

St Valery Ltd

St Valery Care Home

Inspection report

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Valery is an adapted family run residential care home established in 1992. It provides accommodation and personal care for up to 16 older people aged 65 and over with dementia type conditions. The premises have three shared rooms, but the provider and registered manager have chosen to use two of these for single occupancy only. The number of people accommodated at any one time is therefore 14. At the time of the inspection the service was full. A small annexe (York House) located in the garden area of the service is registered separately with the Care Quality Commission for three people with lower dependency needs. People from the annexe are supported by staff from St Valery and make full use of the facilities at St Valery for their day to day support.

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

Since the last inspection the interim manager has become the registered manager. The registered manager and staff have continued to drive improvements in the service, maintaining the outstanding level of care people received and promoting and achieving exceptionally positive outcomes for people.

People and relatives spoke positively about the service. People told us that they felt safe and found the service homelike. "It's like living at home really." The provider had ensured that people lived in a safe well-maintained environment, risks were assessed and managed. Any improvements made were with a view of enhancing peoples experience. There were enough suitable staff available to meet people needs.

The registered manager fostered a culture of placing people at the centre of everything they do and aspire to do at St Valery. They and staff were passionate about the people they supported living their life to the fullest in the least restrictive way.

Staff were highly trained and motivated. The registered provider and manager fostered a nurturing and empowering environment so that staff could develop and feel confident in their knowledge and skills. Staff enjoyed working in the service and felt valued and supported. Staff retention was therefore very good and provided people with excellent continuity of high-quality care. Peoples dietary and health needs were managed well, and health professionals told us the service referred to them appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives universally told us that staff were kind and caring. Their support was compassionate and there was thought given to way in which they supported to uphold people's dignity. There was a busy but relaxed atmosphere within the service with lots of chatter, laughter and smiles between people and the staff supporting them. The culture was open and friendly, and visitors were made welcome. There was a sense that people, their relatives and staff knew each other well. A relative told us they thought people in the service were "treated as equals by staff and given their self-respect." This approach extended to relatives with one who visited many times in the week saying they were treated by staff "like a pal."

Staff were very knowledgeable about people's needs and supported people to remain as independent as possible. The service had earned an excellent reputation with local health and social care professionals who described the service as "one of the best" and "I have always found this service as one that others should take notes from," The registered manager was a strong advocate for people needing the service who were diagnosed with dementia type illnesses. They and their staff continued to find new ways in which to support people in little but important ways that made their day to day experiences and outcomes consistently good.

The registered manager was a visible presence in the service and knew all the people, their histories and their status well. Both relatives and professionals we spoke with were complimentary of the service and the registered managers leadership and caring values which she promoted across all staff. People received high-quality person-centred care that met their individual needs.

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

Rating at last inspection

The last rating for this service was Good. (Report published 22 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below

Is the service caring?

Outstanding ☆

The service was caring.

Details are in our safe findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below

St Valery Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

St Valery is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with six people who used the service, to ask about their experience of the care provided and three visiting family members. Most people were unable to tell us in any detail about their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed interactions between people and staff in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine if they were comfortable with the support they were provided with.

We spoke with five members of staff including three care assistants, the cook and a member of the domestic staff. We also spoke with the deputy and registered managers. We met and spoke with two health care professionals visiting during the inspection.

We reviewed a range of records about people's care and how the service was managed. This included looking at two people's care records and a sample of people's medicines administration records. We reviewed records of staff meetings, staff rotas and staff training, we viewed four staff recruitment records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits completed, and survey feedback from relatives.

After the inspection

We continued to seek clarification from the provider to validate evidence found and asked the registered manager to send some additional supporting information in addition to contact details for additional relatives and professionals. We spoke with a further seven relatives and received feedback from a further social care professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service, relatives told us that they felt reassured when they left their relatives that they were being cared for safely.
- Staff had received updated training to raise their awareness to recognise, respond and report any concerns they might have regarding people's safety or suspicions or observations of abuse of people in the service. Staff understood they could report poor practice by other staff through the whistleblowing procedure to the registered manager.
- Staff were aware of other agencies they could raise concerns with outside of the service if they thought safeguarding issues were not being dealt with, such as social services or CQC. There were no current safeguarding concerns.

