

Royal Alfred Seafarers' Society Belvedere House

Inspection report

Weston Acres
Woodmansterne Lane
Banstead
Surrey
SM7 3HB

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Ratings

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

Summary of findings

Overall summary

Belvedere House provides accommodation, nursing and personal care for up to 68 people, some living with dementia. At the time of our inspection, there were 67 people living in the service, one person was in hospital. The home is arranged over two floors and is set in its own grounds on the outskirts of Banstead in Surrey. The service supports elderly, sick or disabled seafarers, their widows and dependants.

At the last inspection in December 2013 the service met all the regulations it was inspected against.

There was a registered manager in post. 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.

People who use the service describe the best thing about the service as the "excellent staff". Relatives described the expertise and exceptional ability of staff in caring for people with dementia as a key strength of this service. People complimented the home, the manager and staff; they had great confidence in the service in that it provided outstanding care. People had complete confidence their relatives were safe and well cared for. A relative reviewing the service wrote on the website, "A totally lovely place, Belvedere House is always a welcoming environment to any visitor or relative staying there."

The service only employed suitably vetted staff who demonstrated the right attributes and values. Valuing and respecting people were practices promoted throughout the service. Staff felt valued by the organisation and staff morale was excellent, they were a highly motivated team who spoke passionately about their job. They understood the importance of providing high quality care to people and reflected this in practice. People spoke about the positive impact this had on the way they were cared for.

They were well supported and supervised in their role, staff retention was excellent, and as a result staff had a great knowledge about the people they cared for and clearly understood how to meet their needs. The stability in the staff team had great benefits and resulted in meaningful relationships and trust being established between people and all the staff. Feedback from people and their relatives was very complimentary acknowledging the exemplary approach of staff.

Staff confidently made use of the Mental Capacity Act 2005 and used innovative ways to make sure that people were involved in decisions about their care so that their human and legal rights were sustained. There were champions within the service who actively supported staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. The registered manager was following legal requirements in relation to DoLS. At the time of the inspection, applications had been made to the local authority in relation to people living at the service to protect people's legal rights.

One person visiting relatives over many years said, "This home has a great reputation and justly deserves it".

Staff worked very well as a team, the team included nurses and care staff, but also maintenance and housekeeping, as well as catering staff, each one playing an important role in delivering a consistently high quality service. The staffing levels fully considered individual needs and allowed staff to focus on the individual thus delivering person centred care, and these arrangements were regularly reviewed.

Staff were well trained, skilled and experienced due to the excellent training and development programme. They were inspirational in their attentiveness to people's changing needs. Staff demonstrated important qualities such as affection and warmth in their relationships with people.

People's care and support was planned proactively and in partnership with them. Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. Professionals visiting the service said it focused on providing person-centred care and it achieved exceptional results. On-going improvement was seen as essential. The service continued to strive to be known as outstanding and innovative in providing person centred care based on best practice. They adopted guidance from NICE and SCIE and reflected this in training and care practice. As a result people experienced a level of care and support that promoted their wellbeing and meant they had a meaningful life.

There was a strong emphasis on the importance of eating and drinking well. Innovative methods and positive staff relationships were used to encourage those who were reluctant or had difficulty in eating and drinking. This approach made sure that people's dietary and fluid intake, especially those living with dementia or those with a learning disability, significantly improved their wellbeing.

The registered provider demonstrated their commitment to provide an innovative environment that enabled people to have the best quality of life they could possibly have. There was a specialist dementia unit, and the provider had sought specialist advice on the selection of colours, lighting, flooring and furniture. All communal areas and corridors, contained pictures, plaques and other items such as telescopes, binnacles, uniforms and other memorabilia of a nautical and naval theme appropriate to the group using this service.

The dementia needs of people were fully considered and positive outcomes were experienced. There was a reminiscence room that people enjoyed; it had seafaring memorabilia such as life sized figures in naval uniforms. People could relate with these from their days at sea and were the subject of conversation for many as they helped remind people about their many years at sea. The ceiling of the dining room had been fitted with acoustic tiles to reduce noise and enhance the dining experience for people and their guests. A university research project underway had helped enhance the lives of people with dementia, they used music and song to help engage people and facilitate an improved quality of life.

People were proud of their surroundings and welcomed friends and family. They commented on feeling part of a wider community, volunteers from organisations and people from the sheltered housing complex came and joined in mealtimes and activities.

There was an effective complaints procedure in place. Complaints received were responded to in a timely manner with lessons learned and plans developed to lessen the likelihood of a reoccurrence. Investigations were comprehensive and the service used innovative ways of looking into concerns raised, including the use of people and professionals external to the service to make sure there was an independent and objective approach.

Dignity and privacy was promoted. Staff understood the importance of promoting a pleasant meal time

experience. Snack baskets were on each unit with snacks and cold drinks available, staff encouraged and prompted people who may otherwise forget to take these and be at risk of poor nutrition or dehydration.

There was an open and inclusive culture within the service. The leadership and management of the service were focused upon providing a consistently high quality, person-centred service.

