

St. Vincent Care Homes Limited

St Vincent House - Southsea

Inspection report

St Vincent House
20-21 Clarence Parade
Southsea
Hampshire
PO5 3NU

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26 January 2017

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Ratings

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

Summary of findings

Overall summary

St Vincent House – Southsea is a care home registered to provide accommodation and personal care for up to 27 older people. The majority of people who lived in the home at the time of this inspection were living with a form of dementia.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a previous inspection of this service on 4 November 2013 where we found the service was meeting the requirements in the areas we looked at.

This inspection took place on 26 January 2017 and was unannounced. At the time of our inspection there were 26 people living in St Vincent House – Southsea. Although the home is registered for up to 27 people the registered manager told us the maximum number of people they accommodated was 26 and the home was at full capacity. People had a range of needs, with some being more independent and others requiring a significant amount of support relating to their physical health, mental health, dementia and wellbeing.

People were protected from risks relating to their health, mobility, medicines, nutrition and behaviours. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and as prescribed by their doctor.

Staff treated people with kindness and respect. People enjoyed pleasant interactions with staff which demonstrated people felt comfortable in their presence. During our inspection we saw positive and caring interactions between people and staff. We found staff had caring attitudes towards people and provided people with affection and humour. Staff knew people's needs, preferences, likes and dislikes and spoke about people with respect and admiration.

Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns. Safeguarding information and contact numbers for the relevant bodies were accessible. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were vulnerable.

Staffing numbers at the service were sufficient to meet people's needs and provide them with the care and support they required. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and food was presented in ways which met people's individual needs. People spoke highly of the food and where people had specific needs relating to their diet, these were responded to. Great care was taken to encourage people to eat and where people were provided with pureed food to meet their needs; this was presented in a way in which each item was moulded into its original shape to look appetizing.

People's care plans contained detailed information about people's histories, their individual needs, preferences and interests. This information was used to create personalised activity plans for people to ensure they had stimulation and activities that met their desires, interests and needs. Enabling people to take part in varied activities which increased their quality of life was a priority for the provider and the registered manager. Staff were encouraged to spend time with people individually, engage people in different types of activities that met their needs and take people on trips out in the community and for organised activities and outings. People had enjoyed such activities as speedboat rides, raising chickens, trips out, cooking, gardening and arts and crafts.

There was open and effective management at St Vincent House – Southsea. The providers and registered manager led by example to ensure best practice was followed. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered. The registered manager worked hard to improve the community links with the home.

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.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff displayed caring attitudes towards people and spoke about people with affection and respect.

People, relatives and professionals were positive about the caring attitudes of staff.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity and respect.

People were encouraged to be independent and have a say in the way their care was delivered.

Is the service responsive?

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People benefited from meaningful activities which reflected their interests.

People were encouraged to make complaints.

Good ●

Is the service well-led?

The service was well led.

People spoke highly of the registered manager and confirmed they were approachable.

There was an open culture where people and their relatives were encouraged to provide feedback. This was used to improve the service.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

Good ●

St Vincent House - Southsea

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 checked whether the provider was 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 visit took place on 26 January 2017 and was unannounced. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

During the inspection we spoke with or spent time with six people who lived in St Vincent House – Southsea. We also spoke with three members of staff, the registered manager, a senior manager and a managing director. We sought feedback from a number of healthcare professionals and received detailed feedback from one of them.

Some people who lived in the home were able to talk to us about their experience of the home but some were less able to do so because they were living with dementia. We therefore conducted a short observational framework for inspection (SOFI) during our inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also used the principles of SOFI when carrying out observations in the service.

We looked around the home, spent time with people in the lounge, the dining rooms and saw some people in their bedrooms. We observed how staff interacted with people throughout the inspection. We spent time with people over the breakfast and lunchtime meal periods.