Assessing risk, safety monitoring and management

- People lived in a safe well-maintained environment and there was ongoing planned investment to improve the surroundings and equipment available suited to the needs of those with dementia.
- All relevant annual servicing, tests and checks of electrical, gas and fire installations had been carried out. Staff attended regular fire drills to ensure they understood the actions to take in the event of an emergency.
- Assessments of risk to individuals had been developed and these were kept under review. Measures to mitigate risks were implemented for example alarm mats to alert staff of people mobilising who were at risk of falls. Air mattresses provided for those at risk from pressure sores.
- Strategies were in place to guide staff in supporting people using a range of diversions to alleviate anxious behaviour.

Staffing and recruitment

- People and relatives told us that staff were always available and we observed there were enough staff on duty to be able to spend time with people during the course of the day to facilitate activities with them.
- Staff told us that any gaps in shifts were covered from within the management and staff team. This always provided continuity for people living in the service to be supported by people that knew them well.
- There was a safe system of recruitment in place for staff. Records showed that an appropriate range of checks were made of new staff suitability before they commenced work.

Using medicines safely

- Only senior staff administered medicines. They received annual medicine training updates and their competency was routinely assessed. Staff took time to administer and answer people's questions.
- Safe systems were in place for the ordering, storage, administration and disposal of medicines. Storage

temperatures for medicines were recorded daily. Medicines were dated upon opening. Medicine records were completed appropriately.

- Staff understood when people prescribed 'as and when required' medicines needed them, they knew what symptoms to look for and ask people before administering. A few people received their medicines within drinks or food and we observed staff making people aware when medicine was included in their drink.
- Medicines audits were conducted weekly, monthly and at sixth month intervals to ensure all aspects of medicine management were managed appropriately and safely.

Preventing and controlling infection

- The service was maintained to a good standard of cleanliness. A relative told us "What I liked about it when I first visited was that there were no odours."
- Staff received training to understand and be aware of the spread of infection. They used gloves and aprons when supporting people with personal care or dealing with spillages. Soiled laundry was managed appropriately.
- All staff were trained in food hygiene and understood how to handle food safely.

Learning lessons when things go wrong

- The registered manager told us that if a complaint highlighted that something had gone wrong they would ensure this was corrected and use this as a learning opportunity for themselves and staff.
- Staff appropriately acted upon and reported all accidents and incidents to the registered manager who analysed these for trends and patterns, and revised risk information and care plans to reduce the likelihood of a similar recurrence in future.
- The registered manager was able to demonstrate how a recent accident involving a staff member had been dealt with and led to staff being reminded of their responsibilities to handle broken items in accordance with procedure for the safety of people and other staff in the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care, and support was delivered in line with current legislation. For example, the Equality Act (2010). This affords protection to people with special characteristics such as ethnicity, sexual orientation cultural or religious needs and protects them from discrimination.
- To ensure the needs of people referred to the service could be met an assessment was conducted prior to their admission. Where necessary to inform admission decisions, additional information was sought from families and professionals. Opportunities for new people to come and visit or have a gradual introduction through day care or respite could be arranged. This helped inform staff if this placement was right for the person concerned.
- In addition and where possible the registered manager visited people referred on several occasions to build a relationship and allow a friendship with them to develop prior to admission.
- Senior staff reviewed and assessed people's needs on a weekly basis informing staff and families of any changes in care and support. A family communication document was in place to support this. The deputy manager undertook a review of each person at monthly intervals.

Staff support: induction, training, skills and experience

- Staff said they received a lot of training and felt able to develop their knowledge and skills within the service by applying for vocational qualifications and long-distance courses.
- New staff completed a probationary period, and this included induction to their role. This involved shadowing more experienced staff to gain practical knowledge of people's preferences and routines. New staff also completed workbooks to demonstrate what they had learned in accordance with the nationally recognised skills for care induction for care staff.
- All staff received regular updates of their basic core skills training, they were also provided with a range of training relevant to meet the needs of people in the service such as dementia. More than 75% of the staff team had a care qualification and new staff were encouraged to register for a vocational qualification course after a year in post.
- Staff said they felt well supported by senior and management staff. They said they found the improved frequency of supervision helpful as this had enabled emerging issues to be dealt with much earlier before they became a problem. Annual appraisals were held for staff that qualified and staff felt these helped support decisions around training and development.

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

- Nutritional assessments informed staff who was at risk. Weights were taken on admission and at regular intervals. For those people struggling to maintain weight, steps were taken to reinforce their food with for

example, full fat milks and creams. Staff referred people appropriately to the GP and dietitians for advice and guidance where weight loss or diet was a source of concern. Prescribed food supplements were introduced where necessary.

