

Nazareth Lodge Limited

Nazareth Lodge

Inspection report

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Date of inspection visit: 1, 3 September 2015
Date of publication: 20/11/2015

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Overall summary

An unannounced inspection took place on 1 September 2015. A second inspection visit took place on 3 September and phone calls were concluded by 7 Sep 2015. At the last inspection of 27 December 2013 the service was meeting all the standards inspected.

Nazareth Lodge is situated in the middle of a small rural town and provides personal care and accommodation for up to 24 older people, some of whom are living with dementia. The home has rooms over two floors and a passenger lift in place. At the time of inspection 23 people lived in the home as one room was used for short stays.

The service was run by a management team consisting of the registered manager, deputy manager, and the owner. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was welcoming, friendly and calm when we visited. People were relaxed, engaged with people around them or enjoying activities inside or in the town. There was a well-tended garden used for relaxation, growing vegetables and keeping chickens. One person told us, "I'm very settled here, it's very friendly and there is always someone here. It's just very good." There were choices in the lay out of the home for people to be

Summary of findings

together, have time to themselves or have private space with their visitors. Visitors were served with a meal with their relative or friend who lived at the home and offered a sunny conservatory affording privacy and quiet.

All the people who spoke to us without exception used words such as 'caring', 'kind', 'thoughtful', and 'excellent' in describing the care and support they received. Another person told us, "everything I have received here –there is nothing to complain of and the care is second to none." One person told us, "the food is good, staff are kind. The staff are well trained." Relatives were positive about the service. They told us this was because they felt their loved ones were settled and happy, they were kept informed and had been themselves supported by staff through difficult moments. One relative told us, "my relative took a while to settle. Everyone was courteous and polite; the staff keep you in the loop about everything. All the staff are very nice and respectful." Another told us, "it's just so personal here and everyone is consistently caring and understanding." Another told us, "it's just like an extremely well run hotel with a feeling of calm. I am sure a lot of hard work goes on in the background but there no pressure is felt out here." This view was echoed by other visitors we spoke to who knew the service well. The service aimed to provide people a home for life and was committed to offering skilled and compassionate end of life care. We found this principle had been embedded within the service, as reflected in feedback from relatives, staff, and healthcare professionals and through external accreditation.

The owner and staff team were highly committed to offering people new experiences or opportunities to do things connected with their interests. This was combined with a goal to ensure people received one to one attention on a regular basis. There was an outstanding range of activities and social links for people to become involved with if they wished, from making bird boxes, gardening, doing crosswords together, an established computer club and poetry sessions, to receiving visiting birds of prey and donkeys. Events such as 'fine dining' were arranged regularly and used as opportunities for people in the home to be involved in the preparation and celebration of a formal social occasions with invited guests. Opportunities were created throughout the week for people to have time with just one other person who was there to listen.

Staff were well trained, well rewarded and supported to continue their professional development and study relevant qualifications. There was outstanding team working reflected in all the comments from staff, people and relatives. All staff demonstrated they understood the core values and vision of the service and described their commitment to high quality care. Members of staff told us, "I love my job," or "I love working here." One person told us, "you can tell all the staff are happy in their job."

The service had invested efforts over the last five years in developing an experienced and caring volunteer visiting service. We saw this yielded particular benefit for people, either who did not have many visitors or who were reluctant to participate in group activities. Others told us they just enjoyed time with someone on a one to one basis just to chat or go out together. One person who needed accompanying when outside due to physical frailty, was visited weekly by a volunteer and enabled to go on long walks around the countryside which was familiar to them.

The owner and staff prided themselves on well-established local links which were used to benefit people who lived in the home, as well as create a local and stable workforce. This helped several people to continue their involvement in their local community. One person explained that they continued to visit the same beauty salon and another told us they were delighted to still be able to attend their own church and opticians. People who were independently mobile came and went throughout the day. One person told us, "you have every confidence here, you can come and go as you like, you've got freedom- just let them know when you go out, they let you be yourself." Some people had produced food or plant items for exhibit at the local show recently and won awards.

Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. Staff demonstrated awareness and knowledge in the area of consent, explaining to us how they would adapt giving information to someone to aid understanding and help them make decisions.