We looked at the way in which people were being supported and looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We looked in detail at the care provided to four people, including looking at their care files and other records. We looked at the recruitment files for three staff members and other records relating to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt safe living in St Vincent House – Southsea. People's comments included "I feel very safe. They are absolutely superb." Most people who lived in the home were unable to tell us whether they felt safe. We spent time with people, observing their interactions with staff. We saw people spending time with staff and looking comfortable in their company. We saw people reaching out to staff, chatting to them and smiling. This indicated people felt safe in staff's company.

People who lived in St Vincent House – Southsea had a variety of needs relating to their mobility, their nutrition and hydration, skin integrity, health conditions, their mental health and their behaviours. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, one person was at risk of putting items in their mouth which were not edible. The registered manager had liaised with special healthcare professionals to seek guidance about this person's care and how best to minimise risks to their health and safety. The registered manager had created a detailed risk assessment which contained clear information about the steps staff should take to monitor this person and protect them from harm.

A new system had been introduced at the home in which people's care plans and daily notes were accessed by staff through the use of computer tablets. Staff were very complimentary about this system and told us they found it very easy to use. One concern we had was that only generic risk assessments, such as falls and Waterlow (risk of pressure damage) appeared on these tablets. The registered manager told us they were aware of this problem and were working to upgrade the system to enable more detailed and person specific risk assessments to be accessible on the tablets. In the meantime, however, the registered manager had shared all risk assessment information with staff who were able to tell us about the risks to people and how they should go about minimising these.

Where people had specific healthcare needs there were detailed assessments and plans in place for staff to follow. For example, where one person had specific risks relating to their mental health. Staff had sought as much information about this person's medical history as possible as well as their life history. They had consulted with the local mental health team and had created detailed plans for this person. These plans gave staff a clear understanding of the person's condition, how this condition affected them, and what behaviours this condition could trigger. This ensured staff knew how to identify when these may be occurring and what actions they should take in order to ensure this person was safe.

Some people had needs relating to their eating and drinking. Some people were at risk of choking. Staff had sought advice and guidance from outside healthcare professionals on how best to support people in these areas and protect them from risks. Staff understood people's needs and we observed people being supported to eat their meals in the way advised by professionals.

People's behaviours had been thoroughly monitored in order to ensure safety measures were put in place

which supported people to remain as independent as possible whilst also protecting people. For instance, one person could display behaviours which could cause significant risks to themselves in relation to leaving the building to either go out into the street or out into the garden. This person was at risk in relation to traffic but also in relation to wearing inappropriate clothing for the weather. Specific plans were in place which took into account the person's desire and right, to leave whenever they wanted, but also how staff should protect them at those times. During our inspection this person walked out into the garden wearing only a T-shirt and trousers. The door was alarmed in a way that staff were alerted but no loud noise was heard which could have upset or alarmed people. Within two minutes a member of staff went into the garden to speak with the person and calmly and respectfully convinced them to come back inside. The member of staff told us that should the person have wanted to stay outside they would have simply brought them some warm clothes to wear. These plans and actions ensured that this person was protected whilst their freedom to go into the garden whenever they want was enabled.

The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. Good infection control practices were in use and there were specific infection control measures used in the kitchen, the laundry room and in the delivery of people's personal care. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how people needed to be supported in the event of an emergency evacuation from the building.

People who lived in St Vincent House - Southsea were protected by staff who knew how to recognise signs of potential abuse. Staff had received training in how to recognise harm of abuse and knew where to access the information if they needed it. Safeguarding information and relevant contact numbers were displayed within the office and the medicine room for them to use. Staff were encouraged to speak about safeguarding and this was a standard topic of discussion at staff meetings and in supervisions.

All the people living in the home required support from staff to take their medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and the registered manager carried out regular medicine audits and checked the recordings daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Staff had received training in medicines management and had their competencies checked regularly.