- Staff were aware that some people would not be able to express when they were hungry or thirsty and were proactive in anticipating people's needs and ensuring they ate and drank enough during the day. For example, staff had been effective in supporting someone at high risk of dehydration and malnutrition. The person weighed 41.8 kgs on admission. Staff supported them to regain their appetite, and reach and maintain a healthy and stable weight of 55kg.
- Staff understood that people may not remember their food choices and showed people the plated meal options on offer, this enabled people to make informed meal choices.
- Staff were aware that some people had special dietary requirements and measures were in place to ensure these were adhered to for example thickeners in drinks, meals of a softer consistency, and no or reduced sugar meal and drink options for those people on diabetic diets.

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

- Peoples health needs were well supported by staff. Relatives told us that they were always kept informed of changes in their relative's health and that staff acted promptly.
- A community nurse advised that the service always referred people appropriately, they were satisfied that staff acted on advice and guidance given to ensure people's health needs were supported.
- Peoples records showed they had contact with a range of health and social care professionals, including dentists. The registered manager had implemented measures to ensure staff supported people's oral hygiene daily.
- Staff were trained to understand and support specific conditions such as diabetes and epilepsy, and individualised guidance was in place to inform staff support.

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

- The provider ensured that bedrooms were freshly decorated between occupants. People were enabled to personalise their own space with photographs, pictures and personal possessions that made them feel more settled in their new surroundings.
- Pictorial signage was used for bathrooms and toilets to help people find their way to these facilities independent of staff when they could.
- The service was accessible to people and a stair lift was provided for people to access bedrooms on the first floor. An accessible paved area with umbrellas and tables was available for people to sit in good weather.
- Relatives described the service as 'homely' in style. Furnishings seen were clean and in a good condition. Dining chairs had slides on the feet to enable staff to help people from the dining table more easily.
- Plans were well underway to extend present communal space and provide some specialised areas for people with dementia, for example plans were in hand to include a dementia train area for people as part of the upgrade to the communal area.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff sought consent from people regarding their day to day care and support needs. Capacity assessments were undertaken to evidence what decisions people could make for themselves and which ones they needed help with.
- Staff had received mental capacity training. Staff understood that sometimes where more complex decisions needed to be made, people with their representatives and other interested parties made the decision together in the persons best interest. Relatives told us they were consulted about difficult decisions. The registered manager was familiar with and had used the best interest process.
- The registered manager kept a log of all DoLS applications that had been sent in, whether they had been authorised and whether there were any conditions to the authorisations.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The registered manager and staff promoted a lively atmosphere where there was always something going on. Staff spontaneously reached out to people either in passing, by stroking a hand or face, exchanging a few words or sitting down to spend a few minutes with someone. They understood people's communication needs and body language and knew when to intervene to provide gentle patient support.
- People, relatives and professionals universally spoke positively about the kind and caring nature of staff and there was evidence that a caring culture was embedded across the service fostered by the registered manager. A relative told us that "Staff were 100% committed and that "they (staff) really care about them (people using the service)," A person in the service said "staff are kind, lovely girls they are always willing to do things for you."
- The registered manager had been concerned that some people could be placed at risk of choking and they were unable to effectively monitor people's food intake due to people eating food brought in by relatives unsupervised. To ensure everyone remained safe and specific people were not treated differently a sweet trolley with individual drawers for each person's own sweets and savouries was introduced. This was kept in the dining room. People could ask for their food items when they wanted them, or staff took the trolley round to offer people their snacks. This system had the benefit of staff having better oversight of what people were eating.
- The family of a person had indicated to the registered manager that they would very much like to have their relative attend a family event. The person was assisted by the registered manager and a staff member to travel to the event some distance away and attended all day. This meant that relatives had the pleasure of the person's company and ensured they were fully included and present in photographs, and socialising with their family. This was both beneficial to the person and to the family who so wanted the person to be present. Photographs of the person at this happy event were displayed in the service, for the person to see each day.
- The registered manager demonstrated by their own actions the caring nature and culture of the service. For example, a person living in their own home but at risk of social isolation and without relatives, was offered day care at the service once per week. The person became unwell at home and telephoned the service in a distressed state late one afternoon. The registered manager who was about to leave to get ready for an evening function dropped everything to drive some distance to the person's home, assessed the situation and got them to the GP surgery. It was apparent the person was very unwell. Concerned about the person's wellbeing whilst so unwell if they returned to their home, the registered manager consulted with the person's legal representative and a decision was taken to admit them temporarily to the service where they

could be monitored and given their prescribed antibiotics to affect their recovery and enable them to return home safely.

- The registered manager and staff who often engaged in sing along with people and occasional dancing were aware of the positive benefits and effects of music on people with a degenerative cognitive condition. To enhance people's experiences of music through listening and taking part in singing the registered manager and staff were keen to progress with visits from a local classically trained violinist, pianist and singer to provide short sets of music for people to listen and participate in.
- The registered manager kept updated on improvements and changes that will have a positive benefit for people in the service. For example, they had recently implemented the 'Herbert' protocol for missing older persons. (the Herbert protocol is a national scheme introduced by the police in partnership with other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing. This was additional measure to safeguard people should they go missing from the service.
- Peoples religious and cultural needs were provided for where these were identified, for example church services were arranged for people who wished to attend.
- When for whatever reason people needed to move on to other settings, the registered manager or other senior staff-maintained contact for a short period afterward to ensure the person had settled well.

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

- Staff were alert to peoples needs and intervened quickly to ensure people were comfortable. They took time to listen and speak to people to understand what they were trying to communicate, they showed respect and empathy for people's feelings. We observed a staff member showing empathy and compassion to someone who was quietly upset, they knelt to the persons eye level and asked them in a quiet, kind and friendly manner what was wrong. At the same time: they noted the persons eye, which was sore and for which they were receiving treatment, had discharge in it. The staff member asked the person if they would like the staff member to bathe it and when they consented they arranged for this to happen.
- Staff were tactile in their interactions holding people's hands, stroking cheeks and giving cuddles and hugs to those they knew welcomed this. One person spent time stroking a younger staff members face saying "Beautiful," this clearly gave them pleasure and they had a beaming smile.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, they spoke quietly to each other, so conversations could not be overheard. Personal care support was offered discreetly to people. Staff routinely knocked on people's doors.
- Staff were innovative in the way they worked with people to overcome issues around their behaviour. For example, A person with severe agitation that was affecting their behaviour and impacting on others has been given tasks to do such as peeling vegetables. This has helped to calm and settle them and was working well. The need for calming medication used previously has been reduced. Another person liked to feed their soft toy cat collection. Staff noted the person had bitten into a bar of soap to feed pieces to their toys. Due to the risks involved staff provided a set of coloured bowls with a tub of small marshmallow pieces labelled as cat food. This enabled the person to continue feeding their toys in a safe manner, which makes them happy.
- Staff understood that peoples' level of independence which could vary from day to day. They encouraged people to do as much for themselves as they could, and were on hand to provide support when needed. For example, people were encouraged to help out with housekeeping such as hanging washing out. Each week bread and butter was placed on the dining table to enable people to make their own sandwiches.
- In January 2019 the service was given the opportunity for the delivery of paid counselling sessions for three months. The emphasis of the pilot was to improve the wellbeing of people with dementia by reducing anxiety, depression and general unhappiness. A counsellor was allocated every Tuesday for 12 weeks.

People received immediate benefit from this. For example, one person suffering with severe anxiety spent time alone and prior to admission had not left their home in years. Following on from the counselling the person now spends the majority of their day in the communal area, interacting and smiling with others. Relatives have also been able to take the person out to events.

- The relative of someone who was being discharged back into their care told us that they had expressed some initial reservations about how to support their family member when they returned home and understand their routines and support needs. They told us that the registered manager had arranged for them to spend a day shadowing staff supporting their family member. Staff were able to show them how they supported them to mobilise safely, how they communicated with them and how they delivered care and support in line with their preferences. The relative had found this helpful, reassuring and given them a better understanding of their family member's needs, and this enabled the person concerned to receive seamless continuity of care when they returned home.
- Staff helped people maintain important links with their families and where needed decided to take people to relatives' homes or collect them if this would help maintaining this link. For example, some relatives stayed for lunch with their relatives.
- Staff supported one person to make regular visits to a relative's grave which gave the person great comfort.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Person centred plans of care had been developed for everyone. Senior staff took time to get to know people and their relatives. They spent time learning about people's personal histories and their social and cultural diversity values and beliefs. This in-depth knowledge and understanding of people fostered a person-centred culture.
- For example, people with special characteristics were supported to have a positive experience of care and live successfully within the service. Staff understood that whilst someone may have made a life choice to live as a vegan or as a different gender their dementia sometimes led to them making different choices and staff respected this and responded appropriately seeking advice from professionals to inform their support.
- A person admitted for respite with a Caribbean background spoke about a location of interest in their home country and expressed a wish for Caribbean food. The registered manager and other senior staff researched and found the location the person spoke about and made a small booklet of different views of this and their home country for the person to flip through. They arranged for the person to receive Caribbean food whilst they were in the service.
- The registered manager and staff went the extra mile to provide people with things they enjoyed doing for example, one person preferred certain types of flavoured coffees, they missed the social experience of meeting friends for coffee. Understanding this the registered manager purchased a range of flavoured coffees for the person and provided a special coffee cup. They set time aside to sit with the person and enjoy a special coffee with them. This gave the person concerned the experience of taking time out to socialise with someone they enjoyed talking with and drink nice coffee. This mirrored the social setting and experience that had been an important feature of their life before coming into care.
- Health and social care professionals spoke positively about the standard of care and support provided one commented "They are inclusive with all clients, make families feels comfortable and supported, and work for the best interests of their clients in an individual manner."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed upon admission. Appropriate resources were provided to overcome any barriers to communication for example large print information.
- Because not everyone was able to tell staff how they were feeling the registered manager had introduced a 'this is me' document with a traffic light system for emotional wellbeing. This was completed for each

person and detailed what signs staff needed to look for to understand a person mood for example, body language, facial expression, vocalisations. Each colour of green, amber and red denoted different levels of agitation of mood for people, this information helped staff to identify and respond appropriately if there was escalating behaviour.

- Whilst some information in the service was in written formats for example Menu choices this was more for the benefit of visitors. Pictorial information was provided to people for making menu choices if needed but staff preferred to show people meals on offer, so they could make active choices. Staff said people in the service responded better to staff passing information to them verbally or showing them which we observed staff doing in practice.

- Staff took time to speak to and listen to people to understand what they were trying to communicate. Staff showed respect for people's feelings and provided a caring and compassionate response.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A range of activities were available for people to choose from each day in addition to some structured events provided by external entertainers such as Musical entertainments and informative talks.

- The registered manager and staff knew that several people in the service enjoyed knitting. They spoke with them about their working together on a project to knit bonnets for premature babies at the local baby unit. At inspection the project had been completed and a box of beautifully knitted bonnets was being sent to the hospital with a handmade card from the people in the service.

- One person told us "we had the animals last week, I think there was a chicken and a rabbit."

- Staff encouraged people to participate in activities but respected their decisions not to. A record of people's participation was logged to help staff understand what people showed more interest in.

- People were supported to maintain their family relationships, some relatives visited regularly and took their relatives out, other relatives visited and could stay for meals. Friendships between people in the service were encouraged and supported.

Improving care quality in response to complaints or concerns

- A complaints procedure was displayed. Complaint forms were available for people or relatives to fill in and a comments box was provided if people, relatives or others wished to comment on aspects of the service. People admitted to the service were also provided with a service user guide that contained information about making a complaint.

- There had been no formal complaints since the last inspection. Relatives said staff were "always happy to respond to queries or issues." Relatives universally said they felt able to approach staff with any concerns they might have. Relatives had given examples of concerns raised and were satisfied these had been resolved. They felt the registered manager was responsive to issues raised and acted promptly and efficiently to resolve the matter.

End of life care and support

- Whilst the service does not offer an end of life service specifically, when people became ill or approaching the end of their life there was a commitment by the registered manager and staff to care and support the person for as long as possible. This enabled the person to enjoy a peaceful stress free end of life avoiding the discomfort of moving elsewhere.

- Peoples preferences for how they wanted to be cared for at the end of their life were recorded to ensure they were supported in accordance with their preferences. For example staff knew one person liked owls so arranged for the owl sanctuary to visit them in their room so the person could hold them and see them fly which gave them immense joy and comfort.

- Anticipatory medicines had been prescribed by the GP for some people and staff worked in partnership with health professionals to determine when these medicines should be administered to ensure the person remained comfortable and pain free.
- In response to common queries and concerns from relatives about aspects of end of life care and what needed to be done following a death. The registered manager had developed information leaflet 'Preparing to say goodbye' this answered many of the common questions asked by people and relatives and explained different aspects of care people may experience at end of life, some of the terms used that relatives may not be familiar with and gave some practical information about what to do following a death. This enabled people and their relatives to make informed decisions about the care they wished to have at the end of their/or their relatives' life.
- Memory boxes were developed with people of things that had special importance and could take the form of photos scrap books and small possessions. People were able to spend time looking through these when they were no longer able to spend time in communal areas. When they passed away these boxes were passed onto relatives to help keep the memories of the person alive.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us that there was a strong emphasis in the culture of the home that 'people came first' and this was fostered from the registered manager and management team down. One relative told us that they understood that plans to increase the size of the home had been shelved because the registered manager had been worried how this might impact on the homely atmosphere of the service. The relative said they thought this demonstrated that business was put second to the needs of people.
- Relatives spoke positively about the high standards of person-centred care promoted by the registered manager, several commented that it was not institutional and although they were sad to leave their relatives they did so in the assurance that they were being well looked after.
- The registered manager fostered inclusivity when new people were transitioning to the service, they sought feedback from staff and from people about how the person related to others, this informed placement decisions.
- There was a relaxed friendly and homely atmosphere. Plenty of staff were available in communal areas to support and spend time with people. The registered manager now lived onsite and was always visible to staff, people and relatives. In addition to their work hours they spent time at the service out of hours to see how staff supported people at different times of the day, they undertook unannounced pop ins to check that everything was running smoothly and safely.
- The registered manager understood their responsibilities under duty of candour to notify the Care Quality Commission of any significant events.

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

- There was a clear management structure, good leadership and governance. The registered manager and deputy were proactive around their ongoing personal development. Since the last inspection- both have achieved their level 5 diploma in leadership for health. The registered manager also attended a 4 day compassionate leadership in dementia care course, held by NHS. They attend manager forums and meetings with local commissioning groups and used the internet and websites such as NICE and CQC to update their knowledge. They were encouraging of staff development.
- A senior carer now led every shift, this helped when people, relatives or professionals sought information. Seniors were paid extra time to review care plans on a weekly basis. They said this was helpful in maintaining accuracy of care records and identifying where changes had not been updated. A seniors

communication book helped them to keep each other updated where any changes had occurred.

- The registered manager had introduced a photo board in the entrance hall of all staff, their names and role. This helped inform people, relatives and visitors. A notice board highlighting when people and staff were celebrating birthdays, or anniversaries such as staff length of service. Gifts and cards were purchased to celebrate these events
- A full range of quality audits were undertaken on a weekly, monthly and six-monthly basis to ensure all aspects of service quality were monitored., There was evidence that identified actions from these were addressed immediately or added to an action plan for completion within a given timescale to bring about improvements. The registered manager/provider took care to actively monitor audit outcomes.
- The previous inspection rating was clearly displayed within the service. The service website had recently been closed and was under review

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

- The provider and registered managers fostered an open and transparent culture that encouraged the involvement and feedback of people and staff for the benefit of improving the service offered. Staff said that communication was good. Staff retention was excellent with more than 50% of staff in post for 5 years or more.
- Feedback about the service was captured in different ways to enable everyone to have a voice and this was used to improve and develop the service.
- A survey of relatives was conducted annually. Feedback included compliments about staff consideration, promptness to act and relatives feeling at ease because they knew their relative was well cared for.
- Staff had regular opportunities to meet. Staff meetings were held every eight weeks. There was a culture of openness and feedback from staff and relatives was welcomed. Staff said they felt able to contribute to meetings and put forward ideas for discussion and felt supported by the management team.
- The Registered manager has actively encouraged the development of links with local schools supporting some residents to attend a school sports day last year, accompanied a group of people to see the full nativity dress rehearsal, and received a conducted tour of the school. School choirs had visited, and older students continued to visit weekly to engage in activities with people. On occasion students from local colleges and universities requested work placements at the service.

Continuous learning and improving care, working in partnership with others

- Staff said they were kept informed through daily shift handovers which discussed each person current wellbeing. A staff communication book was maintained and staff said they read this at the beginning of their shift to update themselves regarding people they needed to monitor and events that had happened or were scheduled for that day. Staff handovers were also used to make staff aware of changes to policy and procedure and their need to read updates, or other important information they needed to be aware of.
- The registered manager demonstrated a vision for the development of the service going forward. For example, a new call bell system and fire control system/panel was installed in February 2017. Plans were in hand for increasing the size of communal lounge size available and to make this a more dementia friendly space, initial building works to make this happen have already started. The registered manager is mindful of the disruption building work may cause to people and will keep this under review.
- The service had established an excellent relationship with local health and social care professionals who thought highly of the service offered.