The service had established and sustained a track record of being an excellent role model, actively seeking and acting on the views of others through creative and innovative methods. The service worked in partnership with other organisations to make sure they following current good practice and provide a high quality service. They strove for excellence through consultation, being involved in research and reflective practice. They demonstrated clearly how they sustained outstanding practice and continued improvement over time. The manager provided excellent leadership and stability, she was an excellent role mode who promoted the visions and values of the service, she valued and understood the staff team.

There was great teamwork with staff from all departments working well together. This helped make sure people lived life to the full, people enjoyed the home environment and gardens which were beautifully maintained.

A relative posted the following comment, "Care staff at all levels were always there to help and support all of us - Mother, myself and the family, Maintenance and ground staff who kept the rooms in tip-top condition and the large grounds immaculate I can honestly say that everyone was excellent. This is an Outstanding Care Home that really cares! "

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. People were safeguarded from the risk of abuse. Staff knew their responsibilities and followed procedures to keep people safe.

There was a robust recruitment process in place, all staff had thorough and relevant pre-employment checks to ensure their suitability for their role.

Staffing levels considered fully the support needs of people and calculated accordingly. As a result staff were present in such numbers as to support people in an unhurried manner.

Risks to people were identified and detailed management plans were developed and provided so that staff could manage these safely. Medicines were administered safely by qualified competent staff.

The home was very well maintained creating a safe place for people to live.

Good ●

Is the service effective?

The service was effective. People were cared for by competent staff who received training which was relevant to their roles and promoted the ethos of the home to support people's well-being and independence.

Mealtimes were a pleasant experience. People at risk of poor nutrition or hydration were identified and supported to eat and drink in a relaxed and supportive manner.

People were asked for their consent before any care, treatment or support was provided. Staff were knowledgeable about their responsibilities in line with the principles of the MCA.

The internal and external environment was designed specifically using specialist guidance to enable people to maintain their independence and help them make choices.

Good ●

Is the service caring?

Good ●

The service was caring. people were consistently treated with empathy, kindness and compassion. Staff demonstrated a commitment to providing support in a person centred way.

Staff had a great understanding of the people they cared for which helped ensure their individuals needs were fully met. Staff could be assured people were consulted and they were looked after in accordance with their end of life wishes.

Relatives and visitors were welcomed at the home and praised the efforts of management and staff to enhance the atmosphere of the home. People including staff were valued, and had their views listened to.

Is the service responsive?

Good ●

The service was very responsive. The staffing ratio was consistently high, this enabled care staff response to focus on the individual in delivering high quality person centred care.

Innovative methods were used that took account of people's previous lifestyles and wishes, their current conditions, and met their needs in a special way. In practice this ensured care was delivered in accordance with the people's preferences.

There was an exceptional programme of activities and social events meaning people had opportunities to be occupied and stimulated. People were enabled to participate in activities that were based upon best practice in dementia care.

The service had excellent relationships with other organisation and benefited from their input.

Is the service well-led?

Good ●

The service was well-led. The service had an open and inclusive culture, staff felt valued and enjoyed their work. Robust systems and procedures were in place that monitored the quality of the service and drove continual improvement. The provider invested well in a service that could appropriately and comfortably meet the needs of people.

The registered manager had implemented innovative and creative ideas to further enhance people's lives; they developed a volunteer base and links with organisations such as the local British Legion, Lest We Forget. The environment was well developed and appropriately laid out to suitably meet the needs of people with dementia.

There was a clear set of core values which were imbedded in staff practice; these covered being supportive, respectful, professional, taking responsibility having a 'can-do attitude.

Belvedere House

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 27 July 2016 and was unannounced.

The inspection team of four consisted of two inspectors, a specialist advisor, and an Expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service and statutory notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care. We reviewed the provider information return (PIR). This form asks providers to give key information about the service, what it does well and improvements they plan to make. We used this information in the planning of the inspection.

We also reviewed previous inspection reports and information from people visiting the service.

We met with most of the people living at the home. We spoke with 15 people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with four visitors.

In addition, we met with twelve members of care staff, the registered manager and the provider. We reviewed eight people's care files, three care staff recruitment files and staff training records for seven staff. We also looked at records relating to the management of the service. During our visit we sought feedback from health care professionals to obtain their views of the service provided to people; they gave positive feedback.

Is the service safe?

Our findings

One person using the service told us, "I'm perfectly safe here." Another person said, "I am very fortunate to be here." A visitor said, "We trust the staff."

The service had policies and procedures for safeguarding vulnerable adults. Staff were aware of the procedures. Staff completed safeguarding training and were supported with following robust procedures. They were confident that any safeguarding concerns raised would be dealt with appropriately by colleagues and management. Safety was promoted and one of the many ways this was done was by good communication. Procedures staff followed included a thorough handover between change of shift where information was shared about how people were feeling and behaving. Any concerns about people and incidents that may have occurred in the preceding shift were shared with details also recorded on a handover sheet.

The service was a safe place for people, staff and visitors. The building was purpose built over two floors in extensive grounds to provide nursing and residential care for people, including those living with dementia. The building was very well maintained as were the surrounding gardens, and inner courtyards. The maintenance manager worked closely with the rest of the management team and joined in weekly head of department meetings.

