

Ascot Residential Homes Limited

St David's Nursing Home

Inspection report

Ascot Priory
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16 August 2016

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 15 and 16 August 2016 and was unannounced. St David's Nursing Home is a care home with nursing that provides a service to up to 39 older people. At the time of our inspection there were 31 people living in the home.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager and the provider were present and assisted us during this inspection. They worked closely together to ensure people received appropriate care and the service was operating well.

People and relatives told us great things about the service they received. They valued their strong relationships with staff. They also felt staff would go the 'extra mile' when supporting them. The registered manager and provider spoke with a great passion about the care and support they provided to the people and their families. It was clear this was also disseminated well to the staff team. Staff were highly motivated to provide care with much kindness and consideration. People and their families really felt they mattered to the staff team and the registered manager.

The registered manager and staff had an excellent understanding of and motivation to meet people's social and care needs. They were constantly finding creative and innovative ways to ensure people lived their lives to the full. People were able to engage in a wide range of meaningful activities and maintain links with the community regularly. It helped them avoid becoming isolated. People really enjoyed keeping busy because it made them feel as if they were at home. People could also spend time with their visitors or by themselves if they wished so. Their choices were always respected by attentive and understanding staff. It was paramount to the service to ensure people's wellbeing was respected and protected. All interactions observed between staff and people living at the service were provided with the greatest respect and friendliness. People and relatives confirmed staff always respected their privacy and dignity. People benefitted greatly from living at a service that had a very open and welcoming culture.

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

People told us they felt safe living at the home. Staff understood well their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident any concerns would be addressed

appropriately. Risk assessments were carried out to ensure people's safety. Staff recognised and responded to changes in risks to people who use the service. People received effective personal care and support from staff who knew them well and were trained and supervised. There were contingency plans in place to respond to emergencies.

People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure those rights were promoted. People were treated with care and kindness. The managers and staff were knowledgeable about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). Staff were following the principles of the MCA when supporting people to make a decision. The service was meeting the requirements of DoLS. The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. At the time of our inspection 16 authorisations were in place.

The registered manager ensured there were enough qualified and knowledgeable staff to meet people's needs at all times. The service had employed skilled staff and took steps to ensure the care and support was person-centred to people at all times. Staff were knowledgeable and focused on following best practice at the service making sure people received high quality care and support.

Our observations and the records we looked at confirmed the very positive descriptions people and relatives had given us. Staff understood well the needs of the people. People told us they were encouraged to do things for themselves and staff supported them to be independent when they could. People received support that was individualised to their personal preferences and needs. The staff monitored people's needs and care plans were reviewed regularly or as changes occurred. People and their families were always involved in the planning of their care.

There were robust recruitment processes in place. All necessary safety checks were completed to ensure prospective staff members were suitable before they were appointed to their posts. People told us staff were available when they needed them and staff knew how they liked things done.

People received their prescribed medicine safely and on time. The service followed safe procedures for storing and handling medicines and kept accurate records.

People had a nutritious and balanced diet and hot and cold drinks and snacks were available between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to access specialist professional help when needed.

People felt staff were happy working at the service and had a good relationship with them, each other and the service's management team. Staff told us the management team was open with them and communicated well with them about what was happening at the service and with the people living there. People and/or their relatives told us they felt the service was managed well and that they could approach management and staff with any concerns.

The registered manager assessed and monitored the quality of care consistently with the help of staff and other members of staff within the company. The service encouraged feedback from people and families, which they used to make improvements to the service where necessary. Throughout our inspection we saw examples of appropriate support that helped make the service a place where people felt included and consulted.

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. Staff had a good understanding of how to keep people safe and of their responsibilities for reporting accidents, incidents or concerns.

The service assessed risks to people's personal safety and plans were in place to minimise those risks.

Robust recruitment processes were in place to make sure people were supported by suitable and appropriate staff.

There were sufficient numbers of staff to support people appropriately. Medicines were stored and handled correctly.

Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a high standard.

The registered manager and staff promoted people's rights to consent to care and to make their own decisions. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications when applicable.

People were supported to eat and drink enough. Staff took swift actions to ensure people's health and social care needs were met.

Is the service caring?

Outstanding ☆

The staff were very caring. People, relatives and staff built great relationships with each other. Staff continuously ensured people felt really happy and that they mattered to the service.

