

Ascot Residential Homes Limited

St David's Nursing Home

Inspection report







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Ratings

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

Summary of findings

Overall summary

About the service:

St David's Nursing Home is a care home service which also provides nursing care. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided. Both were looked at during this inspection.

The service supported older people, some of whom were living with dementia. At the time of our inspection there were 32 people living in the service.

People's experience of using this service:

We received highly positive feedback about the service and the care people received. The service met the characteristics of Outstanding in the areas of effective, responsive and well-led. The service met the characteristics of Good in safe and caring.

People received safe care. Medicines were managed safely and there were enough skilled staff deployed to meet people's needs and keep them safe.

People were supported by extremely knowledgeable staff who had completed the provider's mandatory training and additional training in relevant areas.

Staff had respectful, caring relationships with people they supported. They upheld people's dignity and privacy and promoted their independence.

People received exceptionally personalised care and support which met their needs, reflected their preferences and promoted their self-worth. The provider upheld people's human rights.

There was an extremely positive, open and empowering culture. Staff roles and responsibilities were clear, and staff were supported and encouraged to complete additional training and qualifications.

Staff had cultivated highly effective relationships with professionals to deliver extremely high-quality care and support. Staff used creative, individualised methods support people to remain active members of their local community.

Rating at last inspection:

At the last inspection the service was rated Outstanding overall. At this inspection the service was rated Outstanding overall.

Why we inspected:

This was a planned, comprehensive inspection of the service.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated Outstanding. We will continue to monitor the service through the information we receive.

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

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service is now good.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service remained outstanding.

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 David's Nursing Home

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector and two Experts by Experience. An Expert by Experience is a person who has experience of using services, or of caring for someone who uses services. Both experts had experience of caring for older people who used services.

Service and service type:

This service is a care home with nursing. It provides care for older people, some of whom have nursing needs and some of whom are living with dementia.

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:

We did not give the service any notice of our inspection visit.

What we did:

Before the inspection the provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the site visit we spoke with 12 people, the registered manager, the deputy manager, the nominated individual, a member of care staff, the activities coordinator and the chef. We also completed three

lunchtime observations and observed people receiving care and support in communal areas.

We reviewed eight people's care plans and six people's medicines administration records. We also reviewed the provider's service development plan, the accident log, eight staff supervision records, six staff recruitment files, the provider's complaints policy, the business continuity plan, records of meetings with people, their relatives and staff and five people's end of life care and support plans.

After the site visit we spoke with nine members of staff. We contacted eight health professionals for feedback about the service. We received responses from five health care professionals. We also reviewed additional evidence sent to us by the provider including staff rotas, moving and handling risk assessments, the provider's annual development plan, staff and resident meeting minutes, the provider's dependency tool and results from the latest stakeholder questionnaire.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at St David's. One person said, "I feel very safe here. I don't know whether I would be here but for their care. If you ring the bell someone always comes." Another person said, "I do feel safe, everybody makes you feel safe. They are always kind to me. This is my home now."
- Staff understood their duty to keep people safe and described actions they would take if they suspected a person in their care was at risk of harm. One staff member said, "I would report straight to the nurse in charge or management and if they don't act upon it I would call CQC or the local social team."
- The provider used clear systems and processes to protect people from the risk of harm. The safeguarding policy contained specific guidance for staff about actions to take if they suspected abuse.

Assessing risk, safety monitoring and management

- People were protected from risks to their safety and wellbeing as staff used effective systems and processes for assessing and monitoring risk.
- People's care plans took their individual needs into account and contained risk assessments in areas such as moving and handling, the risk of developing a pressure sore and the risk of suffering poor health due to diabetes or malnutrition.
- Staff had completed risk assessments using nationally recognised tools such as a screening tool for identifying the risk of someone developing a pressure sore or of becoming malnourished. Assessments contained sufficiently detailed guidance for staff to ensure they provided safe, individualised care which protected people from risks outlined in their care plans.
- Environmental risks in the service were identified using the provider's business continuity plan. This contained plans for staff in emergency scenarios such as a fire, as well as contact details of local emergency and support services.

Staffing and recruitment

- Staff had been recruited safely by the provider. They had used robust methods to employ staff who were suitable to support people. Staff files contained evidence of relevant checks and suitable references from previous employers.
- The registered manager and senior staff used the provider's dependency tool to determine numbers of staff needed to support people. The registered manager told us they consistently deployed more staff than were needed. During our inspection we saw staff were always available to support people and no-one was left unattended during our visit.
- During the inspection we saw there were always enough staff available to attend to people's needs and to spend time with them during their chosen activities.