There were sufficient staff available to meet people's needs. There were 26 people living in St Vincent House – Southsea at the time of our inspection. During the morning shift there were six care staff working. During the afternoon there were four and during the night there were three waking care staff. On top of the care staff numbers, there was also a deputy manager, a head of care, an administrator, an activities coordinator, housekeepers, a laundry assistant, a kitchen porter, a full time cook and a maintenance worker. The registered manager told us the staffing arrangements had been organised in order to ensure care staff purely focussed on caring for people, without having to undertake other household tasks. Kitchen porters started work early in the morning in order to serve people their breakfast and therefore freeing up staff to be able to meet people's morning needs without delay. During our inspection we found each person was supported by staff who met their needs in an unhurried manner. People were supported by staff who spent individual time with them and responded promptly to their needs.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who are vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the

risks associated with employing unsuitable staff.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. For example, the registered manager had introduced procedures for staff to follow when responding to fall. Each time a person fell staff were to seek medical attention, put the person on a 15 minute observation schedule and review the control measures in place to protect them to ensure they were suitable. The registered manager then reviewed the actions taken by staff during each accident to ensure they followed procedure. Regular audits of accidents and incidents also took place during which trends, patterns and learning were sought.

Is the service effective?

Our findings

People spoke highly of the care they received at St Vincent House – Southsea. Some comments made to us included "We get looked after very well" and "People are beautifully looked after."

Staff had undertaken training in areas which included safeguarding adults, challenging behaviour, dementia awareness, diabetes, end of life care, falls prevention, fire safety, first aid, health and safety, infection control and medicines. Where more specialised training had been required in order to meet the needs of the people living in the home, this had been provided. For example, Huntington's training on catheter care. Staff training needs were regularly reviewed and discussed with them during handover, supervisions and appraisals. Recent topics discussed had included dehydration, pressure care and safe bathing and water temperatures. Upcoming topics included safeguarding, nutrition, dignity and the Mental Capacity Act 2005.

The registered manager and the provider were working towards making their staff training more person centred. They were implementing regular methods to test staff on their knowledge of various training. The registered manager had previously been a training manager and assessor and had the skills to analyse staff's understanding and learning. Should a staff member be found to be lacking in knowledge they would be offered specific training courses, followed up with specific questions or scenarios in order to ensure understanding.

Staff told us they had received enough training to be able to competently carry out their roles and told us they could request further training if they wanted it. One member of staff said "We have a lot of training". Staff told us they felt supported by the registered manager and the provider and were encouraged to gain further qualifications. Staff received regular supervision which included observations and yearly appraisals. During supervision staff had the opportunity to sit down in a one to one session with the registered manager to talk about their job role and discuss any issues they may have.

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

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate

DoLS applications to the local authority. Most people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. DoLS applications and authorisations had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care.

People were supported to have enough to eat and drink in ways which met their needs and preferences. People spoke highly of the food. One person commented "The food here is much too good." Seasonal menus were devised using people's preferences. People were always offered choices and alternatives if they did not like the meals on offer. Recently staff had identified that if people ate soup for lunch as a starter they tended to eat more of their main meal. As soon as this was recognised staff ensured a fresh, homemade soup was available every day. This was always fortified with cream in order to boost people's calorie intake. This change had proved effective in encouraging people to eat more and maintaining a healthy weight.

Staff worked hard to ensure people enjoyed their food, ate as much as they wanted and were encouraged to make choices. Following our previous inspection a change had been made to the layout of the dining areas. A new dining area had been created and a bar had been installed in the room. This bar was used to display fresh juices in order to tempt people to drink and was also used to display cooked breakfast items in the mornings. Staff had identified that if people could see, smell and choose their own breakfast items; this encouraged them to eat more. The cook told us they had identified one person was not eating as much as they used to. The cook decided to sit with this person every week for a chat and a cup of tea. During this time they would eat a sandwich and offer some to the person whilst also discussing food and what could be done to encourage them to eat more. This had a positive effect and the person started to increase the amount they ate.