People's dignity and privacy were valued and respected. Staff always encouraged people to live a life as full and positive as possible, maintaining their independence where they could.

The service provided an outstanding end of life care ensuring people experienced a comfortable, dignified and pain-free death.

Staff also supported and cared for those that mattered to people with a great care and understanding.

Is the service responsive?

Outstanding 

The service was very responsive. The management team and staff team continuously sought to improve and develop the service to ensure people were provided with personalised care of a high standard to improve their wellbeing and health.

The service worked hard to reduce hospital admissions by monitoring people's health and wellbeing so they could enjoy their stay at the service. Staff were confident in their ability to support and care for people and their changing needs in a person-centred way.

The service used creative and innovative ways to ensure people were able to enjoy a wide range of activities based on their likes and preferences, which made a great impact to their lives and wellbeing.

People and their relatives knew how to raise concerns. Complaints and concerns were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Good 

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff enjoyed and felt proud working at the service and we saw there was a great team spirit.

Staff felt supported by the management. They said the training and support they received helped them to do their job well.

The registered manager had effective quality assurance systems in place to monitor and assess the quality and operation of the service.

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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 15 and 16 August 2016, by one inspector and was unannounced.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with four people who use the service and four relatives. We spoke with the registered manager and the registered provider. We received feedback from six care assistants, four registered nurses, a team leader, a senior activities coordinator and the chef. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time observing lunch in the dining room. As part of the inspection we requested feedback from health and social care professionals.

We looked at five people's care plans and associated documentation. We looked at the recruitment files for six members of staff, staff training records and the staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of documents relating to the management of the service, for example, management audits, the utility service certificates, risk assessments, the complaints, compliments and incidents records.

Is the service safe?

Our findings

People told us they felt safe living at the service. If they had any concerns or issues, they would speak to the registered manager, the staff or their family to help them raise their concerns. People and their relatives felt the staff and management team were approachable. People were protected against the risks of potential abuse. Staff had the knowledge to identify safeguarding concerns and acted on these to keep people safe. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistleblowing procedure. People benefited from a safe service where staff understood their safeguarding responsibilities. People said the staff were available whenever they needed them.

People were protected from risks associated with their health and care provision. Each person had a risk assessment and plans of care to review their abilities and the support needed to keep them safe, which also took account of people's wishes to be independent. Risks to people's personal safety had been assessed and plans were in place to minimise these risks and support people to maintain their freedom and choice. The staff monitored other potential risks within the service, such as the maintenance of specialised equipment such as hoists, which were up to date with their latest service checks.

The maintenance team carried out other premises checks regularly, for example, of fire safety and fire equipment. Any maintenance issues were dealt with quickly when identified and reported. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Accidents, incidents or near misses these were recorded and monitored to look for developing trends. People involved in accidents and incidents were supported to stay safe because action had been taken to prevent further injury or harm. The registered manager and the staff team monitored people's wellbeing and safety on a daily basis by observing daily care practice. Staff would report any concerns to the registered manager or the registered nurse in charge. Regular handover meetings took place and were used to discuss different topics and raise any safety issues on a daily basis.

Plans were in place, in case of emergencies such as the need for evacuation of the premises. Staff had regular training and discussions about various situations how to support people in an emergency. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People who use the service had call bells in place and in reach should they need to call staff for assistance. We observed calls were answered in good time. The provider regularly monitored the length of time taken to respond to call bells. If it was longer than three minutes, this was discussed with staff. The registered manager explained they had a system where a registered nurse and one member of the staff team were assigned daily per shift to answer emergency calls to ensure people, especially those receiving end of life care, received appropriate care and support without a delay.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Although the service used agency staff, all staff were deployed in a way that kept people safe. The registered manager selected the agency staff to work in the service and ensured they worked alongside permanent staff to support people properly and safely. People and relatives felt there were sufficient staff numbers to

meet their needs.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. We identified some missing information regarding employment history and evidence of conduct which the registered manager rectified immediately.