Using medicines safely

- People's medicines were managed safely. The provider used robust systems to manage medicines. People were given their medicines as prescribed by staff who were competent to do so.
- Medicines were stored appropriately in a locked storage room which contained cabinets and refrigerators. Staff had recorded daily temperatures for both the medicines storage room and the refrigerators and had recorded actions taken when temperature readings were not within recommended ranges. This ensured medicines were stored safely, according to the manufacturer's instructions.
- People's medicines administration records (MARs) were completed accurately with no unexplained gaps. People's allergies were recorded on their MARs.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had completed the provider's mandatory training in infection control and prevention.
- We observed staff using the appropriate hand washing techniques before giving care. Staff also used protective equipment appropriately such as gloves and aprons when supporting people with personal hygiene.
- The provider had an infection control policy in place which staff followed.

Learning lessons when things go wrong

- Staff understood the importance of acting following incidents or accidents such as falls, to prevent reoccurrences. One staff member told us, "We would document, continue to do regular risk assessments – we'd keep doing their falls risk [assessment] and look into it."

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

Outstanding: This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's needs and preferences were assessed by extremely well trained, competent staff.
- People's care plans contained comprehensive assessments. These included assessments of communication needs, mobility needs, the needs of people living with diabetes and the needs of people receiving nutrition through a percutaneous endoscopic gastrostomy (PEG). A PEG is a tube passed into a person's stomach if they are unable to eat or swallow tablets for safety reasons.
- Care plans contained specific guidance for staff from healthcare professionals. For example, records showed staff had followed instructions from a specialist nurse regarding care for a person with a PEG. Care plans showed staff followed best practice guidance to ensure the person was protected from infection and received their food and medicines safely.
- People's care plans also contained information for staff to help them manage people's anxiety, such as conversations with family members.
- There was a holistic approach to planning the support people needed. When people needed specialist hospital treatment, staff completed assessments and worked with professionals from health and social care to ensure people received the appropriate care and support, both in hospital and when they returned to the home after treatment. For example, one person with a complex health condition needed one to one support to access appointments in different hospitals. The registered manager adapted staff rotas so the person could be accompanied by staff to access all necessary care.
- In a further example, staff worked with specialist professionals to maintain a person's independence in managing their own medicines, and supported them in accessing specialist treatments. This helped maintain their wellbeing and quality of life.

Staff support: induction, training, skills and experience

- People were supported by extremely skilled staff who had completed the provider's mandatory training and induction which was based on the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care sectors.
- Staff were very well supported through a structured programme of supervisions and appraisals. They were also supported to complete nationally recognised qualifications in health and social care by the registered manager. In order to better support people several care staff had completed nursing associate training, meaning they were qualified to support nurses in providing nursing care for people.
- The registered manager told us staff received assessments from specialist assessors equipped to support their individual learning styles. This meant those staff who needed support in areas including reading, were able to benefit from a range of learning opportunities to develop their care skills.

- Staff were motivated to complete additional training courses which were centred around the specific needs of people. They told us training opportunities were always accessible to them. One staff member said, "We did dementia bus training...they're all refreshed yearly – there's loads that you're constantly doing. I put myself forward for everything. I love it."
- The registered manager organised a joint training day with staff and people's families using the 'Dementia Bus'. The registered manager told us this meant staff increased their knowledge of dementia and improved relationships with people. People's families were empowered to help support their relatives by staff giving them training in moving and handling.