Care and support plans for people using the service were supported by corresponding risk assessments. The risk assessments reflected the needs and goals of each individual and covered a wide range of risks. Risk assessments were reviewed at the same time as care plans or in response to any changes or incidents. For example, one person's risk assessments included the risks associated with diabetes, nutrition, skin integrity. The risk assessment clearly outlined the risks, what actions needed to be taken to address the risks. Daily records demonstrated staff followed the management plans. Staff were aware of risks, and the level of risk (high, medium or low), as this was highlighted in computerised care plans.

Staff rotas and staff records tallied with staff on duty. Assessment tools using dependency ratings were used to calculate staffing levels, these were reviewed monthly. The levels assessments showed that hours assigned were slightly above those required. People were very happy with the numbers of staff on each shift. People told us there were sufficient numbers of suitable staff to meet people's needs, and relatives visiting also confirmed that staffing levels were good. Our observations were that there was sufficient staff to respond to people's needs. The manager and clinical lead provided additional nursing support if needed when they were on duty. Health and care staff were supported by domestic, laundry, catering and maintenance staff. There was a full time trainer and two activities coordinators. This ensured nurses and care assistants could concentrate on providing safe and appropriate care and support. Planned absences for training and leave were accommodated within the staff rota. Short notice absences, such as sickness, were usually covered by staff staying on or being called in.

Recruiting the appropriate staff for the roles in the home was central to the success of the service employing staff with the right values and attitudes. Innovative recruitment and appraisal systems were used to

maintain this. We found the service had robust recruitment processes in place to ensure appropriate people were employed. These included checks with the Disclosure and Barring Service to ensure applicants were not barred from working in this environment. There was also evidence of identity documents, references and full work histories.

Medicines, including controlled drugs, were safely managed and securely stored in appropriate conditions. Temperatures of the room and the medicines refrigerator were recorded daily. Medicine's Administration Records (MARs) were up to date. Each MAR was preceded with a clear information sheet identifying the relevant person by photograph, name and room number. In addition essential information such as diagnoses, allergies, and how people preferred to have their medicines was included. Other records recorded medicines coming into the service and their disposal. The medicines we checked tallied with records. Where people were taking medicines that required regular medical checks this was referred to in medicines record. For example, we saw appointments at anti-coagulant clinics for people taking anti-coagulants and heart rate observations for people using cardiac drugs. Medicines were administered by nurses and dedicated staff who received appropriate training and demonstrated their competency. Medicines were checked daily by staff and a monthly audit was completed. The pharmacist had completed a recent six monthly audit of medicines, and a recent compliance audit was completed by an external consultant.

The service was adhering to the Department of Health Codes of Practice for the prevention and control of infection in care homes. Communal areas and rooms were clean and tidy; the standard of hygiene was excellent. Staff understood about cleaning products they used and how to store them safely. All staff had ready access to a plentiful supply of personal protective equipment.

Is the service effective?

Our findings

All reports we received commented on the exceptional qualities displayed by staff who worked in the home. A written comment by the relatives of a person that used the service said, "Every member of staff was always smiling and happy. There was a huge feeling of family and camaraderie throughout the whole building, and this shone through."

Relatives said that they felt staff had the specific knowledge, caring nature and skills to deliver care and ensured that not only people's physical needs were met but also nurtured people's emotional needs. One person said, "The staff do more than just care, they have time to chat with us." One relative visiting told us, "It was a difficult time when moving my elderly parent, their dementia needs could no longer be met in their own home, staff here showed empathy to us, so supportive to all the family as well." A member of staff told us it was a pleasant place to work, and they were pleased to care for people in their old age who had given so much in their youth, they said, "I enjoy working here, there is great teamwork and supportive colleagues."

As staff were mostly long term employees they knew people well and were able to understand their care needs, individual personalities and preferences. The service had a well-developed programme of training. This was specific to the role of the staff member, for example qualified nurses completed professional development and topics such as medicine management and wound care. Clinical meetings took place for nurses to discuss good practice and updates in alerts, NICE and DOH advice. We met with the full time trainer employed in the service; she shared with us the contents of the training and development programme for staff. We saw there was a comprehensive induction which included a new staff member shadowing a senior experienced staff member for a period of time and completing the necessary mandatory training. We met a new member of staff who was undergoing their induction. Experienced staff worked alongside new staff on their induction to provide support and positive role modelling. This continued until new staff were signed off as competent. Mandatory training included subjects such as the service's aims and objectives, safeguarding adults, infection control, health and safety awareness, fire safety and emergency first aid, dementia. The service induction incorporated the national Care Certificate.

