

Ascot Residential Homes Limited

St Christopher's Care Home

Inspection report

Ascot Priory
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Ratings

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

Summary of findings

Overall summary

This inspection took place on 12 and 13 September 2016 and was unannounced. St Christopher's Care Home is a care home without nursing that provides accommodation with personal care for up to 25 older people. At the time of our inspection there were 16 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.

St Christopher's Care Home is part of Ascot Residential Homes and is run by the same registered manager as another sister home on the same grounds. The registered manager and the provider spent equal time at each service. They expected the same outcomes for both services promoting positive attitudes and a high standard of practice.

The registered manager and staff had an excellent understanding 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. This 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.

People and relatives told us great things about the service they received. They also felt the staff would ensure people received really good care 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 greatly 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. They always had opportunities to share and discuss their views which were taken into account and actioned. The registered manager and the provider worked in a proactive way. This included managing people's health and care needs and encouraging people, relatives and staff to report any issues to them so they could address concerns immediately.

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. End of life care was provided with great care and compassion. People and their families were always supported with utmost consideration and understanding to ensure decisions and preferences were taken into account.

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 registered manager and staff were knowledgeable about 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 the Deprivation of Liberty Safeguards (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 safe from harm. The registered manager had taken appropriate action with the local authority to determine if anyone was being restricted of their rights and liberties. At the time of our inspection five 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.

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.

Our observations and the records we looked at confirmed the very positive descriptions people and relatives had given us. Staff understood the needs of the people and provided care with much kindness and consideration. 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. They really felt they mattered to the staff team.

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 felt staff were happy working at the service and had good relationships with the team and the management. Staff agreed the management was open with them and communicated well about what was happening at the service and also with the people living there. People and their relatives told us they felt the service was managed well and that they could approach management and staff with any concerns. The service encouraged feedback from people and families, which they used to make improvements to the service where necessary. The registered manager had systems in place to assess and monitor the quality of care consistently with the help of staff and other members of staff team within the company. Throughout our inspection we saw examples of appropriate support that helped make the service a place where people felt included and enjoyed living there.

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 their responsibilities for reporting accidents, incidents or concerns.

The staff 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, recorded and handled correctly.

Is the service effective?

Good ●

The service was effective. People were supported and cared for by 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 rights to make their own decisions. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications as required.

People were supported to eat and drink according to their wishes and choices. Staff took swift actions to ensure people's health and social care needs were met effectively.

Is the service caring?

Good ●

The staff were caring. People, relatives and staff built great relationships with each other. Staff continuously ensured people felt really happy. They ensured people's views were listened to and people felt 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 as positive as possible, maintaining their independence where they could.

The service provided 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?

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

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

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

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

Outstanding 

Is the service well-led?

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

Staff were happy working at the service and we saw there was a great team spirit. Staff felt supported by the management team. They felt the training and support they received helped them to do their job well.

The registered manager had quality assurance systems in place to review and assess the quality of service and monitor how it was run.

Good 

St Christopher's Care 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 12 and 13 September 2016 and it was unannounced. One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 seven people who use the service and four relatives. We spoke with the registered manager and the provider. We received feedback from four care assistants, two senior care assistants, a team leader, the home manager, an activities coordinator, a volunteer, a kitchen assistant and the chef. We observed interactions between people who use the service and staff during 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 three people's care plans and associated documentation. We looked at the recruitment files for five members of staff, staff training and 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, audits, the utility service certificates, risk assessments, the complaints and compliments records 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 spoke to the registered manager, one of the staff or asked their family to help them. People and relatives felt the staff and the management team were very approachable. Staff had the knowledge to identify safeguarding concerns and would act on these to keep people safe. Staff were confident the management would take them seriously if they raised concerns with them. They 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.

The maintenance team carried out premises checks regularly, for example, water safety, fire safety and fire equipment checks. Staff reported any maintenance issues quickly and they were dealt with appropriately. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. Staff had a good understanding of how to keep people safe and who to report accidents, incidents or concerns to. The provider took action to ensure people remained safe and prevent further injury or harm. The registered manager and the staff team monitored people's wellbeing and safety on a daily basis. They spent time with people and staff observing daily practice. Staff would report any changes and what was going on in the service to the senior person on the shift. Staff and management had handover meetings that were used to discuss different topics and raise any safety issues on a daily basis.