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

- The service had a strong focus on the importance of having a healthy diet. People were offered a variety of freshly cooked, appealing meals from a menu which was regularly changed. Alternative meal choices were available to people on request and special dietary requirements such as gluten intolerance and dairy free diets were catered for. The chef consulted people daily about their meal choices. Staff tested meals using 'taster menus' to ensure they met people's approval.
- Staff supported people to choose their meals and snacks by showing them different foods and used different techniques to support and encourage people to eat, including one to one support, smaller portions and bite sized pieces of food. The registered manager told us this had resulted in three people gaining weight.
- People were very involved in their own meal planning and had been supported to form their own breakfast club. Staff supported people to invite their friends and cook breakfasts for special occasions such as St Patrick's day.
- Staff used creative ways to introduce and encourage people to embrace different foods from different cultural backgrounds. They supported people to celebrate special events such as Burn's night by organising group meals as part of themed nights. Staff also organised themed days to encourage people to try foods from different countries.
- If people were at risk of becoming malnourished they were offered nutritional supplements such as high calorie foods. Staff also supported people with eating difficulties using cutlery suited to them, to encourage good nutrition.
- Staff had referred promptly to professionals such as speech and language therapists if people had specific eating and drinking needs or were at risk of choking. Staff had also completed training to support people with swallowing difficulties.
- Drinks and snacks were available to people and their relatives. Staff were attentive to people's needs and offered them regular refreshments to make sure they were nourished and hydrated.
- We observed three mealtime sessions on two inspection site visit days. People were able to eat in attractive dining spaces of their choice at times which suited them. Meal times were a calm, social occasion where staff attended to people to ensure they were supported to eat as much as they wanted. It was clear that staff knew people well, as they also engaged them in conversations which interested them during meals.
- Kitchen facilities were available for relatives to use to support them to share meals with people. Relatives were welcomed into the home to share meals and celebrations such as birthdays with their loved ones. The registered manager told us this helped people feel that St David's was genuinely their home.

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

- Staff were totally committed to working in a collaborative way with other health care professionals to better support people. People were supported to live healthier lives through accessing timely support from healthcare professionals. Staff also supported people to access outpatient appointments.

- Before coming to St David's from home or hospital, people's needs and preferences were thoroughly assessed. This enabled staff to plan for people's arrival by ensuring individualised care plans, medicines and risk assessments were in place.
- When people needed hospital treatment staff worked with professionals and made arrangements so people could be supported to access appointments. This enabled people to transition between services smoothly, minimised any disruption or distress and ensured they received timely, appropriate care.
- The service had a creative, collaborative approach to ensuring people's specific needs could be met. The registered manager told us that with people's consent, staff prepared care plans in advance and shared them with professionals from relevant agencies including GPs, specialist nurses and the ambulance service. This helped staff ensure people's care needs could be met in the home, with minimum disruptions. The registered manager told us this helped prepare staff and families for changes in people's condition and enhanced people's quality of life.
- Staff liaised with health and social care professionals to ensure people with complex health conditions had their needs met. This included working with a multi-disciplinary team of health professionals to support people's rapidly changing needs as they approached the end of their lives, or if they required other treatments. This included working with doctors, specialist nurses and pharmacists to deliver treatments and administer medicines in the home.
- Staff worked closely with specialist nurses, for example, nurses from the continence team, to ensure people with specific toileting support needs were cared for in a dignified way.
- Staff also worked with health professionals to provide best practice care and treatment to heal wounds. For example, one person had completely recovered from severe wounds due to the care and treatment received in the home.
- People at St David's were supported to lead healthier lives through visits from healthcare and other professionals who provided treatments, held exercise classes, mindfulness classes, singing therapies and yoga. This helped maintain people's health and wellbeing.
- Records showed staff maintained clear, effective communication with a range of professionals to meet people's needs. Instructions and guidance from physiotherapists for example, had been incorporated into people's care plans so staff could provide appropriate treatments.
- The registered manager told us they had worked with local health commissioners to develop a training programme for staff to be able to verify deaths without the need to call a doctor. This meant that relatives or the person did not have to wait, during what could be a distressing time, for a GP visit.

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

- The building was adapted to the needs of the people living at St David's and reflected people's preferences. Communal spaces were decorated to a high standard and in an attractive, homely manner and we observed several people relaxing in lounges and dining rooms during our inspection visit.
- The registered manager told us they had worked with the Dementia Services Development Centre at Stirling university, which specialises in the design of services and environments for people with dementia, to plan 'dementia friendly' environments and areas for people living in the home. Staff ensured people were involved in the decisions about decoration in communal areas, for example, by showing them boards which contained sample fabrics for them to choose. Changes to signage in the building were also made after consultations with people.
- Following people's feedback, staff had purchased additional outdoor seating so more people could relax outside.
- People's rooms had been decorated to their personal tastes and contained personal possessions which reflected their social histories and personalities.
- People were supported by staff to access different parts of the building using the stairs and lift where appropriate.

