to ease people's need to communicate. This had a positive impact on people's moods and reduced people's frustrations and anxieties. For example, a person had been challenging staff with their behaviour when they moved into the home. Staff encouraged them to take part in musical entertainment, singing and dancing sessions. The person's behaviour changed significantly, and they were now happy and content. Another person who had limited verbal communication due to their dementia came to life and sang when staff put music on.

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

- People, relatives and professionals we spoke with praised staff for being dedicated and focused in achieving positive outcomes for people. Relatives were thankful for the personalised care and support they provided. One relative told us, "There is a full agenda of activities. [family member] cannot do much (or understand) but they are always encouraged, and I believe this has helped their cognition as it is mentally stimulating."
- Staff told us, they were helping people to live life to the full by paying attention to what was important to people and enabling them to achieve their wishes. For example, a person believed they had to go to work every day. Staff ensured they always had their handbag at hand, and they could freely walk around and greeting visitors behaving like they were visiting as well. They were happy, smiling and chatting away with anyone coming into the home. Another person was happy to be 'employed' in the home and proudly wore their uniform when organising activities for other people. A volunteer who visited the home regularly wrote, "As soon as I began volunteering at St Paul's it was clear to me just how welcoming and friendly the staff here are. The activities team is so cheerful and always make sure the residents are enjoying themselves, involving them in fun and engaging activities throughout the week. St Paul's in general is an amazing care home, and I have loved every minute of my time here!"
- People were happy and smiling when they told us about the various events and activities, they were involved in. One person said, "We went on a small trip to the museum. It was great and we sang 'we'll meet again' to the driver, such good fun. We had a Valentine's party and we do dance to music and baking, and I like bowling and quizzes too." A relative said, "They do Yoga, dancing, they ask questions like 'where was your first date' and the residents love it. They even had an Elvis day recently. The activity girls are brilliant, and they really encourage people to socialise in the lounge areas."
- There were several initiatives implemented by the registered manager and the provider to ensure every person living in the home was included in the home's daily life and supported to have a happy life. For example, 'chatterboxes' were placed in each communal area. These were bright, colourful boxes full of simple questions, created by people and staff to support staff in how to start an easy and meaningful conversations. One person told staff when they sat down in the lounge, "I am waiting for someone to ask me

something!"

- The 'Resident Wish Scheme' was another initiative funded by the provider. No matter how big, small or unusual people's wishes were, staff went above and beyond with the provider's help to accomplish these. Feedback from people demonstrated the significant impact it had on them to have their wishes accomplished. One person wrote, "This is the best present ever, I have always wanted a pair of these, I'm so happy I will wear them every day."
- People, if they wished, could become 'Lifestyle Pioneers'. This meant that they were taking up different roles in the running of the home. For example, they could become a food critic, or in charge of the gardening or the post. One person was part of the housekeeper team and another person part of the activity team. People told us they felt empowered and liked to have a purpose. They enjoyed being involved in the running of the home.

Improving care quality in response to complaints or concerns

- People told us they had no complaints. One person said, "I have nothing to complain about. I only need to ask something once and its done. I am more than happy here." Another person told us they have no complaints only praise. This was because they felt staff helped them to be more positive in their thinking, they were now feeling motivated to improve their physical well-being through exercise.
- One relative told us, "I haven't put in any complaints because I can raise any issue with them. I raised a concern about medication some time ago now and it was dealt with within a day. It wasn't even their fault it was the recording from the previous home."

End of life care and support

- Staff supported people nearing the end of their life. The registered manager and the provider told us about the increased number of people referred to the home for end of life care and support in recent months. As a result, they offered staff additional training, established partnership working with local hospices and community palliative care team. They also organised an informal weekly staff meeting for bereavement support for staff who needed this.
- Relatives of people who were supported by staff with their end of life care needs were overwhelmingly positive about the kindness and compassion showed by staff. One relative wrote, "I had never seen death as a positive or peaceful thing before, but that is now the only way I remember [family member's death]. They were comfortable, loved, had everything both they and the family wanted there and at the end it was calm. This was made entirely possible by St. Pauls and there is nothing that could ever thank them enough for their years of care, and the final moments of peace and dignity they provided my [family member] with."

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; 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

- People, relatives and external professionals we spoke with were extremely positive about the management and the provider. A health professional told us, "The management is very open to suggestions and works very closely with us in all aspects of care for the patients. Overall, compared to all the other care homes we visit, I would regard St Paul's as a very efficient, caring, well run nursing home which provides a high level of care for its residents." Another health care professional said, "I go to a lot of homes but here staff are really kind, and they really know residents. I saw lovely interactions and I can say the care is very personalised."
- The management team excelled in their approach and knowledge around equality, diversity, religion, culture and sexuality. They worked with people to ensure they knew about their backgrounds and facilitated their needs and wishes so that the whole persons needs were not only met but people felt accomplished, valued and celebrated. This included employing staff to speak the same language as some of the people living there.
- There was an extremely open, warm and inclusive atmosphere within the service. It was clear that the registered manager and the staff team were committed and dedicated to providing care for people that was respectful and caring.
- The management and staff were completely open and transparent throughout the inspection process. People, staff and relatives approached the inspectors to give feedback about the home and talk about how they appreciated the ethos of openness and transparency in every aspect of the service.