Many people went out of their way to comment on the quality of the food. One person told us, "you get three beautiful meals a day." The owner and the cook were very

Summary of findings

involved in continually driving up standards of nutrition and presentation. This had been recognised in several national awards linked to the catering. Where people had special dietary requirements, this was known and catered for by staff.

People's health and wellbeing needs were closely monitored. People benefitted from excellent links with local primary care services which had been developed by the staff team. We spoke with healthcare professionals who told us the service was particularly effective at seeking advice and following their instructions. This close liaison also was reflected in the excellent end of life care at the home

People's safety risks were identified, managed and reviewed. Staff knew people well and used this knowledge combined with effectively guidance from senior staff to reduce the risk of harm. There were enough

suitable staff to meet people's needs and promote people's safety and wellbeing. There were systems in place to protect people from the risks associated from medicines and staff were vigilant in monitoring and using these.

The service sought to understand and improve on people's experiences and the service overall through a variety of established feedback mechanisms, also seeking views of relatives and other professionals involved with the service. We found an open and transparent culture led by a highly effective leadership team who encouraged listening to people and staff to drive continual improvement. This contributed to the high levels of satisfaction we heard expressed at the service. One person told us, "nothing can be perfect, but I am listened to which makes a difference and I am extremely happy."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were sufficient staff available to meet people's assessed care needs.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

Medicines were managed safely, staff were vigilant in monitoring practice, their competency was checked and they received regular training in this area from a qualified clinician.

The home was clean and infection control was used appropriately to help prevent and control the spread of infections.

Good



Is the service effective?

The service was effective. Staff were highly motivated, well trained and effectively supported. Induction procedures for new members of staff were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

People were well supported to have a balanced diet.

Good



Is the service caring?

The service was exceptionally caring. The owner, registered manager and staff were committed to a strong person centred culture. Kindness, respect, dignity and attention to detail were established in the day-to-day practice of the service.

People's privacy was respected and relatives and friends were encouraged to visit regularly, were supported themselves and involved in the service.

Compassionate high quality end of life care was a central principle well established in the service.

Outstanding



Is the service responsive?

A wide variety of activities were available within the home provided by staff, volunteers and local community groups. People were supported and encouraged to actively engage with the local community and maintain relationships that were important to them.

Changes in people's needs were quickly recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary.

People's views were actively and regularly sought, listened to and used to drive improvement in the service.

Good



Is the service well-led?

The service was exceptionally well led. The owner and registered manager provided outstanding and compassionate leadership and support to ensure people needs were met.

Outstanding



Summary of findings

There was an open and collaborative culture within the team who worked effectively with people, relatives, volunteers and other professionals to shape the service on offer and ensure people's health social and wellbeing needs were met.

Quality assurance systems in place were designed to both monitor the quality of care provided and drive improvements within the service.

A committed and stable staff team showed willingness to learn from mistakes and improve because they felt supported and were well trained.

Nazareth Lodge

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 took place on 1 September 2015 and was unannounced. Two inspectors carried out the inspection, including a second visit on 3 September 2015. Before the inspection we requested and received a Provider Information Return (PIR) from the service. A PIR 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 also looked at a contract monitoring report which was produced by the local authority following their visit in March 2015. We looked at all other notifications and feedback about the service.

We spoke with eleven people on a one to one basis and chatted with four other people together who lived at the home. We spoke with six members of care staff as well as the cook, administrator, and activities staff member. We spoke with the owner, registered manager and deputy manager. We also spoke with two volunteer visitors to the home and five relatives. We spoke with three community healthcare professionals who had regular involvement with the service.

We observed the service over two days and 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. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records which included four care plans, two staff files, three Medication Administration Records (MARs), training records and meeting minutes. We looked at two quality surveys which had been carried out within the last year.

Is the service safe?

Our findings

All the people we asked told us they felt safe in the home. One person told us, "I feel safe here there is always someone around and if I ring my bell staff will come to my room." Another person told us, "the staff always come when I call, this helps me feel safe." Another told us, "I have control of my own money and feel safe here, it is a secure place, I trust the people and staff." Everyone we spoke with told us about the helpline numbers displayed on both floors of the home. They knew this was how they could make a complaint or report a concern if they didn't want to speak with staff. A member of staff explained how people had their own phones, email accounts and that this was encouraged so people had a private channel of communication and information.

Staff were able to tell us how they would identify if someone may be abused or needed safeguarding. One staff told us, "I'd look for any marks which could not be explained, notice if the person was a bit frightened, and if concerned I would report this verbally to the manager. If no action was taken I would know exactly who to contact as I have all the contact numbers in my handbook." There was a safeguarding policy and training for staff took place at regular intervals.

The service used on-going assessment to highlight how someone might be at risk of harm and how this could be avoided or minimised. Staff showed that they understood risks affecting particular individuals, and knew their role in minimising the risk of harm. For example, we saw a person who needed wound care. The service had worked closely with the community healthcare nurses to ensure there was an appropriate plan of care. There was guidance in the person's care plan about how the person should be positioned. All staff showed they were aware of the risks for the person and we observed the person had been assisted in accordance with the plan and were comfortable. Another person's positioning was being closely monitored due to skincare risks. We saw this was done throughout the day and a 'turning chart' was in place to record all interventions. We looked at the monitoring chart which covered the evening and night time and saw that times were recorded at regular intervals as prescribed. We saw guidance to staff about individuals who were particularly

vulnerable and noted that all staff when questioned were fully aware of this. This helped to ensure risks were well managed. One member of staff told us, "if we see a red mark, everyone is on top of it."

Individual risks were reviewed on a daily basis with senior staff as part of handover. Information was shared between staff in written form and verbally. Broader service risks were reviewed in a well-established weekly management meeting and actions agreed between staff. The Gold Standards Framework was also used as formal risk management tool. This used a system of coding understood by staff who had also been trained and briefed in this area. This helped to identify increased or decreased risks to people which may affect their care and support. We observed this being used and updated during our inspection.

There were enough staff to keep people safe. People and relatives confirmed that there was always someone available when needed. We observed people using their call bells and getting prompt responses. We saw that staff were focussed on people and left tasks temporarily to respond to requests from people. This helped to ensure people's needs were met safely. Staff responsible for care had time to focus on care and support because there were other people dedicated to offering social support for people. We observed several visitors and an activities coordinator all of whom were offering support to people during the day. The service did not use agency staff. The owner told us they developed a rota which suited the commitments of staff and promoted consistency and continuity over 24 hours.

Recruitment was carried out safely. Details about recruitment, including job offers and contracts were recorded. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). There was also a system of apprenticeship in place and we spoke with one member of staff who had been through this process. New staff told us how they were prepared for their role and supported by more experienced members of staff. This helped to provide a safe service. One person told us, "they choose their carers so carefully, she (the owner) makes sure they are the right kind of people."

There was a safe system for the handling, storage and administration of medicines in the home, in conjunction

Is the service safe?

with a local pharmacy. There was a dedicated secure area where all medicines and creams were stored and labelled appropriately and at the correct temperatures. Guidance about medicines and side effects was stored alongside this. A senior member of staff took the lead in overseeing the system and ensuring prescriptions were administered safely to each person at the home. A medicines administration chart recorded each person's prescribed medicines which showed entries were up to date and accurately recorded with no gaps. Safeguards were in place to reduce the risk of error including double signing for certain medicines and for the purposes of checking. An up to date list of staff signatures was included in the locked cupboard to reduce the risk of any mistakes or falsification. The registered manager told us they checked medicines on a weekly basis. The senior member of staff showed us a competency check for staff, recently introduced to record observations of staff administering medicines, and to identify any areas of additional training or guidance which

may be required. One person told us he self-administered his pain relief and we observed this was safely managed. One relatively new member of staff told us, "you get trained in medicines and shadowed until we are seen to be competent."

The premises were clean and hygienic and the staff followed safe practices for infection control. The training record recorded all staff as having up to date infection control training. Some people commented on hygiene to us. One person told us, "you can feel the importance of cleanliness here- everything is done meticulously." Another told us, "the place is spotless and things are renewed regularly." We did note one bath chair which required deep cleaning underneath, later pointed out to the registered manager who immediately addressed this. All other equipment was clean, well maintained, stored away from access routes and there were no trip hazards identified.

Is the service effective?

Our findings

An effective service was provided. There was a strong emphasis on training and continuing professional development for the workforce. Training in topics considered essential such as health and safety, moving and handling, infection control and medicines was undertaken by staff. Staff had opportunities to develop their knowledge and skills in on-going study and training. Training for long standing members of staff remained on-going. One member of staff had been supported to achieve several levels of the relevant occupational qualification over several years and earlier in the year achieved a level 5 diploma in leadership in the national Qualifications and Credit Framework (QCF) for Health and Social Care. Another long standing member of staff had also achieved a level 5 Diploma in Health and Social Care. All members of staff were being supported to qualify at either level 2 or 3 in the relevant occupational qualification.

Staff had opportunities to practice their training and develop confidence in their role through 'hands on' training whilst at work. One member of staff told us, "the senior staff do regular scenario training where they will call the bell and pretend to be in a situation i.e. fallen out of bed/ hurt their leg and we are expected to support them. This keeps us responsive to people's needs and helps us understand how to keep improving the care and support we deliver." They told us this helped to develop their confidence.

All staff had been trained in end of life care and some had achieved particular levels of accreditation in this area. One senior member of staff who qualified as a trainer in certain topics, told us how they also trained members of staff in this area to help build confidence and understanding in this sensitive area and ensure staff felt supported.

Staff had additional training on clinical topics and opportunities to ask questions. We spoke with a healthcare professional who confirmed they provided regular training sessions to groups of staff on particular topics such as skin care and medicines including those where it is important to monitor side effects or have regular blood tests. They told us, "they are so enthusiastic and soak up what we are teaching."

Staff were all highly positive and enthusiastic about their roles, told us they felt well supported, spoke highly of their

management and expressed a high regard for their job. There was a system of one to one supervisions and formal appraisal which was combined with high levels of informal support for each member of staff from senior managers. We saw that the registered manager and owner were keen to ensure staff felt valued and any particular interest or abilities were recognised to motivate and inspire staff towards continuous improvement. For example, in recognition of the progress of one member of staff from apprentice, they were given the lead for infection control.

Volunteers, although not formally trained by the service, told us they felt confident in their role and had been prepared and were supported. One volunteer told us, "there is such a good atmosphere here, there is an air of discipline and the staff are very organised and committed."

Most people were free to come and go from the home and we observed staff knew about people's whereabouts. However some people were unable to go out on their own due to safety risks and to weigh up information about this because they lacked mental capacity. This meant they were unable to give valid consent for their care arrangements. The service used the legal framework Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were protected. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. At the time of inspection DoLS applications had been made for eight people to the local authority for them to authorise that it was appropriate to restrict the freedom of each person.

Staff received training in MCA and we saw they had a good understanding of consent and how to adapt their communication for different people. For example, one member of staff told us that some people had 'variable capacity' which meant that on some days they may be able to weigh up information appropriately and make choices accordingly, however perhaps on a 'bad day' this may not be possible. They told us should a decision need to be made which affected the person's best interests, the involvement of others may need to be sought, for example, family members, doctor and the manager. Another member of staff explained how they adapted their communication for people living with dementia, by using more nonverbal communication, for example, using gestures.

Is the service effective?

People were supported to have enough to eat and drink. They were asked on a regular basis about their enjoyment of the food and asked about what meals they would like to have. We saw a wide variety of menus was provided. The provider considered food in the home to be an important component of the quality of care and service. The cook told us how they kept up to date with people's food preferences, through regular discussions with people on a one to one basis and by observing what people ate when their plates returned to the kitchen. They were able to tell us about people's food allergies or the need for some people to have sugar reduced diets. We saw food allergies recorded on the care plans we looked at, on a notice in the kitchen and highlighted on printed menus given to people. The cook had attended recent training in this topic. The cook told us about the 'healthy options' meals which gave people more help in choosing food which would promote their wellbeing.

Meals were taken in in accordance with people's choice. Most people ate in the dining room at set times, although the cook and owner emphasised the on-going nature and availability of food and snack provision throughout the day. We observed drinks, fresh fruit, sweets and homemade cake available throughout the day. The owner explained that mealtimes were used as an opportunity for people to interact and socialise and various methods were used to encourage this. We observed people showing pleasure during lunchtime, chatting and smiling. Food was served promptly and respectfully. One person was using adapted cutlery to help them eat independently. Comments from people about the food were all positive including, "the food here is excellent", "well cooked food" and "very good food, a good variety. Chef makes cakes for people's birthdays and asks what we would like. I have had a lemon and fruit one made for me since living here."

Some people needed prompting or assistance to eat and drink. We looked at the plan of one person who was at risk of weight loss due to declining their food. A nutritional assessment had been completed and a dietician had been consulted. The person was regularly weighed. They were assisted in their room with lunch and we saw a member of staff remained with them throughout, chatting and

encouraging them to eat. When they declined to eat the meal option, they were asked by the member of staff if they would like a sandwich instead. Within five minutes this was brought to them. Staff showed us how they monitored what the person was eating and drinking in order to assess and manage a risk of dehydration or the person being hungry.

People told us they were supported to have their healthcare needs met. One person told us, "staff support me to visit my local optician and doctors surgery." The service had developed effective links with the local healthcare services and the senior staff expressed to us the importance of these working relationships in 'helping people to remain well and receive appropriate treatment when required'. One healthcare professional told us the service got the balance of reporting right. They told us, "they are very good at reporting and do so in a timely way. Medical instructions are followed very well." Another healthcare professional who was involved with the home regularly told us, "the home has very good links with the community healthcare services and the staff spot things very quickly." They told us the staff used advice effectively to help evaluate how people were responding to any treatments so they could then escalate any concerns appropriately.

The premises were furnished in a homely manner and the interior was arranged to give people private time with visitors. The dining room had an open fire in winter to give a cosy feel to the home. The home felt spacious, open and was well maintained. There were lots of photos on the walls of people who use the service, some staff and relatives, which had been enlarged into attractive good quality pictures, adding to the homely and person centred feel of the home. The recent addition of a wet room helped to promote people's comfort and ease of personal care. One person told us, "something is always being updated or renewed here." The registered manager told us, "there is on-going investment in the home, anything we need to make life better is provided." The gardens were a place of relaxation with well-tended lawns and plants and easily accessible from the main house for people to enjoy the open air whenever they chose.



Is the service caring?

Our findings

People and relatives described an exceptionally caring service. Three people wanted to tell us that that everyone was treated 'equally'. For example, one person told us, "although we are a mixture, we are all treated with respect." Another person expressed, "the care is absolutely marvellous, if you are at all worried, someone comes." One person explained how they had recently had to have an operation and when they returned home there were flowers in their room and that over the weekend the owner had called regularly to ask about their welfare. They told us they experienced this as very caring. They told us they 'could not have chosen a better place.' Another said, "it's splendid here." A relative told us 'staff have a great attitude and genuinely care for people here and families. There is a fun atmosphere. I have booked my place.' One person who moved in relatively recently described, "there is a very welcoming atmosphere here, I like communal living and here you can have proper conversations with people."

One relative described how difficult circumstances had been prior to their relative coming into the home and the patience and care with which they were supported by staff. Three relatives described their relief at finding a home which was so caring and how their relatives had noticeably improved in their wellbeing. One relative told us, "I know there are lots of people and relatives here but you are made to feel as if you are the only one. For example, I e-mailed a question the other day and I immediately got a reply." Another relative said, "they also care for you as well as my relative, which is amazing." One relative told us when they escorted their relative to hospital recently, the staff prepared sandwiches for them to take while they waited.

People's privacy was respected. We observed a member of staff who knocked and entered someone's room and when they saw they had a visitor immediately said, "I'll come back later." When visitors came we saw the person they were visiting being offered private space. Staff spoke about people respectfully and ensured any personal information was shared confidentially.

Staff demonstrated an ethos of listening to people and this was modelled by the leadership at the home. There was a commitment to ensure this was carried on through each time of the day and the registered manager was keen to ensure we spoke with staff who covered each part of the day and night. The registered manager and owner

explained they regularly did an evening shift not to provide cover but because they felt this was often the time people needed a listening ear the most or when they would talk about what kind of day they had. The registered manager gave a recent example of something one person experienced which had upset them and was able to speak directly with the registered manager about it soon afterwards, just before they went to bed. The registered manager told us how she addressed the situation which was related to dignity and respect.

People told us they felt listened to. One person told us how staff had helped them to rearrange their room so they could see the garden more easily. A long standing initiative in the home called 'T42' was an arrangement for volunteers to have one to one time with a person. One volunteer told us, "it's just another time for people to express themselves, be heard and sometimes we notice little things that care staff might not have a chance to see. We then speak to staff and they take note. This is a lovely place."

People were treated with dignity and staff showed they put people first, putting aside tasks to respond quickly to calls for assistance. We saw a member of staff put some laundry down to immediately respond to a call bell. One member of staff told us, "dignity is about noticing the little things, like making sure people have enough of what they need so they are not embarrassed or have to keep asking for things." A relative told us how their relative had been depressed when they first came to the home and neglected their appearance. This had been addressed discreetly by senior member of staff who encouraged them and now they wore smart clothes and were very well groomed.

People and staff told us about an event called Fine Dining which the owner told us had come about in response to one person telling them they never had a chance to dress up. Four such events had been held in the home over the last year, where people could invite guests to take part in a formal special meal prepared by the cook. If people did not have guests then local dignitaries were invited. The owner told us people had got involved in decorating the dining room and in choosing the food. One visitor we spoke to during the inspection, who had been a guest at one of the events, told us this had been a happy and relaxed occasion where everyone was 'made to feel special.'

Activities were a valued part of the service in the home, provided by four members of staff over the whole week. People and relatives told us this was important to them.



Is the service caring?

People were encouraged to celebrate their achievements and encouraged to follow their interests. Three people were supported to enter their creations in the local show, including a vase, fresh produce and food. Some people told us about their enjoyment of the poetry and puzzles which were part of a range of activities which some found particularly engaging. We observed the activities organiser hosting a crossword group and people animated and involved. Two people had been very involved in redesigning and planning the flowerbed at the front of the house. People were encouraged to be involved with tasks if they showed an interest. One person took the post into town when they went for a walk there.

People's birthdays were celebrated with a personalised birthday cake made by the cook. We saw pictures of the cakes, for example, one person who worked as a farmer had a tractor iced on their cake. Three people and one relative told us how this had given great pleasure. People told us about other similar examples of an individual gift being given at Christmas and Easter.

There were regular trip outs to local places of interest for those who chose to go. The owner explained that they did not have a dedicated minibus, however had helped to set up and fund a community transport service for people in the local town which also benefitted people in the home. This was one of several endeavours initiated by the owner which helped promote strong links between the home and the local community and between people living at home and people using the service. It was reflected in comments made to us by people who said they had been well aware of the home, for example one had been a visitor, and one person had previously worked there. We observed that this had helped some people to experience the transition from one phase of their life to another in a very person centred manner as they felt very much in control of the timing because they made their own choice.

Some people told us they valued the involvement of the local church and visiting clergy. We spoke with one of the church team who told us they had recently increased the

number of services held at the home in response to requests from people. They told us their regular involvement with the home was also beneficial when people and relatives were going through difficult times, in particular at end of life. They told us, "the service respects people's spiritual beliefs and these are respected by staff here."

The home was committed to providing excellent end of life care. The owner described the ethos as, "when a resident is in terminal care we completely envelope the family in the final weeks, days, hours. We offer them food, drink, a hug, somewhere to sleep and we keep in touch. Every family receives a card from us on the anniversary of their relative's death." All staff had received training in end of life care and regular refreshers using the local hospice as a resource for this. A senior member of staff told us that when someone died a staff ritual, instigated by them over the years had evolved for staff to line up outside the home 'in respectful silence', when the person left the home. The owner also told us that when someone died, a photo of them and a candle was placed at the front of the house and people in the home then drank a toast to 'absent friends'. They also told us that news of a death was always broken during the day, not the evening to reduce the impact of this on people, who may be more likely to feel isolated at night.

The community healthcare professionals with spoke with told us the service worked closely with them to ensure effective and timely pain management and treatment at end of life. We viewed the report from the reaccreditation of beacon status for the Gold Standards Framework (GSF) in June 2015. This followed the accreditation visit on 11 June 2015, by the GSF team, one of the main national providers of accreditation in this field. The report noted, "the extremely high levels of basic human kindness, brought about by ensuring that staff employed, and volunteers, are of the calibre to present kind, compassionate and dignified care." The report also noted that the service had not been complacent but continued to develop and embed their approach to end of life care.

Is the service responsive?

Our findings

The owner and registered manager told us they spent time when someone first came to live at the home in getting to know people. This helped them understand their background and the particular problems they may be experiencing and how the service could be most responsive in meeting their needs.

A relative told us how their relative had been supported to 'come back to life' after a very difficult period in their life. Another person told us, "I was quite ill when I came here, but they (the staff) gradually got me on my feet again." People's needs were assessed and recorded in individualised care plans which included information about likes and dislikes. People told us the staff understood their needs and involved them in their care. One person told us, "I have a care plan which staff keep but I can access it if I request to. I have a DNAR on file." We confirmed this was the case. A newly qualified member of staff told us, "people have biographies in their care plans which identify needs such as communication." We saw biographies in the care plans we looked at. One person told us, "I have a lot of confidence being here, my independence is respected and I have freedom as long as I am fit enough." A member of staff told us when they came to work at the home, they noticed how personal the service was and how staff knew in depth about people's preferred routines.

Care plans were reviewed and changes in needs were acted upon. We looked at four care plans which each had recorded regular reviews. Two care files included a list of events or changes which were recorded to inform the next review of care. However this was not recorded for the other two care plans. Staff worked closely through a combination of formal handover and regular communication to share and exchange information. This ensured any changes in people's needs were used to update the care plan and put in place relevant changes to the care. The deputy manager told us they involved people in their reviews and always asked people if they were happy with their care.

The service encouraged people's interests and choices. People were supported to have visitors. One person told us, "If my daughters come here the chef caters for them and if necessary prepares a special vegetarian dish for her. Meal times are flexible, if I attend a Sunday evening service my meal is kept for me until I come back home. I can choose if I

want to be in the communal area or in my room." Another person told us, "I am free to make my own decisions and choices and feel these are always respected." The home's computer club had been running for four years. We saw the computer in the living room and the owner explained this regularly used for people to send and receive emails and 'skype' family and friends, especially effective for reaching relatives overseas. The owner told us that people were encouraged to maintain their links with the past, through on-going membership of particular clubs or societies and showed us examples relating to two people living in the home.

People were encouraged to express their views. Whilst we were carrying out the inspection a notice was put up for people letting them know they could speak to the inspector. The owner and manager were proactive in explaining who we were and making all visitors aware they could speak with us. People's views on the wider world were encouraged. One activity in the home was a regular session of 'what the papers say' which the activity coordinator told us was a discussion or debate session at which people had an opportunity to reflect on issues in the wider world. One relative told us how their relative enjoyed this intellectual stimulation. People took part earlier in the year in activities designed by the service to inform them about candidates standing in the general election. The activities coordinator described how a table were set up in the lounge to present information on each party and their manifestos. This helped and encouraged all the people in the home to exercise their vote.

There was a formal quality assurance survey carried out every autumn. The most recent survey, from September 2014, distributed 22 questionnaires based on the number of people residing in the home, and received 13 completed back. The registered manager told us volunteer visitors and the activities organiser offered assistance to some people to complete. These were an established valuable source of feedback for the service which the registered manager told us they use to respond to people's issues and improve the service. We noted the overwhelmingly positive response to questions asked about the service however also a number of specific comments. The survey was also sent to 22 relatives, 16 of which were returned. Four healthcare professionals also returned the survey. Specific feedback comments were addressed with a timescale for actions in a final report issued to everyone and available in the hall of the home. For example, one relative had fed back that they

Is the service responsive?

did not always get offered refreshments. It was recorded by the registered manager that staff may be busy however they wished people to feel at home and therefore to ask a member of staff. One relative stated they always had to ask about results of health appointments. The registered manager undertook to improve communications. From speaking with relatives, we found they commented on how good communication was.

The registered manager told us that feedback from the previous survey also influenced new questions the following year. This sought to explore satisfaction levels with any changes which had been put in place. 14 people had also taken part in another national survey in 2014,

which was an independent 'care home rating' survey. This had given people another anonymous opportunity to feedback about the quality of the service and these results were also made available to everyone.

Other arrangements were in place to obtain people and relative's feedback and exchange information including a suggestions box and a people's notice board which was up to date. A 'Residents Forum' took place twice a year and we viewed notes from the last one in April 2015. The notes were informative and covered topics such as activities, appointments, spirituality, garden and environment. Before the forum took place, it was publicised in the home's newsletter, produced by the management team, encouraging friends and family to also attend. One request which came out of the meeting was to purchase a new sturdier jigsaw table which was done.



Is the service well-led?

Our findings

The leadership of the service was outstanding. The owner demonstrated a passion for the service and modelled high standards of care and support for people through a 'hands on' approach and continuing attention to detail. For example, while we were there they came to check on someone who had just come out of hospital, which the person told us they found particularly reassuring. The owner demonstrated they knew each person and their visitors and frequently engaged people in dialogue, promoting a sense of fun as well as compassion in the atmosphere. This helped to ensure a responsive service. In addition they showed personal commitment to the interests of older people in the community through regular sponsorship or donations to relevant local causes, such as community transport and a local food bank. They also had a long standing commitment as a mentor to older people further afield through a garden project overseas, which promoted independence in rural communities. This 'helping others' was a stated part of the philosophy of care at the home.

A positive culture had been developed and sustained over many years at Nazareth Lodge and the home demonstrated that they understood, in particular the nature of the rural and farming backgrounds of many people who chose to live there. This was reflected in many aspects of the service, not least the number of people who chose to come and live there, particularly from the local town and in the continued meeting of standards and regulations. The service had been credited with a number of awards which were attributable to the passion and commitment of the management team and staff in relation to the care of older people. For example, the home was a regional winner in awards from 'The Great British Care Awards' in Nutrition & Hydration in 2014, and the Care Newcomer Award in 2014. The care newcomer award recognised 'a new member of staff who demonstrated by examples their understanding of the word "Care" and demonstrated excellent people skills.' The owner was the Regional Winner of the Care Employer Award 2013. More recently the cook had been awarded first prize in the Care Chef (2014). The food in the home had just been accredited with the Soil Association's "Silver" Food for Life Catering Mark—one of the criteria being that food used is healthy, ethical, and used some local and organic ingredients.

The registered manager also told us, "everyone here is passionate about the job they do. Money is invested back into the service. The home never stands still; the owner expects high standards and in turn rewards staff for their hard work. The owner is here most of the week. We are always horizon scanning and trying to think outside the box. Management always lead by example." One member of staff when asked what happened if they made a mistake told us, "we hold up our hands, it is painful but we learn from our mistakes and we are supported to do that."

Staff told us they worked effectively as a team and the owner and registered manager explained that the quality and consistency of the workforce was the key factor in sustaining the quality of the service. We saw evidence that they invested in the workforce in a number of ways including training. This had helped to retain a consistent and motivated workforce and allow the management team to consider future managers of the service. The leadership team was succession planning and senior members of staff had achieved qualifications in leadership and management. For example, the deputy manager told us they were keen to ensure high standards were maintained well into the future. One relative told, "the staff are great, everything runs just as good when the owner is away." People commented to us throughout the inspection on the kindness and skills of staff. Staff told us their job was hard sometimes, their boss was strict but that they 'loved' their job. Two staff told us they had a 'brilliant boss.'

People were involved in decisions about the service. For example, one person told us how they and other people had been involved in selecting of a new cook by tasting meals produced by each candidate. They had also been involved in offering feedback about applicants for care roles. One new member of staff told how they had met people as part of their interview. The registered manager told us they aspired to devolve greater control of the service to people who lived there, "I still feel there is more that can be handed over to the residents such as a greater role in recruitment and then feedback following 3 month end of probation."

As well as seeking feedback from people and relatives the service assessed and assured the quality of the service through various audits. For example, a falls audit formed part of the accident and incident recording. We looked at some of the records related to this and found individual records on people's file about accidents and a report which



Is the service well-led?

looked at patterns and common factors involved. This also demonstrated what actions had been taken to make the people safer. Examples included the purchase of pressure mats, changing a room round to reduce risk, in consultation with the person or their representative. The food menus were monitored by people. The registered manager told us all new recipes were 'tested' by residents. This was done by announcing the new dish and asking people to 'fill the box with a cross or a tick' to denote their like/dislike. A majority vote meant that dish would be presented again. We saw evidence of weekly checks on the

medicines through checks of the storage facilities, including fridge temperatures. There were also monthly checks of stock and a self-audit every 3 months. Every six months a pharmacist visit included checks of people's medicines cabinets and controlled drugs records.

The registered manager told us they aspired in the future to encourage more male members of staff to better reflect the makeup of the people who lived there and increase representation of people in weekly management meetings and greater control in general for people in their service.