- There were lots of different areas for people to use and included suitable spaces for time spent with friends and family. There were extensive, attractive garden spaces for people to use and to help promote their independence. The registered manager and staff told us the gardens were well used by people in good weather. During our inspection visit we observed staff offering to assist people so they could walk round the gardens.
- Communal dining areas were very appealing and had been recently decorated and café style spaces were available for people and families 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported by staff with a highly detailed understanding of the principles of the MCA. Staff were very skilled at ensuring people's consent was obtained and involving them in decision making. During our inspection we observed staff consistently gained consent from people before offering any care or support. One staff member told us, "You need to explain step by step. One [person] doesn't really talk – [we try] to get [person] to decide what meal [person] wants – I would take both out to [person] so [they] can choose what [they] want. You can see from their eye contact what they want. It's knowing when to back off and come back later."
- Staff used skilled and creative methods to help people without capacity to maintain a sense of independence. For example, a person without capacity wanted to visit an establishment almost daily. A best interest decision was made with the person's family and relevant professionals for the person to use a creative way to enable them to do this. This helped the person feel in control of their situation and contented, without removing their sense of independence.
- The registered manager told us they worked with a specialist best interest assessor to support staff to plan care and document practice in line with legislation.
- People's care plans contained records of mental capacity assessments to determine if people were able to make informed decisions about their care. Where people were not able to do so, decisions were made in people's best interests. Records of these decisions included discussions with people's legally appointed representatives and suitably qualified staff. When people made an advanced decision to refuse treatment, this was also recorded in their care plan
- Staff ensured that if people needed regular checks this was done in the least restrictive way possible, without interrupting their daily activities.
- The registered manager had submitted appropriate applications under the Deprivation of Liberty Safeguards. They had notified us of these applications in line with legislation. Staff worked in partnership with professionals to ensure best practice was followed and shared information about people subject to DoLS in handovers.

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

Good: 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 we spoke with told us staff were caring. One person said, "The staff are all very pleasant...you never see anyone shouting or being unpleasant to anyone." Another person told us, "They're [staff]...good as gold and more kind to me than I can say. We have a lot of fun, they are always cheerful and if I feel a bit fed up they make me laugh."
- People's relatives spoke highly about the caring approach of staff. One relative told us, "The staff are so helpful and friendly, nothing is too much trouble. There are some who particularly go over and above - it's not just a job to them it's a vocation. I come in every day and I have been very impressed by the time they will take." Another relative said, "The staff are always very welcoming and supportive...they are really patient."
- Staff were highly responsive to people's emotional needs. For example, one person was supported to be with their pet as they passed away. Staff had recognised the person's bond with the pet and arranged for a vet to attend the home to put the pet down so the person could be there. Staff then arranged for the pet's ashes to be held in the home.
- Staff also worked closely with family members and professionals to plan care and treatments to support people and alleviate any distress.
- The registered manager told us the staff team worked hard to understand people's lives to provide person-centred care. People were invited to complete an 'About you' questionnaire and relatives were invited to the home to talk about people's lives.
- Each person was allocated a keyworker to advocate for them, communicate with family and work with professionals to meet people's needs.
- During our inspection we observed staff interacting with people calmly and patiently. Staff were highly responsive to people's needs and readily offered them emotional support and comfort when they needed it. People reacted positively to staff and laughed, smiled and joked with them. We heard several conversations where staff spoke about people's families, interests and life histories. It was clear that staff knew people well and made them feel valued as individuals.
- Staff spoke with great warmth about the people in their care and were skilled at responding to people's emotional distress to provide comfort and reassurance. One staff member said, "Our residents [are] like grandparents...[when] getting to know them I do always go through their care plans and read their background histories. [We have] one resident who settles when talking about their [grandchild]."
- Staff responded to people's needs quickly. The registered manager told us staff aimed to answer call bells within four minutes and the average response time was one minute.

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

- People were involved in planning their care and support. One person said, "I think my family were involved

in setting up my care plan when I came into the home. My needs have changed as I was quite poorly when I first came in. They do review things...they ask me now what I want help with and what I want to do for myself. I like that, it's courteous."

- Care plans and support documents were reviewed regularly so that care reflected people's changing needs.
- Staff referred people to advocates to support them to access support services such as Age UK and the Alzheimer's Association.
- The provider used different methods to gather people's views. This included regular, informal conversations with people, quarterly quality assurance assessments, regular meetings with people and gatherings with directors and senior staff at events such as the Christmas fair.
- Minutes from joint meetings held with people and their relatives showed people were consulted about their views and that these were acted upon.