People were given choices about what they wanted to eat, where they wanted to eat and even at what time. One person told us they felt eating at six pm was too early so staff had arranged to serve them dinner at seven as this better suited their lifestyle. They also told us they were provided with a glass of wine every evening for dinner as this had been a previous habit they enjoyed. Where people had specific needs relating to the texture of their food, this was provided in ways which looked appetizing. For example, where people's lunch consisted of roast meat and vegetables, we saw the vegetables, such as carrots had been pureed and moulded into the shape of individual carrots. This made people's meals look the same as everyone else's and look as tempting as possible.

During our inspection we observed the breakfast and lunchtime meals. People's meals were presented in ways which met their individual needs and all meals looked appetizing. During meal times we observed people chatting amongst themselves, staff eating alongside people, and people being offered more food in order to ensure they had eaten enough to satisfy them. Throughout the day people were provided with a selection of drinks and snacks.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, psychologists, district nurses, occupational health practitioners, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care. Some healthcare professionals who had visited the home in the weeks prior to our inspection had left feedback for the home. Some of these read 'Try many ways to ensure that residents needs and wants are always paramount and strive to be and do their best' and 'Attend St Vincent's regularly to visit residents, always helpful and accommodating. Usually activities going on or taking residents out.' A healthcare professional we spoke with said "They make good use of other professionals like myself to get advice when required."

Is the service caring?

Our findings

People spoke highly of the staff at St Vincent House – Southsea. Comments from people included "Every effort is made to help you and the staff are always in good humour" and "They make you feel at home. It's all very relaxed and I feel I could ask for anything I wanted." Recent surveys had been completed by relatives and these contained comments including "Staff are lovely", "I admire the staff's compassion and cheerfulness" and "All the staff at St Vincent are very caring and helpful."

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. Staff knew people well and engaged people in conversations about their interests and preferences. For example, one member of staff engaged a person who was sitting down in a conversation about motorbikes. They found a chair and brought it over so they could speak with them whilst making eye contact. The person highly enjoyed their conversation and spent time laughing and showing physical affection towards the member of staff.

The registered manager and staff made comments to us, which demonstrated how much they cared for the people who lived in the home and enjoyed their personalities and individual attributes. Comments included "She's got a beautiful smile. She's lovely" and "She's really nice and she's got so many lovely stories." Staff praised people for their talents and achievements and worked hard to improve people's self-esteem and confidence. For example, one person had enjoyed taking photographs. Staff had printed and displayed some of this person's photographs on the walls of the home along with captions explaining who had taken them. This demonstrated staff appreciated this person's skill and wanted others to appreciate it. During our inspection we heard staff giving people praise. For instance, when one person was being supported to transfer from their wheelchair to a lounge chair we heard staff tell them what a good job they were doing at every step of the process. Staff said "You're doing so well", to which the person replied "Oh that's lovely."

The registered manager and staff told us how they went above and beyond for people. They gave us examples of two members of staff who undertook a sponsored abseil in order to raise money for people's activity fund. That money had gone towards speedboat trips for people in specially designed speedboats. People had thoroughly enjoyed these trips. One person had loved boats and was very proud of having seen a historic boat. Staff had obtained a picture of this boat for them and displayed it on their bedroom wall for them. This had brought the person joy.

Staff treated people with kindness and respect. People's privacy and dignity were respected. People had keys to their bedrooms where they were able to and staff always knocked on people's doors and waited for a response before entering. People received personal care in private and staff did not speak about people in front of others. During the day one person needed to be hoisted from their chair in the lounge to their wheelchair. In order to ensure this person's dignity was maintained at all times, staff used a mobile partition to ensure nobody else in the room could see them being hoisted.

Staff cared about people's emotional needs and wellbeing as much as their physical needs. Emotional support plans had been created for people in order to ensure staff knew how to care for people's wellbeing.