There were safe medicine administration systems in place and people received their medicines when required. We reviewed the room where medicines and controlled drugs were kept. Controlled drugs records were well-kept. The registered nurse explained the safety steps they took to ensure they followed appropriate medicine management. For example, ensuring stock was rotated to use the older ones first and that no open creams were kept in the medicine room, to avoid the risk of cross-infection. They only put the blister packs in the medicine trolley for the next medicine round to reduce the risk of medicine errors. Staff checked medicines fridge and room temperatures regularly. There were no gaps in current medicines administration records. We observed how people were supported to take their medicine. The registered nurse was attentive to each person ensuring they took their medicine and thoroughly completed the necessary paperwork. People understood the purpose of the medicines they were given. People told us staff always helped them to take their medicine. One person told us they were asked if they wanted to self-medicate and their choice was respected. This made them feel independent and in control of their health.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "Staff are delightful and lovely", "They are so good" and "Staff are very attentive and they do an amazing job". People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

The induction programme and training included the Skills for Care certificate. New staff were supported to complete an induction programme before working on their own. People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. We reviewed records of these meetings. We saw the meetings were positive and staff had an opportunity to share their views or concerns. Staff agreed they could ask the registered manager and other colleagues for support and advice when they needed. Staff told us communication within the service was always effective and they discussed any matters daily.

Staff said had the training they needed when they started working at the service that helped them deliver quality care and support to the people living at the service. We looked at the training matrix which included safeguarding, fire safety, and moving & handling. Additional training was provided relating to the specific needs of the people living at the service. For example training in end of life care, nutrition and hydration, dementia and equality and diversity. We saw staff had training updates regularly to ensure they could perform their work and ensure the care was safe.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's rights were protected because the registered manager and staff acted in accordance with the Mental Capacity Act 2005. People living in the service were supported to make decisions regarding their life and daily activities. People or their legal representatives were involved in care planning. People's consent was sought to confirm they agreed with the care and support provided. People said they were always able to make their own choices and decisions about their care. People's wishes and preferences had been followed in respect of their care and treatment. The registered manager ensured where someone lacked capacity to make a specific decision, they sought professional and family support to ensure decisions were made in the person's best interest.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The service was meeting the requirements of DoLS. The registered manager reviewed and assessed people with the local authorities to determine whether people were deprived of their liberty. 16 DoLS authorisations were in place at the service and six applications were awaiting outcomes.

People were supported to have a meal of their choice by organised and attentive staff. People told us they liked the food and were able to make choices about what they had to eat. People's dietary needs and preferences were documented and known by the chef and staff. The chef and staff would ask people every day for their menu choices. People confirmed they always had a choice and were offered an alternative if they did not like the meal. On the first day of the inspection we observed lunch. Some people needed help with eating and staff supported them in an attentive manner. People ate their meals at their own pace. The staff serving food and drinks were polite and friendly offering choices. Some people chose to have the meals in their rooms and staff supported this. It was warm on the day of inspection and we observed people were offered drinks throughout the day to stay well hydrated. The registered manager told us they introduced a food trolley during breakfast time that displayed various choices of meals in the morning. They felt people's morning food intake had improved due to being able to see the choices, as well, as being told about them. This has positively affected their health.

People had access to appropriate health and social care professionals including the GP, dietician, physiotherapist, and psychiatrist. A GP visited the service and reviewed people's health on a weekly basis. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. The registered manager praised all staff for being very good at reporting any changes in people's health or needs, which helped make timely referrals where necessary. One person said, "I was very unwell but boy, they went into action to help me." Professionals' feedback was very positive. They felt people who use the service were always at the centre of the staff's and registered manager's attention receiving great care and support.

Is the service caring?

Our findings

The service was committed to providing outstanding end of life care that met people's needs. The provider and the registered manager told us the service was passionate about ensuring people who use the service experienced a dignified, comfortable and pain-free end of life. They said, "It makes us feel proud and it boosts our confidence that we know what we are doing." In September 2015 the service received the Beacon Status award, the highest rating for providing outstanding end of life care awarded by the Gold Standard Framework. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling frontline staff to provide an exceptional care for people nearing the end of life. To be recognised as a beacon, a service must show innovative and established good practice across at least 12 of the 20 standards of best practice. They also need to review the care of people who use the service and the integration of the processes into everyday practice according to GSF requirements.

The Beacon status meant the staff followed the best practice and people received the care they needed. The service felt extremely proud to receive such an award and they were the only such service in the Berkshire. They felt this had a huge impact on the way they supported people at the end of their lives. As a result they have audited their end of life care and improved the way they looked after the people before and after the end of their life, and their families. Before the person was admitted the service would prepare necessary equipment like mattresses and syringe drivers, and advanced care plans so that the person and family can enjoy their time together. Relatives were able to stay when people were at end of life or unwell. It made them feel more relaxed being able to remain with the person and assist in giving care. Staff had confidence and excellent training to discuss any issues regarding end of life care providing a peaceful and respectful end of life care.

The service had also raised awareness among GPs and pharmacists regarding what it meant to look after people who were at the end of their life. The service had medicine ready to administer to people for pain relief and manage distressing symptoms. It prevented the need to contact the out of hours doctor service without delaying the effective management of symptoms. The exceptional end of life care ensured people and their families were able to concentrate on the things they loved doing together while staff took care of pain and symptom management. These were unforgettable and treasured memories of the last days together. The service supported families with funeral arrangements and had arranged several wakes at the service. Relatives felt it was an extension of their home and they were able to do things as they would do at home. Records showed relatives were extremely grateful for the love, compassion and care their family members received from staff during the last days of their lives. Some volunteers at the service were relatives of people who had previously passed away. They wanted to give something back to the service for the outstanding care, support and understanding they and their family member had received during the last days of the person's life.

Where necessary, people and staff were supported by palliative care specialists. Two visiting professionals spoke very positively about the end of life care people had received whilst at the service. They said, "It would not be possible to deliver high quality end of life care unless great care and attention is given to maintaining

the privacy and dignity of residents. I heard so many relatives and residents speak in glowing terms of the home, all its staff and in particular the management and leadership of its manager and owner." The other professional said, "The care and compassion is of a very high standard. I, as a Palliative Care Nurse, am always welcomed and respected by all members of staff that I have met."

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. The registered manager and the provider worked in a proactive way and encouraged people, relatives and staff to report any issues to them to address it immediately. The registered manager said, "We observe all the time. We look at residents, look at the staff interacting with them and we know if something is wrong, we address it immediately." The provider and the registered manager also looked at other services' reports on the Care Quality Commission website. They wanted to learn from the information provided, review and compare their service to ensure small issues were picked up before it would escalate further. The service also took great pride in getting necessary medicine proactively. It was to ensure people were kept well and comfortable reducing hospital admissions and the risk of rapid deterioration in people's medical conditions. It also ensured people who use the service could stay in the service without disturbing their routine. For example, staff went to another town some distance from the service at midnight to obtain a prescribed medicine, to ensure the waiting time was minimal and the person could be relieved of the symptoms as quickly as possible.

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews and annual surveys. The service also had an Advisory Committee that included people who use the service, relatives, past relatives, friends and volunteers. The group would discuss issues that might not be addressed through other ways of gathering feedback. For example, as part of the feedback people who use the service and relatives commented the cutlery was heavy and worn out. This was discussed at the committee and people tried a few options to choose the best one. Now people use the cutlery that is light, more attractive and made of high quality metal that is less likely to tarnish. The committee also discussed the entrance area at the service. People chose the design and colours for refurbishment. Now it is brighter, with pictures making it a calm part of the service. The committee also advocated for people who may not have a voice, to ensure everybody's views were listened to and taken into account.

People were treated with kindness and compassion in their day-to-day care. People and/or their relatives told us they were very happy with the care they received, "Yes, staff have compassion, laughter", "Staff are caring and friendly" and "They are very caring, extremely patient." People appeared happy and contented. They were well dressed, in clean clothes, their hair done, wearing appropriate footwear and jewellery if they wished. People's bedrooms were personalised and decorated to their taste with family pictures and items important to the person. There was a caring and homely atmosphere and we observed people were relaxed. We saw staff interacted with people in a positive way. For example, all the staff knew each person's name. We heard laughter, happy interactions and observed gentle touches like holding hands. People responded to staff with a smile and banter which indicated these were great bonds between people and staff. One person said after the staff helped them with medicine, "The staff said to me 'We love you, [Name]. They are so good.'" A relative said, "I am amazed how they lift people. They all love [family member]." Staff looked happy and showed great interest in making sure people had great experience living at St David's nursing home.

People received individualised care and support from staff who had got to know them well. Staff knew, understood and responded to each person's diverse needs in a caring and compassionate way. Staff told us, "We ask for their choices and try to offer it in the best way possible", "We treat them the way I liked to be treated" and "We ask them and do things how they want." Staff were positive and courteous about people

and explained how they supported them in a respectful way. For example, by knocking on the door before entering a bedroom or bathroom, making sure doors were closed when support was provided to preserve dignity during personal care and asking for permission to do things for people. Throughout our inspection it was obvious staff and people living at the service worked well together in partnership as they went about their busy daytime activities. People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service.