People were protected from risks associated with their health and care provision. Each person had a risk assessment and plan of care to review and monitor their abilities and the support needed to keep them safe. Plans were in place to minimise any risks and to support people to maintain their freedom, independence and choice. The staff monitored general risks within the service by observing people daily and checking specialised equipment such as hoists and mobility aids, which were up to date with their latest service checks.

The service had plans in place, in case of emergencies such as emergency evacuation plans. Staff had regular training and discussions about various situations and how to support people in an emergency situation. There was always a member of the management team on call 24/7 for advice and support and staff felt able to use this when necessary. People who use the service had call bells in place and within reach should they need to call staff for assistance. We observed calls were answered in good time. If people raised any issues with the response time, the management team reviewed the system and addressed any issues with staff to ensure people received appropriate care and support without a delay.

There were sufficient staff numbers with the right skills and knowledge to meet people's individual needs. All staff were deployed in a way that kept people safe. Staff said they were able to support people with their care needs without rushing. Any staff shortages were covered in a timely manner. People and relatives felt there were sufficient staff numbers to provide care and support.

The provider followed safe recruitment practices. 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. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character.

Peoples' medicines were managed and administered safely. People received their medicines when required. We reviewed the room where all medicine was kept. The stock of medicines was controlled and monitored. Records showed the stock balance was reconciled. It was tidy and clean with staff carrying out regular checks to maintain the order. The staff only stocked the medicine trolley with the blister packs for a specific medicine round to reduce the risk of medicine errors. Staff checked the medicines fridge and room temperatures regularly. We looked at the medication administration record sheets. There were no gaps and medicine was signed for accordingly. We observed how people were supported to take their medicine. The staff member was attentive to each person ensuring they took their medicine and completed the necessary paperwork. People told us staff helped them to take their medicine.

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 really good", "The staff are very nice – it's nice here" and "They are lovely people to look after me." People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff were able to meet the changing needs of people using the service and improve the quality of their lives. For example, a person affected by dementia was living at the service. Their family felt the staff were always able to make them smile. This reminded the family of the personality their relative had before coming to live in the service. It made them feel the person was safe and looked after well. The provider and the registered manager told us they trained their staff to treat people the way they wanted their family to be treated. The goal was to improve people's quality of life.

The induction programme included the Skills for Care certificate. New staff were supported to complete an induction programme before working on their own in the service. Staff told us they had the training and skills they needed. This 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 and the records showed staff were up to date with the necessary training. Additional training was provided relating to the specific needs of the people living at the service. For example, training in first aid, end of life care, nutrition and hydration, dementia and equality and diversity. We saw staff had the training updates regularly to ensure they could perform their work and that the care was safe.

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 they were able to discuss any training needs, share their views or concerns they had. Staff agreed they could ask the management team and their colleagues for support and advice when they needed. Staff told us communication within the service was always effective and they discussed any matters regularly.

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 and their relatives were involved in care planning and decision making. People's consent was sought to confirm they agreed with the care and support provided. If someone lacked capacity to make a specific decision, the provider sought professional and family support to ensure decisions were made in the person's best interest. People said they were 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.

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. Five DoLS authorisations were in place at the service.

Organised and attentive staff supported people to have a meal of their choice. People told us they liked the food and were able to make choices about what they had to eat. If they did not like any of it, they were always offered an alternative. People's dietary needs and preferences were documented and known by the chef and staff. The chef and staff would ask people for their choice of meals and compile the menu based on it. The menus were displayed everyday with two choices of meals and puddings. We observed lunch during our inspection. Some people needed help with eating and staff supported them in an attentive manner. People ate their meals at their own pace. The staff were polite and friendly offering choices and checking people were happy with their food. Some people chose to have the meals in their rooms and staff supported them accordingly. The inspection took place on a warm day and we observed people were offered drinks throughout the day to stay well hydrated.

People had access to health and social care professionals, for example, GP, dietician, community nurses, and the community mental health team. A GP visited the service and reviewed people's health on a weekly basis. Care plans were in place to meet people's health and care needs 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 and staff observed and reported any changes in people's health needs effectively. Professionals' feedback was very positive. They felt people who use the service were always provided with good care and support.