For example, one person regularly displayed anxieties and told staff they wanted to go home and see their mother. Staff were instructed to tell the person that was fine, ask the person to find the address and they would book a taxi for them. This reduced the person's anxieties immediately and they would forget about providing staff with an address.

People were involved in all aspects of their care and the running of the service. Every Friday morning the activities coordinator hosted a 'coffee morning' in one of the dining rooms. People enjoyed this and would come in and out at their leisure. During these coffee mornings people were encouraged to share their views and talk about all sorts of topics related to the running of the home, such as meals, outings, activities, decorations etc. During our inspection we observed people being consulted about every aspect of their day. People were given choices in ways which met their needs.

People were encouraged to remain as independent as possible with regards to everyday skills. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to enable them by putting toothpaste on their toothbrush for them or passing them the flannel to wash their face.

Is the service responsive?

Our findings

People and staff told us they were confident people at St Vincent House – Southsea were receiving the best possible care. People who lived in the home had a variety of needs and required varying levels of support. People had needs relating to their physical health, their mental health, their dementia and their wellbeing. People's individual needs had been assessed with input from people and their relatives, care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, where one person had been assessed by the speech and language therapists as requiring their food to be pureed, their care plan had been updated, a risk assessment had been created and kitchen and care staff had been informed. This ensured any changes to people's needs were used to update their care and communicated to staff.

We looked in detail at the care and support plans and other records for four people receiving care. People's care plans contained detailed information about their specific needs, personal preferences, preferred routines, histories and how staff should minimise any risks to them. People's care plans evidenced that all areas of people's needs were being considered and planned for. Step by step guidance was provided for staff which ensured they fully understood people's needs and helped ensure people were supported in a consistent manner. This was particularly important for people who had communication difficulties.

Staff knew people well and could tell us about people's specific needs, their histories, interests, how they communicated and the support they required. Where people had specific needs relating to their behaviours staff had thorough training and clear guidance on how to de-escalate situations and reduce people's anxiety. During our inspection we observed staff skilfully interact with people in ways which reduced their anxiety and agitation.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. People enjoyed a variety of activities organised for them by staff. For example, trips out to local farms, viewpoints, shops, and boat trips. People were also supported to take part in activities in their home, such as arts and crafts, cooking, music, coffee mornings and reminiscing. The home had an enclosed garden which was used to involve people in varied activities during the warmer months. The registered manager had created a sensory garden in one section of the garden. This contained visual, audio and physical sensory aspects. The activities coordinator told us how people grew vegetables and flowers during the summer. People then helped cook with the vegetables and pick the flowers to decorate the house with.

Staff told us activities were a priority for the providers and the registered manager. They told us they were encouraged to think of new activity ideas and use every opportunity to engage people in enjoyable and stimulating pastimes. For example, St Vincent House – Southsea had a sister home a few miles away. These homes shared access to a minibus. Whenever the sister home asked to use the minibus, this was seen as an opportunity to drive a number of people to the sister home for coffee, in order to drop off the minibus, and then get a trip on a boat to come back. People enjoyed these unplanned days out and had made friends

with the people who lived in the sister home as a consequence. One person also told us how, every time they went for a hospital appointment, staff would arrange to take them out for lunch or coffee in a nice garden centre in order to make the most of the trip.

Following a period of fundraising, people had been asked what they would like to do with the money that had been collected for their activities fund. Various options had been discussed and people had decided to opt for 'Living Eggs'. Staff had purchased chicken egg. These had been kept in incubators until they hatched. Five chickens had been kept at the home for over a year and people had enjoyed seeing them grow, caring for them and collecting eggs.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. The registered manager encouraged people and staff to share their views and concerns with them in order to enable them to take action without delay. People told us they felt comfortable raising concerns with the registered manager or any other member of the senior management team and told us they were confident they would listen and take action. Comments included "Absolutely, without hesitation I would complain. I'm sure they would listen."

Is the service well-led?