The provider had supported staff training and development so that it was more effective. Staff told us training opportunities were excellent, they received suitable training which helped them to provide the care people needed. One staff member said, "The training here is amazing." Records confirmed staff had received their mandatory training and systems were in place to identify those staff who still needed to complete their training modules, a matrix reported on compliance in training areas, these ranged from 94% to 98%. Staff received specialist training. For example, staff had received person centred approach to dementia care, also understanding and positively managing behaviours that challenge. Staff told us they had regular supervision meetings with their line manager to reflect on their practice and their own skills and development. The service was effective as the registered manager ensured training and supervision equipped staff with knowledge on the values and ethos of the home. People told us about the many strengths of the service. A person said, "One of the best things about here is the excellent staff." The manager, provider and staff showed a strong commitment to providing a high standard of care in their discussions with us. The home's appraisal system asked staff to rate themselves against the team worker values, and the core values were

displayed on posters throughout the home. Staff told us they felt valued and appreciated and one of the ways this was reflected was in annual appraisals. Records were kept of these and supervision sessions.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans and daily records were all electronic; these were person centred and current. Some had complex needs and were unable to verbally communicate their views and experiences to us. Staff knowledge of supporting appropriately people with dementia was particularly good in practice. We observed good interaction between people and staff who consistently took care to ask permission before intervening or assisting, and people's consent was obtained where possible before care and treatment was undertaken. Each person had a key worker (nurse) and named care workers to support them maintain good health during their stay. This helped promote continuity of care.

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. Staff confidently made use of the Mental Capacity Act 2005 and used innovative ways to make sure that people were involved in decisions about their care so that their human and legal rights were sustained. There were champions within the service who actively supported staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. People experience a level of care and support that promoted their wellbeing and meant they had a meaningful life. Where people lacked capacity for specific issues the manager had worked together with family members and health and social care professionals to make decisions in their best interests. The records demonstrated where best interest decisions had taken place for people who did not have the mental capacity to make decisions. For example, decisions relating to the use of bed rails to prevent the person experiencing injury from falling out of bed. Staff had received training in MCA and understood the principle of people being able to make their own choices; one staff member said "it's all about individuality and choice."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. Applications had been made appropriately requesting authorisations of these so people's legal rights had been protected.

Links with health and social care services were excellent. Where people had complex/continued health needs, staff always sought to improve their care, treatment and support by identifying and implementing best practice. Communication was good among staff, between staff and relatives and health professionals. The service benefited from this strength, staff were kept informed in a number of ways, including handovers, supervision and team meetings.

Relatives said they had confidence in staff. They called health professionals promptly if their family members were unwell or if they requested to see them. Health professionals reported positively on the service. Visitors told us staff kept them up to date if there were changes in their relative's health, which gave them reassurance that they were being well looked after. One relative posted a review on the website which said, "Mother, came to Belvedere House with severe dementia and because she was becoming increasingly agitated in her behaviour at another home. From the start, the staff were at great pains to make her comfortable and to reassure her. They also took the same trouble to reassure me that they could cope. This was so much appreciated." The service had appropriate equipment in place and this was sought before the

person was admitted. We saw examples of preparation for admission. One person was admitted with broken skin in recent months, they had a pressure relieving mattress supplied in preparation to promote tissue viability and were referred promptly to the tissue viability nurse when they were admitted. Staff then delivered appropriate wound care based on recommendations made. The outcome was the wound healed successfully. We saw the service provided pressure relieving mattresses to any person identified as at risk of developing pressure sore. The care records showed there were also repositioning plans in place to promote tissue viability which staff followed.

People were registered with a local GP who visited twice weekly and came out to emergency calls. We saw from care records and daily progress reports that staff followed their advice; also they contacted the doctor in a timely manner, working alongside them to the benefit of people. Care records showed staff worked with a range of other health professionals, including dentists, opticians, chiropodists and the tissue viability nurse.

Staff were able to describe how their training influenced the way they monitored changes in people's health. For example, it was identified and staff were familiar with people at risk of poor nutrition or dehydration. They had suitable plans in place to monitor and manage these. They recognised the importance of making mealtimes an enjoyable and inclusive event. People living with dementia had support from staff to help them recognise when it was time to eat and drink. People's mood was enhanced from the positive interaction of staff. Staff created a welcoming, relaxing and comfortable mealtime environment, which potentially increased people's social interaction. For those with dementia this made people's mealtime experience more enjoyable and helped to minimise barriers to eating.

The catering manager shared their practice with us; they met each person when they first came to live at the home. They discussed their needs and preferences. They understood the importance of knowing the person, and involved the nearest relative if the person was unable to express their preferences. They provided for a range of specific dietary needs catered for, these included gluten free, diabetic and vegetarian, those with allergies or swallowing difficulties. Nutritional plans held information about people's type of support they needed, which reflected our observations at meal times.

There was a strong emphasis on the importance of eating and drinking well. Innovative methods such as snacks and drinks corners, and positive staff relationships were used to encourage those who were reluctant or had difficulty in eating and drinking especially those with dementia. This approach made sure that people's dietary and fluid intake needs were appropriately met. People were positive about the quality of the meals, with numerous people commenting the food was excellent with a choice at each meal and good portions. Relatives had the option of staying for meals and commented positively on the quality of the food. Taster sessions were held regularly for people so that they could feedback the most popular dish. Several people required support with their meals and drinks; staff practice ensured their dignity was respected while they ate. Staff made eye contact and spoke as they supported the person making sure it was a meaningful interaction, and not a task, and support was at the pace suited to the person.

Dining experiences were positive; the first floor dining room has been adapted to include a full servery enabling direct service of hot food to people of the menu choices and quantity they wish. The ceiling of the dining room had been fitted with acoustic tiles to reduce noise and enhance the dining experience for people and their guests. Discussions with care staff showed they recognised the individuality of each person. Staff checked with people if they were enjoying their meal and had enough to eat. Staff worked together as a team and tried different approaches. For a person who was sleepy they spoke with the relative and decided to return later with a meal for the person who by then had become more alert.

The premises had memorabilia in the home of a nautical and naval theme appropriate to the client group. Of particular note was a reminiscence lounge. This lounge provided a large safe environment for people. It allowed them to feel able to interact with the exterior of the home with large glazed areas overlooking the entrance to the home so people could see visitors coming and going. The home had a purpose built dementia unit which had a safe and secure access to internal sensory gardens, for people to enjoy the outdoors in a calm, safe and comfortable setting. Staff had developed memory boxes with people based on specialist dementia advisors guidance; these were used to help people reminisce. For example, a person who had spent many years overseas in the forces had small replicas of the soldiers. People reflected on the positive impact the quality of the environment made to their well-being. There was an easy to access garden which was well laid out to provide an interesting and safe outdoor area for people to wander and relax. A person said "it was home from home." A relative talked about the, "The buzz they felt and the happy atmosphere of the home." A staff member said, "It is so important for the home to feel like your home."

A tour of the home with the manager and our conversations with the provider clearly demonstrated their commitment, to provide an environment that enabled people to be as independent as possible, and with facilities for couples who chose to spend time together and share accommodation. The provider had sought specialist advice on the selection of colours, lighting, flooring and furniture, and made changes such as a lounge extension based on specialist recommendations. For example, hand rails and wooden flooring to help reduce the risk of falls and to help people walk more independently with their aids.

The provider also had a sheltered housing unit on the site, the community welcomed people who came to events at Belvedere House, and some came daily for meals or to spend time with people (their spouses) who lived in the home. One person visiting told us this arrangement worked well and they were happy they could spend every day with their spouse who needed nursing care.

Is the service caring?

Our findings

People praised the atmosphere of the home; they described it as, "a happy safe haven". People said there was a strong caring ethos amongst staff members regardless of their role. Members of the team from maintenance to housekeeping demonstrated a commitment to caring for people living at the home, each one played a key role in achieving this.

There were numerous positive messages about the home on the website the following are some posted by relatives, "My father, who is ex-navy, is extremely happy at Belvedere House. It looks like a cross between a 'navy club and a cruise ship' according to him. The staff are all lovely, cheerful, and caring. I think it is very important for those with dementia." "I have found all of the staff courteous and helpful at all times." "The patience and care from staff assist my relative to value life. The opportunity to have her hair and feet attended to is something that I know they appreciate."

The routines of the service and staffing levels in excess of requirements promoted opportunities for staff to deliver quality time with people; interactions with people were engaging and positive. When staff spoke with people they listened actively to what was said and checked they understood. For example, a staff member reminded a person about the purpose of the support equipment when walking. Staff were attentive to people's body language, particularly for people who were not able to communicate verbally, and checked with them if they had interpreted their mood or needs correctly. Staff showed sensitivity and were consistently caring, in their interactions with people they used eye contact, they gave people time to respond exploring further what people had said so they understood them. Staff were warm in their approach and reassured people by placing their arms on their shoulders or embracing them in a comforting way. Staff showed interest in people's lives, they understood people's preferred routines, likes and dislikes and what mattered to them. Music featured in people's everyday part of daily life. The music and films shown reflected the different ages and experiences of the people living at the home, most had seafaring connections. The home had a large reminiscence room which had memorabilia that appealed to people. It had displayed life size models wearing various naval and forces uniforms over the years, photos of seafaring exhibitions, and various marine equipment, the windows in in one lounge area were the shape of portholes. These were the subject of conversation for many as they helped remind people about their many years at sea.

People could welcome family and friends as they would have done at their own home, we saw they were able to entertain family members and guests within comfortable communal areas because of the design of the communal space, there was also a licensed bar available for use.

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. People told us staff had outstanding skills, and had an excellent understanding of their social and cultural diversity, values and beliefs that may influence their decisions on how they wanted to receive care, treatment and support. Staff knew how to meet these preferences and were innovative in suggesting additional ideas that they themselves might not have considered. This meant that people had an enhanced sense of wellbeing

and exceptional quality of life.

Professionals visiting the service reported that staff focused on providing person-centred care and it achieved exceptional results. Ongoing improvement was seen as essential. The service strived to be known as outstanding and innovative in providing person centred care based on best practice.

People told us they liked to be independent and that this was encouraged. Staff did not rush but took time to engage with people in a meaningful way. For example, on many occasions we saw staff stopping to check how people were feeling when they seemed withdrawn or sitting away from others. One person liked their own company, relatives expressed concerns about this and asked staff to help encourage them join in events. We saw that staff made the person aware of the activities taking place but they respected the person's views not to engage in the activity. This demonstrated that staff encouraged and supported people to follow their own choice.

The registered manager was a positive role model for promoting people's privacy and dignity. Information about people living at the home was shared with us sensitively and discretely. Staff were careful to protect confidentiality, they did not share information in communal spaces to maintain people's privacy. Staff spoke respectfully about people and showed their appreciation of people's individuality and character. They knew people's background history and the events and people in their lives that were important to them. We saw these details were recorded in people's care plans. Staff recognised when people would benefit from physical contact, for example providing hand and foot massages or a reassuring embrace. One person told us they appreciated the affection of staff; they were at ease and relaxed with them. People looked comfortable in their surroundings, for example sitting having coffee in the communal area or the bar, and chatting amongst themselves.

The manager shared with us the emphasis they placed on keeping people out of hospital and the work in progress, allowing people to die at home with dignity and in line with their preferences. The service demonstrated this commitment to supporting and ensuring that people who chose to could spend their final days at Belvedere House. Staff received training to enable them provide this to a high standard, and there was further training planned for staff. The service worked closely with a local hospice for staff to learn and share good practice. End of life care was provided in a dignified way. There were meetings with people and their relatives to explain what the service could offer in those circumstances and seek their views to develop suitable advanced care plans. One relative commented on the external website, "I couldn't have asked for better care and attention both for my parent in their last weeks and days and for myself as well – staff always found time to ask me if I was alright, Staff offered me support throughout mum's last days. This is a really special place. I was offered endless sympathy and encouragement." For people that wished to the families of deceased residents were offered the option of having a 'wake' at the home, the home provided the food and choice of menu, and of having the funeral procession leave from the home. The staff formed a 'Guard of Honour' for the procession.

Is the service responsive?

Our findings

People complimented the service for the exceptional way it cared for people, comments received, "This place is amazing, it is so good, I wouldn't want to leave it" and "You will go a long way to find a place like this." Staff consistently reflected person centred care in their practice; we saw this was totally responsive to individual needs. Staff understood the needs of people; they were skilled and knowledgeable at recognizing changes and responding to these promptly when people's needs and moods changed. Staff also recognised the needs of relatives. One person said, "The staff do more than just care for those living here, they have time to chat with us." A relative commented on a survey, "It was a difficult time when moving my elderly parent with dementia, staff here showed empathy and were supportive to all the family as well."

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. The arrangements for social activities, and where appropriate education and work, were innovative and met people's individual needs. We saw the service considered activities that worked best for people. For example Seafarer's Suppers- the home introduced a series of "Seafarers' Suppers" this involved bringing the restaurant experience to the home by offering people a range of dishes from a particular country. People could also invite family members along to have dinner together and take part in the fun. The initiative was developed after an Italian-themed event saw people (residents) and their families enjoy time together, sampling various Italian delicacies. These now took place every two months. The impact of this was the beneficial effects for people with dementia who often found going out to events uncomfortable or distressing. The themed dinners were an innovative way of providing them that experience and possibly food they haven't tried before in a comfortable, safe and familiar environment surrounded by their friends and families.

Care arrangements in place were reviewed on a monthly basis and arrangements were tailored accordingly, staff delivered care that was required. People's care plans included information about their life history, hobbies and interests which staff shared. The consistency of staff meant they got to know people, their interests and the people important to them; they demonstrated in practice by their actions they knew people well. Relatives were invited every six months for a care review. A family member told us they had been involved in assisting their relatives with planning their care, which was reflected in information in care records. A staff member said, "Because of dementia there are times it can be difficult to communicate effectively with the person, and so we ask other family members to help us get to know the person better, this knowledge helps our understanding of the person"

The service considered what worked well for people and took on board suggestions. We observed people were able to engage in a number of events and activities that considered their abilities and capacities. Where people with varying forms of dementia were unable to express verbally how they felt staff recognised this. We observed how quickly they recognised and responded to people's body language. For example when people became restless staff encouraged them to walk about the home or the garden, or engage them in a suitable form of stimulation.

Staffing levels were generous and enabled staff give people quality time. We saw staff had a person centred

approach as they spent time talking with people and turning their attention to appreciate the garden, or items of memorabilia on display with pictures of interest to them such as important figures in history. Staff had outstanding skills with an excellent understanding of their social and cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, treatment and support. Staff knew how to meet these preferences and were innovative in suggesting additional ideas that they themselves might not have considered. This meant that people experienced an enhanced sense of wellbeing and exceptional quality of life. People's expressions showed they were happy, there was soft music playing in the background. We observed one person was inspired by a musical being played; they sang each word of the song in harmony and smiled when they finished. Others present in the lounge responded positively, joined in and became more attentive; one person smiled and told us it took them back to their youth.

A person was enthusiastic about his lifestyle in the home saying, "I enjoy it here, we have a rose garden, BBQ's, boat trips on the river Thames, concerts, exercises and a guitarist comes in weekly and we also have a bar here that opens every day." The atmosphere of the home we found was calm. Staff worked well as a team while maintaining a relaxed and unrushed approach. Facilities that people used included a number of lounge areas, two courtyard gardens with seating areas. We observed that people who became restless were encouraged to use the other facilities. There was also an attractive hairdressing and beauty treatment room complete with magazines. We spoke to two people waiting to have their hair styled; they told us they enjoyed the facilities and, being pampered without leaving the home.

People completing reviews on an external website rated the activities as "Outstanding". A comment posted on the website read, "Management and staff always available for advice or a reassuring word. Care staff at all levels were always there to help and support all of us - mother, myself and the family." We saw that the staffing structure enabled care staff to focus on individuals and this was regularly reviewed.

We saw that the home followed national guidance to ensure people received care that was based upon best practice. The National Institute for Health and Care Excellence (NICE) 'Quality standard for supporting people to live well with dementia' states that it is important that people with dementia take part in leisure activities that are meaningful to them. An example of this was the staff's acknowledgement and encouragement, they respected people's need to spend time walking around the home and garden. Relatives and staff told us that people were not restricted from walking around the home. One staff member said, "People use the garden during the day because it's a safe space"

There were two activities organisers who run an extensive programme of events within the home seven days a week. The service had a number of volunteers who worked with people to enhance the service. Through our conversations with people and examination of residents' meetings minutes, we saw that people were able to influence what was provided. We noted, for example, that the home held regular menu taster sessions in order to ascertain which food people liked. The home also had its own minibus and ran frequent trips to venues and events in addition to running a bar and internet cafe at the home. Some people were also in receipt of weekly massage and reflexology sessions, we observed these in progress during the inspection, we noted a person's sense of wellbeing was improved following this treatment.

The manager shared with us how they made a real difference to people who may be disadvantaged. They told us that lifestyles such as when people lived at sea for many years it frequently impacted on retaining family and personal relationships. To address this management had developed good community links, they had a volunteer base to ensure that there were lots of visitors for people with no relatives; this included local schools. The manager established links and had connections with many ex-servicemen's organisations and was supported by them, for example Not Forgotten Association and Lest We Forget Association. Volunteers helped enhance the service by their presence. There were opportunities for many outings and functions,

including Buckingham Place garden parties and Wimbledon for tennis. All birthdays, religious and social events throughout the year were celebrated as they occurred. People that wished to were able to celebrate an event with members of their family and friends, and small parties were arranged and catered for.

Visitors told us they were always made to feel welcome when they visited. A relative said 'I can visit any time, and usually get offered a cup of tea.' Other visitors said staff had welcomed them to stay for meals with their relative. Relatives said there was good communication between them and staff, and they were kept fully informed by attending six monthly reviews and involved in their relatives' daily life. This was a common theme during our conversations with relatives. Staff valued people's family relationships and welcomed their input and contribution to the person's state of wellbeing. People in turn valued staff who cared for them. Two of the people described staff as "Exceptional nurses."

People were actively encouraged to give their views and raise concerns or complaints. The service saw concerns and complaints as part of driving improvement. People's feedback was valued and people felt that the responses to the matters they raised were dealt with in an open, transparent and honest way. Investigations were comprehensive and the service used innovative ways of looking into concerns raised, including the use of people and professionals external to the service. This helped to make sure there was an independent and objective approach. There was information about how to make a complaint; and timescales and response times; this was displayed on the electronic information board. Visitors told us there were no barriers; they could voice concerns/complaints as part of a general conversation.

Is the service well-led?

Our findings

Throughout our visits we saw staff and people engaging together in a relaxed and comfortable manner.

Staff were enthusiastic about their roles and showed their commitment in practice, and by their long service at Belvedere House. They commented, "The manager is very supportive, the work here is so rewarding and enjoyable." and "I like my role, I feel very supported by the manager, their open good door policy is excellent for people who use the service and for staff." The manager made sure through good support and supervision networks the service visions and values were used in a very practical way, this helped ensure staff were all working to the same goals. This underpinned the achievement of individual goals and a positive outcomes for people. Governance was a key factor in continually driving improvements. This was overseen by the house visiting committee, and made up of trustees and senior management who spoke with people individually when they came to the home.

A family member told us of the role played by the registered manager in supervising and supporting staff, they said, "The manager is thorough and always listens to what one says; she is so reliable and always keeps us informed." We saw that people knew the manager well and approached them for advice throughout our visits. Staff members told us the manager had a strong visible presence. Comments posted on the website as follows, "Throughout the four years my mother resided there the manager was a constantly reassuring presence. We never saw or heard any unkind comments or treatment to the residents. This I believe is due to the manager employing the right staff."

The registered manager was awarded Registered Manager of the Year in 2014 (Registered Nursing Home Association). The manager was an experienced nurse who worked in the home prior to management appointment. The management team included a full time business manager; the responsible individual (chief executive) worked on site three days a week supporting the manager. Comments posted on the website as follows "The management set high standards for their staff and, because they are well respected, their staff rise to the challenge."

The service sustained outstanding practice and improvements over time and worked hard towards achieving recognised accreditation schemes. There was a proactive support system in place for staff that developed their knowledge and skills and motivated them to provide a quality service. The service had innovative and creative ways of training and developing their staff that made sure they put their learning into practice to deliver outstanding care that met people's individual needs. The service worked in partnership with other organisations to make sure they were training staff to follow best practice and where possible, contribute to the development of best practice. For example staff worked closely with the hospice team to develop good end of life care. The manager worked in partnerships with colleges and offered apprenticeships. The home had a 'grow our own' policy proven successful by the home manager, who has been with the home for 30 years, joining as a staff nurse.

Staff morale was high with staff highly motivated and committed to their role. They described how much they felt valued as staff members and were proud to work at Belvedere House. In December 2015 staff

completed a survey, the results showed that 95% experienced positive job satisfaction, 97% felt that their manager and the senior managers visibly demonstrated a commitment to quality. Residents and relatives meetings were held six times per year to enable them and to help the management to develop the service. Staff described the open forums at staff meetings. Suggestions and ideas were taken up, for example a staff member thought it would be useful for people to keep their own weekly menu in their rooms, this initiative was implemented.

The service showed that it worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service. The provider invested the resources well and as required in the service to champion quality. They continually strove for excellence through consultation, research and reflective practice. In 2015 the Home won the Green Award. In judging this award, the main criteria included seeking out businesses which have really challenged themselves to operate more sustainably and to manage their environmental impacts. The staff team had a dedicated dementia champion who held regular sessions for families of those experiencing dementia, one of the volunteers was also trained as a dementia champion. Further training was on-going for care staff in this area.

The service was participating in a research study with a university into the effects of live music for people living with dementia; the study had not been completed when we visited. Staff were eager to explore what could benefit people with advancing dementia, they spoke of their interest and the SCIE report on the impact of music on people who had dementia or were cognitively impaired. They were pleased to report their own observations and the positive outcomes for people. They told us of the impact of using music and how it was a positive intervention for people with dementia. They had observed music and song improved communication for some with memory impairment. It enabled individuals to share things they had in common, and recall events from periods in their lives through song from pre and post war periods. Staff recognised for the majority this had enhanced individual's mood and cognitive function, and there were signs of improved well-being. Relatives commented positively on the beneficial effects of music to people's mood and state of wellbeing. One person visiting told us their relative "came to life" and becoming less agitated when their kind of music was played.

In our discussions with the manager they demonstrated a good awareness of the culture of the team. The manager allowed for peer mentoring, giving employees the encouragement to learn from each other's strengths and develop themselves professionally. There was a clear set of core values which were imbedded in the recruitment, induction and appraisal processes. The core values covered being supportive, respectful, professional, taking responsibility having a 'can-do attitude. Staff demonstrated they understood and shared the, culture, vision and values of the service. Records of meetings showed that challenges were discussed and dealt with at staff meetings of all levels. Staff told us they were not afraid to challenge or raise concerns if they observed staff not upholding the core values. Staff found managers were open and transparent about the reasons behind decisions taken about the home.

Staff who worked in roles other than in care said they felt valued and included as part of the team. They told us there was also good communication between staff with different roles to ensure people's care and safety was maintained. They had regular meetings with heads of departments and the registered manager. We saw many examples of excellent teamwork where all team members worked together with the aim of making life worthwhile for people, for example special celebrations. The following comment was posted on the NHS website, "Care staff at all levels who were always there to help and support all of us - Mother, myself and the family. Cleaners who kept the rooms, bathrooms and communal areas spotlessly clean. Maintenance and ground staff who kept the rooms in tip-top condition and the large grounds immaculate I can honestly say that everyone was excellent. This is an Outstanding Care Home that really cares! "

Staff attended workshops and seminars held to support CPD (continued professional development). The home was a member of the RNHA (Registered Nursing Home Association) and senior managers attended their workshops each year. They used the RNHAs quality system tool to audit monthly on different aspects of managing the service, this included policies and procedures, risk assessments, care plans and medication. The audits helped identify if there were any gaps in the care provision, such as incomplete fluid or food charts, repositioning and wound care. We looked at records of the regular audits by an external auditor of care and safety issues; these demonstrated how the registered manager and provider ensured the service was safe and provided high quality care. They also checked the audits for housekeeping and maintenance completed by other staff to ensure standards were being maintained.

The level of care provided at Belvedere House was audited by an independent care consultant and continually showed excellent results. They recognised good practice in-house by holding award ceremonies, staff found this was motivating and fulfilling. They also recognised long service to the Society. The care team were finalists in the Surrey Care Associations Care Team of the Year award in November 2015. Belvedere House were the winners of the Green Award in the Surrey Business Awards, April 2015. One of the long standing volunteers won the Surrey Care Association Unsung Hero Award in November 2015. In 2015 the home was presented with a new Royal Charter in recognition of providing 150 years of service to seafarers.

The registered manager and provider (chief executive) oversaw the care given and provided support and guidance where needed. There was a positive and open culture led by the registered manager, who provided good leadership. Relatives described being able to visit without restrictions, they felt the standard of care was always consistent as whenever they visited the atmosphere was welcoming and friendly.

Records were well maintained and organised in a structured way so that information was easy to find. The service had invested in electronic recording which was found to lead to more efficiency. Communication was excellent, there was an electronic information board in main reception area, it communicated activities, menus, and information was displayed on how to make a complaint or comment and an introduction to team.

Annual resident surveys for residents included questions relating to their care. In December 2015 the annual survey result showed that 99% of respondents were satisfied with the care they or their family member received, 100% were satisfied with their rights and 99% were satisfied with their access to staff.

The manager had a clear understanding of the key values and focus of the service and placed a strong focus on equality and diversity issues. This was apparent when they spoke about their future plans for the service as well as the day to day experiences of people living at the home. They were able to reflect on past decisions and consider if anything could be done differently, which highlighted their person centred approach.