People's records included information about their personal circumstances and how they wished to be supported. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan as necessary. People were supported to remain as independent as possible. Staff understood this was an important aspect of people's lives. They said, they "... let them do things for themselves and give enough time" and by, "...encouraging and assisting where possible to let them do what they are able to do." Another staff said, "Use words of encouragement and be happy." People and their relatives appreciated and valued staff's relationships and input.

Staff knew people's individual communication skills, abilities and preferences. A range of methods were used to make sure people were able to say how they felt and make their wishes known. Staff understood it was important to communicate with people so they were able to understand each other, for example, by talking slowly and clearly, using pictures and writing things down. People's care was not rushed enabling staff to spend quality time with them. The service was spacious which enabled people to spend time on their own if they wished. Staff were knowledgeable about the things people liked and disliked. They placed a great importance on ensuring everybody was treated as individuals and ensured the care was person centred. They said, "I feel we give a really excellent care" and "Everything is going well. I feel proud of the care that we provide".

Is the service responsive?

Our findings

The service continuously sought to improve and develop to ensure people were provided with personalised care of a high standard to improve their wellbeing. Staff were confident in their ability to support and care for people. For example, a person arrived at the service with very restricted mobility and leg ulcers. The dedication and skills of the nurses and staff helped heal their wounds. With staff's encouragement and support of physiotherapist the person started walking short distances and exercising daily. We saw them attending an activity on the day of our inspection which they really enjoyed. The person felt really good they could walk again. We saw comments sent to the provider praising the staff for their care and support. They felt a prompt communication about their family member has made them reassured that they were "in safe hands". Another relative felt the staff support was constant and reliable. The staff were encouraged to look after the whole person and their wellbeing rather than 'just an illness'. They built real relationships quickly making people's lives more enjoyable.

The service placed a great emphasis on enabling people to live as full a life as possible. The service consistently ensured people's engagement in activities, maintaining their social skills and emotional wellbeing were recognised and promoted. The registered manager and staff spoke to people to find out their likes and dislikes so they could be incorporated meaningfully into an activity for each person. On the day of our inspection we observed a group activity called Bloomers Day Centre which was lively and well attended. People could get involved and do everyday tasks like cooking, washing up or repairing things. People really enjoyed it as it made them feel useful doing the 'everyday jobs' they would normally do at home. It was a change of scenery for people and a place to build new friendships as people from other homes and the community joined in. Two people had become great friends through attending the day centre and now spent time together enjoying each other's company. Another person said it was great to have projects and goals together. They loved doing the Bloomers Day sign and felt very creative as they used to paint at home. Other people enjoyed the music activities and other tasks as if they were back at home.

Another special event was the celebration of International Nurses day and the nursing history of the service. Invitation went out to the community. One of the people on Advisory committee suggested inviting Her Royal Highness Countess of Wessex. She lived locally and was the third and current Colonel-in-Chief of the Queen Alexandra's Royal Army Nursing Corps. She came to the service to celebrate this great day with people, families and staff. We saw feedback people gave before and after the visit. Prior to the visit people who use the service really enjoyed choosing their best clothes or were taken shopping for new ones. People felt it was a real sense of occasion and a chance to dress up for everyone. One person said, "I had to come to a care home to meet the Royalty, whoever thought that would happen to me". As many people had never met a member of the Royal Family, they felt it was a highlight of their life. People treasured the framed photographs of themselves and the Countess that were given to them to remind them of this meeting. Especially for people with dementia, these photographs really helped them remember the occasion. Families came from far and wide for the event, and to visit their loved ones. People and families felt really honoured by her Royal Highness giving her time and making people, families and staff feel really special.

The service used various ways to ensure people who use the service felt valued and included in the service.

They provided us with pictures and feedback from people they gathered capturing various events and activities. People were offered the opportunity to get involved in the service. For example, one person helped with the maintenance team, working alongside them. It made them to feel useful, maintain their self-worth and to be proud of the finished work. Another person helped the staff check grocery invoices against delivery notes. They used to work in accounts and felt they had a job again. Other people got involved in simple tasks like folding napkins and other items as it made them feel busy and helpful. They really enjoyed it and felt as if they were at home. One person wanted to get a train timetable so staff took them to the train station. It soon became apparent the person used to be a driving instructor. They commented the staff's skills as if they were an instructor and they really enjoyed the journey. Such opportunities had given people a sense of value and achievement and helped them to build strong positive relationships with staff. This enabled people to live a full a life as possible.

Another person had not been able to attend mass in a long time, due to being in hospital. Staff arranged for them to attend mass at their church every Friday which was very important to them. Input from other services and support networks were encouraged and sustained so that people could maintain community links. These included regular visits from an animal petting service, entertainment events, children from different schools visiting to chat to people and regular swimming lessons to keep fit. Stroke Club had been coming in for the last 30 years to the service. They would spend time with people interacting and having lunch together. Local church would invite people to join for lunch and afternoon games. Local churches were also helping people to practice their faith. Annual events took place such as a local junior school choir concert, and a garden party with food and entertainment. All these simple but important activities helped people live life as normal as possible without feeling isolated. The service ensured these events and occasions were remembered by producing a monthly newsletter. People and families received the newsletter regularly to find out what was going on in the service. A scrolling picture frame was placed in the main area of the service displaying various pictures from events, trips and visitors to remind people, their families and staff of the wonderful times they had with great reminders and memories of the occasions.

People were able to maintain relationships with those who mattered to them and avoid social isolation. If the family was far away or unable to visit the person regularly, they were able to use electronic devices to contact and see them. The provider ensured there was a Wi-Fi connection across the service. Staff supported people to get used to using devices provided by the service. It became a part of daily routine for people to speak to their relatives helping them maintain relationships that mattered. For example, one person had not seen their family member for a long time as they lived overseas. With the help of the device and staff's support, they were able to see each other and chat on a regular basis. The person felt so close to the family member now. They said, "It is so nice, it makes such a difference to see him." We also observed a number of relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives. Hearing how people, families and staff interacted with each other, it was clear this was a lovely place to live. Encouraging people to get involved in various activities, staff ensured people's stay in the service was always memorable and enjoyable. They always strove to successfully respond to people's needs and increase the quality of life for each person living in the service.

The service placed great emphasis of ensuring people could enjoy their life as much as possible without health issues getting in the way. The service worked hard and reduced hospital admissions by consistently monitoring people's health and wellbeing. When people came to live at the service, people's wishes were discussed and established in relation to hospital admission. Awareness was raised among staff to ensure they could anticipate what may occur for example, that a urinary tract infection may increase the risk of falls. Staff were trained and encouraged to think ahead and put safety measures in place including working with the registered manager to increase staff numbers, observe the person and get medicine to treat an infection when appropriate. Staff felt confident to contact professionals like GP or palliative care team to proactively

respond to people's needs. For example, one person was prone to infections. Staff knew if the person was unsteady or not even smiling that much, there may be an infection. Staff would carry out a test and report to the senior person who would immediately call the doctor for prescription. One of the staff would collect it as soon as it was available to ensure the medicine commenced shortly after to reduce infection spreading and affecting person's wellbeing. We looked at provider's information on people's health from 2014 to 2016. Considering the number of health changes and infections, only two hospital admissions were recorded. This was an indicative of the actions the service took to prevent any unnecessary hospital admissions. The two admissions were related to one person who needed specific treatment not available at the service. The provider praised the staff for their attention to details and quick response when things changed. They said, "I have to say the carers are fantastic – they know the people they care for so well, they notice when minor things are changed." It mattered to people and families the service could meet the changing needs of people and improve the quality of their lives.

People had their needs assessed before they moved to the service. People and their relatives were involved in developing their care, support and treatment plans. The plans were detailed and described routines specific to each person. Each file contained information about the person's likes, dislikes and people important to them. Where a person's health had changed it was evident staff worked well with external healthcare professionals. For example, one person had a seizure that affected their wellbeing including mobility. With staff's help and input from health professionals, the person was able to walk again and now they were enjoying activities like swimming on a regular basis. Where people required support with their personal care they were able to make choices and be as independent as possible. One person told us, "If I ask for support, I will get it. I've got the alarm nearby" and "Staff don't assume what I like." We saw all people had a call bell in reach and these were answered quickly.

There had been no complaints over the last 12 months. People and relatives were encouraged to raise any issues or concerns so they could be sorted out straight away. The registered manager communicated with people regularly on an individual basis. Concerns and complaints were used as an opportunity for learning or improvement and were discussed within the team. Complaints and concerns were taken seriously and used as an opportunity to improve the service.

Is the service well-led?

Our findings

The service's aims and objectives were to provide people with quality care and support. People and what was important to them were at the centre of staff's attention in the service. The registered manager and staff worked hard to ensure people were respected and involved. We saw people and staff had good and kind relationships and communication between each other. We observed friendly interactions and respectful support provided to people. People benefitted from living at a service that had an open and friendly culture. Staff told us they got on well together and that management worked with them as a team.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. Notifications are events that the registered person is required by law to inform us of. We used this information to monitor the service and ensure they responded appropriately to keep people safe. All records were up to date, fully completed and kept confidential where required.

The registered manager was committed to maintaining a good team working in the service. They encouraged good relationships and support to each other among the staff team because they believed this would have a positive impact on the people and support they received. The registered manager was committed to maintaining a homely environment and ensured there was always time for people and their relatives to discuss things important to them. The registered manager said, "Yes we are passionate in what we do. We may disagree but we discuss it and work together – it is for the home". The registered manager spent some time working alongside the staff to observe how they interacted and supported people. Staff considered people's views and were motivated to provide high quality care.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. The service worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge. Service commissioners had no issues or concerns with the service. Health and social care professionals gave us a very positive feedback as they really enjoyed working with the provider because of their caring attitude towards people who use the service. One of the professionals said, "St David's is a remarkable place. I am honoured to have the privilege of looking after the residents there. Should the need arise, sometime in the very distant future, I would be grateful to be placed in a nursing home like St David's".

People who use the service and relatives had regular house meetings to discuss any matters like house decorations, weekly menus, staffing, activities and holidays. Staff could and would discuss anything at each handover daily. We observed one of these meetings during our inspection. Staff shared information about people, their wellbeing and health, support, daily work and any issues or tasks to be completed. The team discussed various topics within team and management meetings, including the care of people who use the service, policies and procedure, tasks and actions to complete, as well as any issues and ideas. Staff felt there was an opportunity to share ideas and keep up to date with good practice within the team. Getting

feedback from the registered manager and staff we could see they were motivated to make sure people were looked after well and able to live their lives the way they chose. They felt it was a good place to work and enjoyed their work. Staff said, "I think St David's is very well led and managed", "Everything is going very well and the work is done with quality, not quantity" and "I am proud of the care I give to my residents." Respect, compassion, caring and positive attitudes towards people and work were attributes present in this home. We observed good practice taking place during our inspection that had a positive impact on people's lives. People benefitted from a staff team that were happy in their work.

The registered manager carried out audits to monitor the quality of care and support including speaking to people who use the service about the daily support they received and regular checks. They also analysed information recorded through audits to identify any trends and patterns that could improve the service and prevent future incidents from occurring. Feedback from the last annual survey was incorporated into the annual development plan to ensure any issues or comments made were acted upon. We saw the provider and the registered manager carried out a lot of work to constantly ensure people who use the service were happy and comfortable, relatives were welcomed and staff felt supported and appreciated for the work they did. Information was always shared with staff so they were aware of what was going on and improvements they needed to action. The registered manager highlighted good practice with staff to ensure they understood how important it was to support each person as an individual. They encouraged staff to give attention to every detail and if there was something not right, they were encouraged to address it. The registered manager felt they were supported by the staff team to ensure people received appropriate care and support. The registered manager said, "They are really good and hard working. They are dedicated and get on well with each other because we promote it".

Staff felt the management team were good leaders and available if support was needed. Staff said, "Yes, they listen to me very well and are always happy to help", "Yes, they are very supportive" and "Whenever I have spoken to them, I feel it has been taken on board". Staff felt there were opportunities to discuss issues or ask advice and support. They felt the registered manager was always available if they needed guidance. The registered manager always found an opportunity to praise and thank the staff to ensure they felt appreciated for what they did. The registered manager and the provider were very passionate about the work they do and we saw this was disseminated to the staff. They said, "We trust the staff to do their work. They smile and enjoy each other's company. Visitors say how lovely the atmosphere is here". The service promoted open and transparent communication and working attitude among the staff team and management because they wanted "to do good". People who use the service and/or relatives said, "They are compassionate and I feel humbled by them", "I have nothing but admiration for this place" and "I am totally impressed with St David's – this is my home."