Is the service caring?

Our findings

People were consistently treated with kindness and compassion in their day-to-day care. People and their relatives told us they were very happy with the care they received. They said, "Yes, everybody is so kind", "Staff are all very pleasant" and "They are caring beyond what you would expect." People were well dressed, with clean clothes, their hair and nails were done and where they chose they were wearing jewellery and appropriate footwear. People's bedrooms were personalised and decorated to their taste with family pictures and items important to the person. We saw staff interacted with people in a positive way and people responded to staff with a smile.

Staff showed great concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. For example, one person had become unwell at home and had to come in to the service as they needed more care and support. Staff were caring and showed great support, ensuring the person took their medicine on time and encouraging them with eating and drinking. The person started to improve and, with staff's help, started walking short distances, gradually building up to being able to walk with a mobility aid again. This increased person's confidence and they were able to go home again. The staff felt really good that they had supported someone in such a positive way and all their hard work had paid off.

People and their relatives really appreciated and valued staff's relationships and input. 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, residents and relatives meetings, and annual surveys. The service shared an Advisory Committee with the sister service. People who use the service, relatives, past relatives, friends and volunteers were included on this committee. The group discussed areas or any issues that might not be addressed through other ways of gathering feedback. For example, the committee discussed the lighting from the service to car park area. This was passed on to the provider and the maintenance team. As a result extra lighting was installed. The staff, relatives and visitors felt safer and more comfortable walking to and from the service especially in the colder and darker seasons. Staff raised a query to discuss changing their uniforms to casual clothing. The committee discussed it and agreed staff wearing uniforms helped people using the service, relatives and visitors identify the staff easier. They also commented the staff looked very smart in the uniform therefore a decision was made to keep it. Working with the sister service of the same provider, people and relatives discussed and tested a few options for the new cutlery. It was changed and people were now enjoying the dining experience with the lighter and nicer cutlery. The committee also discussed and input their ideas to support the refurbishment of the entrance area at the service. Currently the Committee was discussing refurbishment ideas for the lounge, conservatory and the back lobby area. The advisory committee also advocated for people who may not have a voice to ensure everybody's views were listened to and taken into account.

The registered manager and the provider worked in a proactive way and encouraged people, relatives and staff to report any issues to them and addressed it immediately no matter how small they were. The registered manager promoted the idea that every little thing was important. The provider was regularly involved in various events and meetings to keep up with the latest good practice. They were continuously asking people and families what they thought of the service and what they could do better. The service

worked with another care home through the Berkshire Care Association to arrange for National Activity Provider Association (NAPA) to carry out some training for the care homes in the area. They talked about topics like activities not just being at set times but arranged according to people's wishes and preferences. The service started with activities at different times, having takeaways, barbecues in the afternoon or evening and inviting families to attend activities to ensure everyone was able to enjoy them without missing out.

The service proactively sought necessary medicine when people's health changed. This 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. The service actively organised prescriptions and would get the medicine to commence that same day when necessary. The service had excellent relationships with the local surgery that helped ensure people were able to commence treatment as soon as possible. This resulted effective treatment and prevention of further deterioration. The service ensured they had medicine when it was needed. Staff were always informed what to look for and prepared for the changes in people's behaviour or wellbeing so they could respond well.

People were able to stay at the service if they wished to receive end of life care there. The staff and the management team were passionate about ensuring people who use the service had a dignified, comfortable and pain-free end of life. There was one person receiving palliative care at the time of our inspection. Although the provider had not renewed their status for this service with Gold Standard Framework in end of life care, they still used the same guidelines to provide high quality end of life care. The service was committed to providing excellent end of life care that met people's needs. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programmes. It enables frontline staff to provide a gold standard of care for people nearing the end of life.

When people needed to receive end of life care, staff followed the best practice. People and their relatives were consulted regarding their care planning and were involved to discuss any preferences and changes. The staff monitored and cared for people providing pressure area care and managing pain. The service had pain relief medicines in stock including end of life care medicine. The service worked closely with other health care professionals to ensure people received the correct care and support when nearing the end of their life. The GP visited people weekly to review their progress. If necessary, the palliative care team or community nurses were involved to provide additional support such as using syringe drivers. The staff and the management team ensured that relatives were also fully supported to enjoy time together with their family member.

The provider supported their staff to ensure they understood how to deal with death and loss. Staff had confidence and training to discuss any issues with the end of life care. We saw in the compliments book relatives were extremely grateful for the kindness, patience and understanding their family members received from staff. One relative said, "I cannot fault the care and love we get here. Staff still ask my [family member] what she wants and give choices. They support me, as well."

People received individualised care and support from staff who knew them well. Staff knew, understood and responded to each person's diverse needs in a caring and polite way. Staff supported people, "...by asking questions, getting to know people and what they like" and "...by listening to them and letting them show you how you can help them". Staff were positive and courteous about the people and explained how they supported people in a respectful and dignified way. For example, preserving dignity during personal care, speaking to people respectfully, giving them privacy and their own space, knocking on the doors before

entering, using appropriate language and thinking of their needs. People's right to confidentiality was protected. All personal records were kept locked in the office and were not left in public areas of the service. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

People's records included information about their personal circumstances and how they wished to be supported. People's abilities were regularly reviewed and any changes investigated. Adjustments were made to the care plan if necessary and the staff team were informed. People felt they were supported to stay as independent as much as they could be. Staff understood this was an important aspect of people's lives. They said, "We encourage them to do as much as possible themselves and praise them on achievement". Staff encouraged people in "...making choices and let them carry out tasks by themselves". Another staff said, "We encourage them to wash their hands, face and choose their own clothes for the day. Treat them nicely."

Staff knew people's individual communication skills, abilities and preferences. They used a range of ways to ensure people were able to say how they felt about the caring approach of the service. Staff understood it was important to communicate with people so they were able to understand each other and express their wishes. For example, looking at the person while speaking, not rushing, observing body language and using a letter board or an electronic tablet. People's care was not rushed, enabling staff to spend quality time with them. The service and the grounds were spacious and allowed people to spend time on their own if they wished. Staff were knowledgeable about things people liked and disliked. They said, "We are making sure that residents feel like home in here and...we are here for them" and "We treat residents like family and we listen to and meet people's needs." They placed great importance on ensuring everybody was treated as an individual and ensured the care was person centred.

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 had severe problems with continence that affected the quality of their life, including sleep deprivation and reluctance to go out. With staff's support and health professional team's input, the person agreed to have an intervention to improve their condition. This immediately transformed their daily living. The person started sleeping well at night. They also started joining in activities, going out with their family for lunch or to the garden centre. The staff team worked with community nurses to ensure the person stayed healthy and happy.

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. The importance of maintaining their social skills and emotional wellbeing was 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. People were able to choose what activities they took part in and suggest other activities they would like to complete. For example, people were attending swimming classes to keep fit and exercise. One person used to be a swimming instructor therefore they were able to enjoy an important aspect of their life again. Another person used to swim with their partner. As they were swimming again, it brought good memories back. People were able to exercise and maintain their mobility and improve their stamina. The service had a sensory garden. People were able to sit outside and enjoy the beautiful views. Especially for people with dementia, hearing the water feature and smelling the lavender, took them back to "childhood memories and happy lazy days".

The provider used various creative ways to ensure people who use the service felt valued and included in the service. For example, staff joined and supported people to go to an ice skating venue. People who used wheelchairs were able to attend, as well. They really enjoyed the experience and it brought back memories of when they were young. They said that it made them feel normal. Some people who use the service had a green house where they grew various vegetables reminding them of their own gardens at home. Now they picked the vegetables and gave them to the chef to be used in cooking their meals. The service purchased a piano for people to play if they wished. One person used to be a pianist and another was an organist at the church. They enjoyed playing the piano and they felt valued and appreciated by others as they listened to their music. People really enjoyed regular visits from animal farms. Seeing different animals as they never thought they would. Meeting a duck, donkey or even birds of prey, always brought lots of laughter at the chaos caused. On the day of the inspection we saw people were attending weekly chapel service. This meant they could maintain and practice their faith that was important part of their life. By using simple features or activities the staff team were able to create an environment where people felt included, valued and most importantly felt as if they were at home.

The service maintained regular contacts and support with the organisations outside the service. This included regular library visits, children from different schools visiting to chat to people, Stroke Club lunches, and the local church invited people to join them for lunch and afternoon games. A reminiscence library gave

people the opportunity to chat about the times gone by with good memories. Bloomers Day Centre was held at the sister service getting people involved in everyday tasks they would normally do at home. A local choir started visiting the service as one of the relatives was a member. This had a huge positive impact on the person living at the service. They were able to see their family member again and reconnect with the community. All the people using the service were enjoying the choir visits. Another person's family member was a member of a local amateur dramatic society so the person would go out to see shows. They could see all their family and share their lovely experience with others back at the service. The person was very proud that their family member was in the show. This showed the service listened to people's life stories and were flexible and responsive to make their wishes a reality. This meant the service was continuously taking part in the local community and helping people to maintain links with it. They ensured people, even though living in a care home, were able to reconnect to those important to them and feel part of the local community like any other person.

Staff were aware one person had travelled various countries during their life. Staff had organised for him to present his travels through America and particularly the Grand Canyon to others. They had also given talks on their time in West Africa and World War II. On both occasions it was well supported by everyone at the service. This gave the person an opportunity to let people know about their extraordinary life prior to coming to the service. It also gave staff lots of topics to discuss with this person and they felt extremely proud. Having been used to talking in public they were doing what they enjoyed doing. These opportunities had given people a sense of value and achievement and helped them to build strong positive relationships with other people, staff and local communities. This enabled people to live as full a life as possible.

We could see provider put in a lot of effort to meet people's care and social needs on a daily basis. They ensured all these events and occasions were always remembered by producing a monthly newsletter. People and families always looked forward to find out what was going on in the service. A rolling picture frame was placed in the main area of the service continuously displaying various pictures from events, trips and visitors. It was a great reminder of the occasions and wonderful times to people, staff, and visitors had enjoyed together. By encouraging people to get involved in various activities, the staff ensured people's stay in the service was always memorable and enjoyable. They always strived to achieve a notable success in responding to people's needs and increasing the quality of life for each person living in the service.

People were able to maintain relationships with people that mattered to them and avoid social isolation. If their family was far away or unable to visit a person regularly, they were able to use electronic devices to contact and see them. It became a part of daily routine for people to speak to their relatives helping them maintain relationships that mattered. For example, one person started using Skype to contact their family member as they were away often. This also led to the person being able to speak with their grandchild in Australia and see their great grandchildren. The person felt they were part of their family, even though far away they felt so close. Also when a person using the service passed away, one of the other people wanted to pay their respects but they were too ill to attend the service. The staff team arranged for the person to watch the funeral via a link provided through the crematorium to the tablet from the comfort of their own room. The person was really pleased to be able to say goodbye properly. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives. All these simple but important activities helped people live life as normally as possible without feeling isolated.

The provider placed great emphasis on ensuring people could enjoy their life as much as possible without health issues getting in the way. The provider worked hard and reduced hospital admissions by monitoring and responding effectively to people's changing health needs. They raised awareness among all of the staff to ensure they could anticipate what may occur, for example, if someone was anxious or agitated, or

people's mobility deteriorated. The provider worked with other professionals when there was a chance of someone being admitted to hospital. For example, one person suddenly had an infection of the skin and the underlying tissue recently. The staff arranged to obtain antibiotics from the surgery immediately. The person was able to start the treatment without a delay thereby relieving symptoms, preventing complications and hospital admission. The family felt very grateful and the staff respected person's wishes not to go to the hospital. Advanced care plan was put in place and soon the person felt much better being able to get back to their normal activities. The provider felt quick response to changing health needs reduced hospital admissions and improved the quality of life and comfort for people.

Staff were trained to respond to changes and to act upon these. They had been trained to understand the effects of a urinary tract and other infections and respond immediately by contacting the GP. Staff were encouraged to think ahead, monitor the person and get medicines to treat any infections or illness if necessary. Any changes were discussed daily and any issues were picked up quickly. Staff were clear it was important to share information immediately and take action. We looked at the provider's information on people's health from 2014 to 2016. Considering the number of health changes and infections, only three hospital admissions were recorded. This was indicative of the actions the service took to prevent any unnecessary hospital admissions. The three admissions were related to people who had cardiac failure and seizures. Therefore, a specific treatment was not available at the service. Staff had been also trained to understand the causes of falls in the elderly so they can help to prevent them as far as possible. The numbers were reduced from 121 in 2014 to only 43 in 2016. The provider praised the staff for their attention to detail and quick response when things changed.

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 people required support with their personal care they were able to make choices and be as independent as possible.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two complaints since the last inspection. These were investigated and addressed appropriately. 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, relatives and staff regularly on an individual basis to ensure no issues were missed. Concerns and complaints were used as an opportunity for learning or improvement and were discussed within the team.

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 was at the centre of staff's attention. The provider worked hard to ensure people felt respected and involved. We saw people, relatives and staff had good and kind relationships and communication between each other. We observed friendly interactions and respectful support provided to people. Staff told us they got on well together and that management worked with them as a team. The provider and the registered manager were on call for assistance, advice, direction or signposting out of hours so the staff always had senior managers to answer a query.

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 by sending notifications. 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 overseeing this service and a nursing home. They worked under the same ethos to provide a high quality care and support. They were committed to maintaining a good team working in the service. They encouraged good relationships and support for each other among the staff team. This had a positive impact on the people and the support they received. The registered manager was motivated to maintaining a homely environment and ensured there was always time for people and their relatives to discuss things important to them. They said, "We encourage people and families to speak to us, even about slightest things. We remind everybody about person-centred care to ensure people can trust the staff." 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 promoted a positive culture that was person-centred, open, inclusive and empowering. The staff team had a well-developed understanding of people's individuality and diversity and put this into practice. The service worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge. We contacted the commissioners and they had no issues or concerns with the service. Health and social care professionals gave us a very positive feedback and praised the service for their caring attitude towards people who use the service. One of the professionals said, "Yes there is certainly a caring feeling about the place". Another professional added, "This is an excellent service indeed".

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. The provider was the founder member of the Berkshire Care Association that assisted care providers to ensure they provided high standard care and support to people across the county. The service also used this as an opportunity to learn from other services about things that had gone well and not so well. They shared best practices and learned from experiences to ensure the service was of high standard. The service always welcomed other providers to visit and encouraged the

learning process between them. The service worked with Sterling University specialist dementia architecture department when they were refurbishing rooms and communal areas in the service. For example, with people's feedback, the provider knocked two rooms into one to provide en-suite facilities and creating larger space. It helped the staff team make the service homely and the environment inviting. People who use the service and relatives provided lots of positive comments. People were able to move in to the new rooms they had watched being refurbished. People felt they were involved in making decisions about the décor which had made them feel included in their home.

People who use the service and relatives had regular house meetings to get together and discuss any matters or issues like house decorations, weekly menus, staffing, activities and holidays. Staff discussed different topics and actions to take 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 also discussed various topics in the team and management meetings to ensure tasks and actions were completed. Staff felt there were opportunities to share ideas and keep up to date with good practice within the team. The registered manager and staff were interested and motivated to make sure people were looked after well and able to live their lives the way they chose to. Staff said, "It's always a good team atmosphere here and everyone has respect for each other" and "It is good, and we all are getting on well".

The registered manager carried out extensive audits to monitor the quality of care and support. Different teams like maintenance, kitchen, cleaners and care staff had a responsibility to contribute to the process of ensuring quality assurance tasks were achieved effectively. The registered manager and staff team spoke to people, relatives and staff about the daily support received and carried out 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. The registered manager and provider always shared information 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, "The team works very well, all of them and they do care about the residents and their job. They do extra things and think about the residents as individuals." 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.

Staff felt the management team were good leaders and available if support was needed. Staff felt there were opportunities to discuss issues or ask advice and support. They felt the registered manager was available when 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 did and this was encouraged the staff team. It was very important to them that people who use the service and their relatives were supported and cared for to a high standard, and the staff understood this. The service promoted open and transparent communication and a working attitude among the staff team and management that people who use the service were most important. People who use the service and relatives said, "They [staff] are very nice – they do what they can for you", "I think it is just a wonderful place and staff do a very difficult job with cheerfulness and happiness" and "I could not have gone anywhere else better."