Respecting and promoting people's privacy, dignity and independence

- We observed staff treating people with respect, upholding their dignity and promoting their independence.
- Staff told us about the importance of protecting people's privacy. One staff member said, "The main thing is not talking about them in our lounge in front of everyone else. With family members – if they want to know stuff and they're not that designated person, they would have to speak to a nurse in charge."
- The registered manager told us they had supported a person to communicate with their family in another country independently using an electronic tablet. Staff worked flexibly with the person to accommodate their preferred times to talk to family and supported them to have uninterrupted time to speak with them.

Is the service responsive?

Our findings

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

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received care which met their preferences and individual needs. Staff planned care in partnership with people and their families where appropriate.
- People were offered a range of activities to suit their individual interests. During our inspection we observed people taking part in cookery sessions, singing and pamper sessions. Activities were held jointly with people living in the provider's residential home, which was situated next door.
- There was a varied activities programme which staff planned in partnership with people. It included outings such as boat trips, museum visit and wheelchair ice skating. This was led by an activities coordinator and supported by three activities staff. The activities coordinator told us, "We have regular exercise classes...armchair yoga. We have trips out. We try to cater for everyone - we've recently done an ice-skating trip - it went down a storm. We offer gardening, regular sing alongs, cooking and jewellery making."
- Staff used technology to help people communicate with their relatives. People's relatives kept up to date with their activities through accessing a private social media group, and people were able to use electronic tablets to make calls to their relatives.
- People were supported to attend family events by staff. One person was able to attend a wedding by a member of staff. The member of staff dressed in formal wear to avoid drawing any unwanted attention to the person. This meant they were supported to enjoy their celebrations with their family.
- The provider complied with the Accessible Information Standard, which aims to make sure people with a disability or sensory loss are given information they can understand and the communication support they need.
- The registered manager told us they supported people with sensory impairments in several ways. This included large print books and newspapers for people with vision loss, a hearing aid loop in the home to support a person with hearing loss. There was also technology used to help involve people and help them have choice and control. 'Alexa', a virtual digital assistant was used by staff to translate words into different languages for people who did not speak English as a first language.

Improving care quality in response to complaints or concerns

- People told us concerns raised were addressed by staff. One person said, "The staff are always smiling and happy and I know if I had a problem they would deal with it for me".
- Investigations into concerns were comprehensive and the service could demonstrate where improvements had been made as a result of complaints or concerns. For example, one person's family expressed concern about them repeatedly falling. Staff worked with the person and their family to undertake a comprehensive holistic review of them, including their footwear, medicines, nutrition and hydration. This had the result of decreasing the risk of falls for the person and meant the person's quality of life improved.

- The registered manager gave us examples of other changes they had made to meet people's needs from concerns raised. This included supporting a person to choose a new mattress from a furniture shop and involving a person in choosing black out blinds for their room.
- The registered manager told us they took an active approach to dealing with any concerns raised to prevent any issues escalating. People's views were recorded quarterly through a quality assurance survey. Actions were then included in the provider's three-year plan.
- The provider had a complaints policy in place which clearly detailed actions for staff to take if complaints were raised. No complaints had been made in the 12 months before our inspection.
- The provider's records showed concerns raised were investigated and resolved promptly, in line with their policy.

End of life care and support

- People received an exceptional standard of care at the end of their lives.
- People's relatives had commented on the highly responsive, compassionate care given by staff to people at the end of their lives. Comments included, 'A massive thank you to you...and the amazing staff at St David's for looking after [loved one]...so peaceful and ended [their] days somewhere [they] had amazing memories and great friends', and, 'You showed such kindness and made [loved one's] final days happy.'
- The service was part of a national, accredited programme to deliver high standards of end of life care for people. In 2018 the service was awarded 'Platinum status'. This is the highest rating which can be awarded to a service.
- Staff at St David's were skilled in completing assessments of people's physical, emotional and psychological needs if they needed end of life care. Staff used nationally recognised, evidence-based tools to ensure people received timely care and relief from painful and unpleasant symptoms.
- People's care plans contained detailed assessments of their needs and specific instructions for staff to deliver care for people. They included people's preferences around where they would like to be in their last days, what objects or music they wanted in their rooms, the types of treatment they would wish to receive and details of their next of kin.
- Staff kept an end of life care register for people living in the service, so they could effectively assess and support those who were in the last phases of their lives. In addition, staff completed a document detailing people's health histories, any advance treatment plans and prescribed medicines. These documents were recorded on the provider's established system and used by staff to hand over to healthcare professionals including GPs so they were aware of people's wishes.
- Staff ensured people's prescribed end of life medicines were available as soon as they were needed. This prevented any delay in managing pain or other symptoms.
- In addition, staff were trained to verify deaths, meaning qualified staff could legally confirm the time of a person's death. The registered manager told us this meant there was no delay in moving people who had passed away to the funeral director and no wait for the GP to verify the death. This also meant some people were able to stay in the home after their passing, if this was in accordance with theirs and their families wishes.
- The registered manager and staff took a 'whole home' approach to delivering end of life care. People and their families were supported by all staff at the home in different ways during emotionally challenging times. The registered manager told us all staff were aware of the need to create a peaceful and comfortable environment for people and their families during these times. This included the maintenance team stopping working to create quiet, and the cleaners not hoovering an area to maintain a peaceful environment.
- Staff were sensitive to people's needs and understood the importance of providing emotional support as they moved towards the end of their lives. One staff member said, "We had a [person] that was end of life... [the staff] and me made a point that we would sit with [person]. We always sit there so they're not on their own. It might be just stopping a tiny bit of pain – it's all worth it."

- Staff provided sensitive support to the families of people at the end of their lives. Staff had produced information booklets for families about what to expect and had made arrangements for them to stay in the home with their relatives. Staff also attended people's funerals and held a yearly memorial service for those who had passed away. Staff kept contact with families of people who had passed away to continue to provide emotional support.

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

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

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

- Management and leadership within the home was exceptional.
- The registered manager was dedicated to their aim of providing individualised care which upheld people's individuality, preserved their dignity and independence and enhanced their sense of wellbeing and self-worth. They spoke about the commitment of staff and the close bonds staff had made with people. They told us people felt that St David's was their home. This was a view clearly shared by the staff team.
- The registered manager was supported by a highly skilled senior team of registered nurses and care staff. Tasks were delegated efficiently and appropriately and staff took the initiative in managing different tasks within the home including medicines management, activities and catering.
- The provider had been awarded Gold status from Investors in People, an initiative which recognises an organisation's aim to improve performance and achieve objectives through the management and development of its' staff. Survey results showed 91% of staff trusted the organisation, with staff describing managers as 'inspirational', 'inclusive' and 'open'. Staff had also commented that they were clear about what was expected of them, good performance was rewarded and there was a collaborative culture within the home. In the feedback from the 2019 stakeholder questionnaire 83% of had rated the home as excellent.
- People in the home were fully involved in defining its values and had been included in group sessions to do this. The registered manager told us these values were used to recruit staff and resulted in consistent quality of care for people.
- Staff were fully involved in service. Regular meetings were held with all departments and members of the staff council were included in senior meetings. In addition, staff were encouraged to make suggestions about the service. Evidence showed these suggestions were acted upon.
- Staff performance was rewarded using a staff 'perks' scheme. The registered manager told this helped retain staff. People and staff also submitted nominations for the 'Employee of the Quarter' award.
- The registered manager told us they used an on-call system to ensure they were always available to support staff.

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

- The registered manager and senior team used highly effective systems to monitor quality and safety and drive improvements in the service. They used a comprehensive system of audits to measure quality and safety. Areas covered included incidences of falls and pressure ulcers. External assessors such as 'Investors in People' were also used to monitor quality and safety in areas such as safeguarding and end of life care. This helped staff to identify preventative actions and ensure risks to people's safety were managed

effectively.

- The provider also managed risk using their business continuity plan, which contained details of actions for staff in emergency scenarios such as fire or loss of water supply, as well as contact details of emergency and local support services.
- The registered manager and senior staff kept up to date with best practice and guidance by attending network meetings and information sessions. The registered manager told this helped drive service improvements.
- Staff also commented on the approachability and availability of the management team. One staff member said, "They put trust in me – we have appraisals – I'm included in the management meetings – were given our jobs – it's really good communication. They're all really approachable." Another staff member told us, "They're always coming to me and asking if everything is fine, supporting me, and [asking] if I'm happy doing that training. They're supporting everything I do."
- Staff were clear about their responsibilities and their roles were well defined. One staff member told us about the support they had received to train as a nurse associate, "[Registered manager] is getting me into all sorts of training. They've been teaching me about leadership. I'm going to have a [registration number] so I'm responsible for all my actions. They are very, very supportive. They've made other staff aware about my role." Another staff member said, "The support is fantastic – they let us know what is expected of us."

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

- People, staff and the public were fully engaged in the service.
- Staff used a robust system of quarterly and annual reviews and questionnaires to gain feedback on the service, as well as quarterly meetings with people, their relatives and staff. Meetings were also attended by senior staff and directors. Actions from feedback were included in the three-year development plan.
- The registered manager and staff team used a number of creative methods to ensure people were fully integrated in their local community. Staff used several creative methods to ensure people at the home remained connected to their community, families and friends.
- People were supported to attend regular services at local churches. People were also supported to attend local sports matches as well as events such as a talk on birds held at the home.
- People's families were supported by staff who gave them training in moving and handling.
- People from the local community were invited to events such as the 'Dementia bus' training. The registered manager told us this helped raise awareness of people living with dementia.
- Several volunteers, speech and language therapy students, student nurses and nursing associate trainees attended the home to complete placements and support people through providing activities, care and support.
- The registered manager told us staff maintained strong links with the local community through holding events such as international nurses' day, and by sharing development plans with the local community to invite feedback.
- Staff also held an annual Christmas dinner for a local stroke club and welcomed students on the Duke of Edinburgh's award scheme into the home for placements.
- Staff had maintained relationships with four local schools and a local nursery who attended the home for events such as an Easter bonnet competition and a treasure trail. Staff also held a Christmas fair, garden parties and 'International Nurses Day' and invited local officials to visit the home and share tea with people.
- The home used two minibuses for regular outings. One minibus had been purchased by the home after staff received feedback from people's families. Staff had also insured the minibus so it could be used independently by people's families. The registered manager told us arrangements for family of a person's with restricted mobility had been made to take the person out in the minibus so they could access the community. The registered manager also told us people were often supported to go to a local pub and

coffee shop.

- The provider gained feedback using a 'stakeholder questionnaire'. This included responses from people, staff and healthcare professionals. The results from the latest questionnaire showed 82% of respondents rated St David's as excellent. Respondents had also commented, 'St David's is a very happy place...staff truly care for the residents rather than just doing a job'.

Continuous learning and improving care

- There was a fully embedded culture of reflection and continuous learning in the home. The registered manager fully understood and promptly acted on their responsibilities.
- Staff told us they reflected on and learned from incidents and acted to prevent reoccurrences. This included safety measures to reduce the risk of people falling and referrals to speech and language therapists for people identified as being at risk of choking.
- Staff reflected on practice to identify developments. For examples, after every death a significant event analysis was completed to identify any developments in practice.
- The registered manager was engaged in several projects with universities and care commissioners to develop the service and keep up to date with best practice. The registered manager worked with the University of West London and Health Education England to develop a pilot for nursing associate trainees in Berkshire. They stated this helped raise care quality for residents.
- The registered manager also worked with a charity to develop a 'nursing support assistant' programme. They told us this improving staff qualifications and staff retention. This helped maintain high quality care for people.
- Staff regularly sought feedback from people to improve the service. The registered manager told us results from quarterly questionnaires were incorporated into the home's annual development plan. This led to improvements such as a people's café and purchasing of leisure equipment.
- The registered manager submitted statutory notifications to CQC appropriately. These are notifications about significant events that providers must send us by law.

Working in partnership with others

- Staff worked extremely effectively with professionals from agencies such as health and social care to ensure people's care needs were met.
- The registered manager they led the Berkshire Care Association, organised key events with local commissioners from the NHS and spoke at key events. This included a national safeguarding forum, where they shared experiences from the home and those of other homes. This helped staff keep up to date with best practice and research to provide high quality, safe care for people.
- Staff worked collaboratively with professionals such as GPs and specialist nurses to provide individualised care for people which maintained their health, wellbeing and kept them safe. Staff also advocated for people by attending assessments for continuing health care funding.
- Staff led practice and supported other homes. The registered manager told us as a means of sharing good practice such as use of equipment and ideas for development, staff had partnered with other local homes. Examples of practice included ideas for activities, best use of equipment and sharing examples of how staff had provided individualised care for people. This enabled staff to reflect on the best ways to provide sensitive, person centred care.
- Staff benefited other services through sharing resources. The registered manager told us they had loaned a minibus to a local school to support a student with mobility needs.