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

- People were involved in every aspect of the running of the home and their opinions, feedback and voice was valued and heard not just by staff and management in the home but by the provider as well.
- The residents committee had been formed due to feedback from a person who wanted a more regular chance to talk about the home. The committee met once a month and were arranged to happen the week before the monthly staff meeting, so anything people requested could be relayed to the team the following week. The agenda items varied from themes of parties, opportunities for training and chances to continue learning for people, to budgets and food. Following the feedback from the committee, trips in the community increased and people were empowered to take on some additional roles when out and about in the community.

- The provider invited the staff team to create a forum whereby they can discuss any concerns, make suggestions to improve the running of the home and share ideas about supporting staff engagement. The staff committee was formed and met quarterly. Their agenda was any suggestions for improvement, concerns or issues being voiced in the home by staff. The committee also took an active role in supporting any large events in the home like the annual summer barbeque, the annual open day and Christmas events.
- The committee was responsible for ensuring that the Wellness Fund (donated by Westgate Healthcare) and the Staff Fund (donated by families) was spent in accordance with the wishes of the staff team and company rules. The committee was also responsible for the updating of the "Staff Shout Out" boards where success was celebrated, new team members welcomed, and birthdays honoured.

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

- Managers in the home led from the front with a well-trained and knowledgeable staff team who appreciated and praised the leadership in the home.
- Staff felt valued and respected and this led to a low turnover in staffing and this was appreciated by people and relatives. One person told us, "I know all of them. They are like my family!" A relative said, "Over the years we come to know every staff member and they don't leave which is a bonus. It's so comforting to see that [family member] recognises their faces and smiles."
- Good practice ran through the core of the organisation. Effective governance systems underpinned the personalised care and support people received. The registered manager and the provider regularly tested the effectiveness and safety of the support people received through regular audits and visits they conducted. Actions needed to improve the service were implemented and followed up by the provider to ensure these were completed promptly.
- Lessons learnt was an important part of the service used to improve practices and outcomes for people. When things went wrong staff were involved in discussing the incident and find ways to overcome or improve outcomes. Staff had short daily meetings where issues and updates were given to staff as to people with low food and fluid intake or any accidents, incidents and change in people's needs. As a result, the care and support met people's changing needs.

Continuous learning and improving care

- The provider ensured that good practice was shared across all their services and registered managers. In the last 18 months there was a significant improvement across all of the providers services, many of them achieving a rating of outstanding in some areas of the care they provided.
- The improvements had a positive impact on people's well-being in St Pauls Care Centre. The improvements included activities and engagement, end of life care, staff recruitment and induction process, staff's achievement recognition scheme and communication.
- The provider had changed their approach from recruiting mainly staff with experience to recruiting staff without experience in providing care but who shared their ethos and had the right set of values in providing people with personalised care and support. They improved the training offered to new and existing staff members and this contributed to a stable long-standing staff team. One staff member said, "Having my buddy to work with and guide me through the induction was really reassuring, I didn't feel lonely at all! This was my first experience of care so having someone who had been there and done it made things a lot easier. The three-day induction was a great way to get to know the company and meet other newbies who were in the same boat." A health care professional said, "The nurses know the patients very well and there is a high level of consistency of care on each of the floors."

Working in partnership with others

- The provider understood the importance of partnership working with other providers, health and social

care professionals to keep up to date with current best practice, influence and develop the services to respond to the need of the local community. For example, there was an increased demand for services for people with acquired brain injury in the local area. The provider and the registered manager responded to this by developing the top floor in the home to support people with this need. The provider was planning to organise training for staff and also they were looking to develop the care plans to ensure people with acquired brain injuries received care and support from a well trained staff group and according to best practice guidance.

- The registered manager and staff working in the home developed links with other providers and people living in the home benefitted from this relationship. For example, people who were supported by another provider were involved in organising activities for people living in St Pauls Care Centre.
- The registered manager and staff had worked with other professionals to develop better outcomes for people around oral hygiene, medicine management, pressure ulcer management and other areas. Feedback from health professionals involved in the care people received was overwhelmingly positive. One health professional said, "There is a regular review of medication, often prompted by the nurse on what is required by the patient and often we will look at areas we can de-prescribe. I can also confirm that we have had a recent structured medication review of all the residents in St Paul's Care Home with the help of a pharmacist. The care home is also proactive in involving the relatives and often relatives will be present on the rounds so that they can speak to us directly about the care their loved ones are receiving."
- The provider regularly met with another provider of similar services to compare and analyse data collected through their quality assurance and governance systems. They looked at accidents, incidents and other key performance indicators and compared outcomes. This helped to develop and share best practice across both providers services and improve the life of many people living there.