Our findings

There was strong and supportive leadership at St Vincent House – Southsea. The leadership of the home comprised of the registered manager, a deputy manager and a head of care. The managing directors and senior management team regularly visited the home and provided additional support and leadership to staff. Staff told us the management team led by example to ensure staff provided people with a high standard of care.

Staff spoke highly of the support they received from the leadership team. Comments from staff included "The management are really supportive. They are always at the end of the phone." A recent staff survey had been completed and comments from the survey included "There is always someone ready to give you help, support or advice whenever you need it."

A healthcare professional we spoke with said "[Name of registered manager] is a good role model for her staff. [Name of registered manager] and her senior care staff deliver good quality care, and are appropriately assertive and compassionate in what they aim to do for their residents. They have a good care philosophy relating to promoting individualised care."

There was an open culture at the home, led by the registered manager. The registered manager had an 'open door' policy and encouraged people, relatives and staff to share their views and ideas with them. During our inspection we saw people approaching the registered manager and discussing all kinds of topics with them. This demonstrated people felt comfortable talking with the manager who took the time to listen to them and take action to help people where this was required.

People, their relatives and healthcare professionals were encouraged to give feedback. Yearly surveys were sent out to people and their relatives. Once these surveys had been completed and returned, they were analysed and action plans were created to respond to any issues raised. People were also asked for their views in the form of monthly meetings and weekly coffee mornings. During these, people were asked for their opinions on a range of topics including food, activities and home décor. Their views had been used during the changes of layout for the dining rooms. People's views were sought by using different methods of communication to meet their needs and encourage them to share information and discuss concerns. At the entrance of the home was a television which showed pictures of recent activities, photographs of the management team and asked people visiting to provide feedback on their findings. There were lists of different ways people could share their feedback, such as in person, in writing and on the phone. This ensured people knew the phone number and postal address in order to obtain as much feedback as possible.

Staff were encouraged to share their views and provide feedback in order to improve the service. Regular staff meetings took place in which staff were asked for their views. Staff were also asked to complete surveys regularly and any feedback provided was reviewed and acted on where appropriate. For example, during a previous meeting, staff were asked what gift they would like for Christmas. Different ideas were put forward and staff suggested a box of chocolates would be their preference. This was then implemented to meet their

preference and express thanks for their hard work and support.

The registered manager and the provider understood the importance of valuing and investing in their staff. Staff received regular praise and thanks for their work and were recognised for their contributions. Staff told us they felt appreciated and valued. The provider had acknowledged the registered manager's skills and contributions when dealing with difficult situations and had ensured they also felt valued and appreciated. This created a culture in which all staff felt supported and worked in partnership.

People benefited from a high standard of care because St Vincent House – Southsea had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. The quality assurance system involved a number of people, including the head of care, the registered manager, the administrator, the managing director and a senior manager, undertaking regular checks and audits. From these audits and checks, action plans were created and action was taken by the registered manager or staff when areas requiring improvement were highlighted. For example, an environmental audit had identified an area under a unit in the kitchen had not been properly cleaned. The senior manager conducting the audit had taken photographs of the area, had created an action plan and action had been taken to rectify the situation immediately and add this area to the cleaning rota so the area would not be missed again.

Any learning from any of the provider's homes was shared amongst each home in order to improve standards. For example, a fire safety audit in one home had identified that an upgrade was required in relation to the fire detection system. This information was shared across all the provider's homes and each home upgraded their system accordingly. This ensured all homes, including St Vincent House – Southsea, learned from one another in order to improve standards.

St Vincent House – Southsea often took part in fundraising and was involved in a number of community based charities and research projects. The registered manager told us the home was very active in the community and wanted to continue building on this work. People had benefited from these relationships with local groups. For example, the local community youth group had spent time making items for the home's sensory garden and had spent time in the home working with people on various projects. The registered manager told us people greatly enjoyed these interactions.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents.