

St Bernards Residential Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 28 January 2016 and was unannounced.

St Bernards Residential Care Home Limited provides care and accommodation for up to 43 older people. There were 39 people living at the home at the time of our inspection, of which a small number of people lived with dementia. The home had recently been extended and refurbished to further enhance the living environment for people, to include people who lived with dementia. The extension had been designed based on research and best practice from national and international exemplar services in order to ensure best practice principles.

The home was compliant with our regulations at the time of the last inspection in August 2014.

A registered manager was 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 were at the heart of the service. The provider's philosophy, vision and values were understood and shared across the staff team. People were supported to maintain their purpose and pleasure in life. The provider and staff team were passionate about providing high quality care tailored around people's individual needs and preferences and spent time to understand the experiences of people who lived at the home.

The provider was innovative and creative and constantly strived to improve the quality of people's lives, by working in partnership with experts in the field of dementia and 'person-centred' care, to ensure best practice based on recent evidence based research. There were processes to monitor the quality and safety of the service provided and actions were taken to drive continuous improvement for the benefit of the people who lived there. This was through regular communication with people, visitors and staff, surveys, checks on the staff team to make sure they worked in line with the provider's policies and procedures and a programme of other checks and audits.

People and their relatives told us that staff were extremely kind, caring, thoughtful and compassionate, people were afforded privacy and treated with dignity and respect. They told us they believed this constituted outstanding care. People told us they had formed excellent relationships with the provider, staff team and other people who lived at the home, built on trust and respect.

The provider and staff team were passionate about ensuring people were involved in decisions about their care and how they led their lives. Staff took time to understand people's life stories, so that people received support in the ways and at the times they preferred. Staff were creative in supporting people in ways that supported their individual needs. Should people lack capacity to make their own decisions, staff understood

the principles of the Mental Capacity Act (MCA) and their advocates or families and other health professionals were involved in making decisions in their best interests. Staff obtained people's consent before they provided care and support.

Staff with a range of skills were available at the times people needed them to receive support in all aspects of their lives. Staff had received training so that people's specific care and support needs were met and we saw that this was put into practice. Staff told us the provider proactively ensured they had many opportunities to further develop their skills and knowledge. Staff told us they felt supported and valued by the provider and that they prided themselves on providing high quality care. They told us they were able to share their views and opinions about the service and any suggestions put forward were acted upon.

Staff understood their responsibility to safeguard people from harm and had a good understanding of who to report concerns to both within and outside of the home. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence. Staff had a good understanding of how to support people at these times.

People told us that staff encouraged them to remain as independent as possible and that they were supported to pursue their hobbies and interests. People were supported to maintain relationships with people important to them. Visitors were welcomed at the home and were encouraged to be actively involved in people's lives.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was promoted and maintained. Wherever possible staff supported people to retain responsibility for their own health. Medicines were managed so that people received their medicines as prescribed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were available at the times people needed them, in order to meet their care and support needs. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's care and support needs because the provider ensured training was delivered in a way that met staff member's individual learning styles and the specific needs of people who lived at the home. Staff understood the principles of the Mental Capacity Act 2005 and care workers obtained people's consent before care was provided. People had a choice of food and drink which met their nutritional needs, and their health care needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who people considered were extremely kind, caring, thoughtful and compassionate. The provider and staff team encouraged people to take pride in their lifetime's achievements. People were encouraged and supported to live with meaning and purpose every day. Care workers respected people's individuality and encouraged them to maintain their independence in accordance with their abilities. Care workers ensured they respected people's privacy and dignity. People received care and support from care workers that understood their individual needs. Visitors were welcomed at the home and were encouraged to be actively involved in people's lives.

Is the service responsive?

Outstanding ☆

The service was very responsive.

The provider and staff team were passionate about ensuring people received care that was personalised to them. Staff were creative in supporting people in ways that supported their individual needs. People were supported to pursue their hobbies and interests and were actively encouraged to engage with the local community, and to participate in new experiences. People were given opportunities to share their views about the care and support they received and actions were taken in response to suggestions made. Complaints and concerns were dealt with promptly and actions were taken for the benefit of people who lived there.

Is the service well-led?

The service was very well-led

The provider's philosophy, vision and values were shared by all the staff, which resulted in a culture that valued people's individual experiences and abilities. The provider worked with other organisations and implemented innovative ways to improve people's experience and the quality of the service, using best practice based on recent evidence based research. The provider and management team had an excellent understanding of their roles and responsibilities, and had effective systems in place to monitor the quality and safety of service provided. Staff felt supported and valued within their job roles and able to share their views and opinions about the service. People had opportunities to put forward their suggestions about the service and these were acted upon in order to drive continuous improvement in the home.

Outstanding 

St Bernards Residential Care Home Limited

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 28 January 2016 and was unannounced.

The inspection was undertaken by two inspectors and an expert-by-experience. An expert-by-experience is someone who has knowledge and experience of using, or caring for someone, who uses this type of service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information as part of our inspection planning. We found that information provided within the PIR reflected our inspection findings.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with commissioners of the service who gave us extremely positive feedback about the service provided. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with 14 people who lived at the home, eight relatives, and 12 staff members. This included the providers, duty managers, care workers, administrative staff, the head chef and maintenance person. We spoke with four health and social care professionals involved in the care of people who lived at the home.

A small number of people were living with dementia and were unable to share their experiences of the care

and support provided. We therefore spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed four people's care plans to see how their care and support was planned. We looked at other records related to people's care and how the service operated. This included checks the provider and management team made to assure themselves that people received a good quality service and feedback received from people and their families.

Is the service safe?

Our findings

People told us, and we observed, staff were available at the times people needed them. One person told us, "Staff are always around when I need them." A relative told us that staffing levels were flexible and ensured that there were enough staff available. They said, "Staffing levels go down during the weekend, but at the same time some people go out with relatives and others are visited by relatives."

The provider employed staff with a range of skills to support people with every aspect of their daily lives, such as care workers, activity workers, housekeeping staff, reception staff, waitresses and maintenance staff. We asked staff whether they thought there were enough of them to meet people's needs. All staff we spoke with told us they thought there were definitely enough of them to support people whenever they needed them.

The provider told us they were confident they provided more than enough staff to meet the care and support needs of the people who currently lived at the home. Staffing was based on people's care dependency levels and was flexible according to people's needs and preferences. For example, additional care workers were on duty in the evening and early morning to ensure people were supported to get up and go to bed at the times they preferred. The provider told us there were currently no staff vacancies and that staff turnover was very low, with some staff having worked at the home for many years. They told us that the mix of existing and newer staff worked well as all staff were encouraged to voice their opinions and put their suggestions forward about the service people received. They told us they viewed it positively when new staff members brought new ideas for the benefit of people who lived at the home.

People told us they felt safe at the home because the premises were safe and secure. A person said, "There is only one entrance so we are not afraid that people can get in from any access." Another person told us they felt safe at the home because there were, "People around me so I am not alone."

Potential risks to people had been identified and actions taken to minimise them, so that people were kept safe. Staff had a good understanding of risks associated with people's care and the activities they undertook. People's care plans included assessments of risks related to their nutrition, skin damage, falls and moving and handling. The risk assessments were regularly reviewed to ensure they reflected people's current care and support needs. Risk assessments identified any equipment needed, such as hoists and slings, and the actions care workers should take to minimise the risks. Care workers had a good understanding of the specific equipment to be used. Where, for example a person had been identified as being at risk of skin damage, equipment such as pressure relieving cushions and mattresses were provided. A number of people chose to wear call bell 'pendants', for example, when out in the garden. One person told us they felt reassured by this because it meant they could call for staff assistance at any time.

Accidents, incidents and falls were recorded and analysed to identify any trends. Risks or learning points identified as a result of the analysis were shared with the staff team to ensure they understood how to minimise the risks of a re-occurrence. People were referred to external healthcare professionals as required, to make sure specialist advice was obtained in how to reduce the risk of further accidents and incidents.

Records of accident and incident audits showed the number of accidents that had occurred was low, despite people being encouraged to take positive risks about how they lived their lives. This demonstrated that care workers had a good understanding of how to minimise risks.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. Staff had a good understanding of the provider's safeguarding policy and told us they had received training in how to protect people from the risk of harm. Staff knew how to recognise the signs of potential abuse and the process for raising concerns with the local safeguarding authority. Records showed that incidents of a safeguarding nature were reported and acted on appropriately in order to protect people from harm.

The provider's recruitment procedures included checks that care workers were safe to work with people who lived at the home. A recently recruited care worker told us they had to wait for their police checks and references to be completed before they could start working at the home.

People told us they were happy with how they received their medicines and that they had chosen for staff to support them with their medicines management. No one had chosen to self-administer their own medicines. However we saw staff encouraged people to be as independent as possible, for example when supporting a person to use an inhaler.

Prior to our inspection we received information about a small number of medication errors. These errors had resulted in some people not receiving their medicines as prescribed. In response to the errors, the provider had checked people had not experienced any ill effects and had taken action to reduce the risk of further errors. Further training had taken place for all staff responsible for the administration of medicines. Additional staff had also undertaken the training so that more staff were available to administer people's medicines. There had not been any further incidents since actions had been taken.

Staff told us they had built up a good relationship with the pharmacy whose service they used, so that medicines were available when people needed them. Medication administration records were clear and showed that people received their medicines as prescribed. We observed staff administer medicines and saw they took their time with people and explained what each medicine was for. A number of people were prescribed medicines 'as required' (PRN). For each 'as required' medicine, an individual medicine plan had been written so that staff had guidance about when to administer the medicine and the amount to give. This ensured medicines were given consistently when required, and was particularly important for people who were unable to communicate verbally.

Arrangements were in place to check the premises and equipment were maintained and safe to minimise risks to people's physical well-being. For example, in relation to fire safety equipment, hot water temperatures, electrical and other equipment, records showed all checks were up to date and no issues had been identified. Fire drills were held regularly so that staff knew what action to take in the event of an emergency.

Is the service effective?

Our findings

People told us care workers had the skills and knowledge to meet their needs. They told us care workers took the time to get to know them and they felt confident they were competent in the care they provided. One person told us, "Staff know what they are doing." A relative told us, "They provide great care."

All staff members completed an induction when they first started to work at the home, which prepared them for their role before they worked unsupervised. The induction programme had recently been revised in line with the Care Certificate which was introduced by the government in 2015. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from care workers within a care environment. The provider told us they had secured a tutor to come into the home to deliver the Care Certificate training. They told us they had chosen to provide the training this way as they felt it would be effective along with online training, so that all staff training needs and learning styles were supported. This was undertaken alongside the provider's own induction entitled, 'St Bernards Individual Care.' The emphasis of the induction was on providing individualised care to meet people's needs and preferences, in line with the provider's value of 'person-centred' care.

New care workers told us the providers, management and care worker team supported them and helped them understand their roles and responsibilities. They told us they worked alongside experienced care workers until they felt confident to work independently. Staff were given information about the provider's policies and procedures so they worked consistently and in line with these whilst undertaking their roles and responsibilities. Duty managers told us that they checked care worker's ongoing knowledge of the policies and procedures during staff supervision sessions (individual meetings between the member of staff and their line manager) and during staff team meetings.

Staff received on-going training the provider considered essential to meet people's care and support needs, in order to provide 'person-centred care'. The provider ensured training was arranged around the staff team's availability to maximise attendance. The provider's human resources administrator told us, "Staff training is geared to people's needs. Times are arranged around the staff team's shift times. Staff are paid for training." Recent training included, dementia awareness, 'person centred' care, nutrition, infection control and skin care. The provider ensured that other bespoke training was provided for staff, for example in the use of the interactive application 'app' used to record the activities people had taken part in and daily meal choices. Staff had also received training to become 'trainers' on a number of subjects, such as fire safety, safeguarding and 'person centred' care. This was so that training could be cascaded to the rest of the staff team in a timely way.

The provider told us, to assist staff to put their training into practice, "We ask care workers to be a 'resident' for the day, so they can experience and really understand people's needs." We saw that care workers had put their training into practice. For example, in relation to moving and handling, we saw that care workers supported people to move in a safe and encouraging way. A staff member told us that a person who lived at the home had attended a fire safety course so that they knew what to do in the event of an emergency.

A plan for staff training throughout the year was in place and the management team regularly checked that care workers had the skills and knowledge to meet people's care and support needs. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal, and further training was arranged.

The provider was passionate about providing high quality dementia care and ensured that the staff team had the skills and knowledge to provide this effectively. The provider had developed links with the Alzheimer's Society and all staff had attended training to become 'dementia friends'. This is an initiative to provide people (and staff) with an understanding of dementia and the small things that could make a difference to people living with dementia. The provider had also developed links with other organisations such as Skills for Care. This was in order to access guidance and training to further develop the skills and knowledge of staff providing care at the home.

Staff told us they felt supported within their job role and regularly met with their line manager for the 'one to one' meetings and attended annual appraisal meetings. They told us the meetings gave them the opportunity to discuss their work performance and training and career development needs. Staff told us they felt confident to speak with the providers or management team at any time. Staff team meetings were also held regularly. Records of staff meetings showed discussions focused on staff issues, and how best the staff could support people who lived at the home. This gave staff the opportunity to make suggestions about improving the service provided to people who lived at the home. Staff members told us they felt confident to put suggestions forward and they were acted on. For example, a care worker told us they had made a suggestion on how to improve the staff 'handover' sheet, in order to make it more 'person centred'. Their suggestion was taken forward and the 'handover' sheet was amended accordingly.

Systems for communication between the staff team were effective, which ensured a continuity of care for people who lived at the home. Staff 'handover' meetings (meetings held when one staff shift finishes and another starts) and 'communication books' were in place to keep care workers updated about the care and support people required. Staff memos were used to communicate information to the staff team in between group staff meetings. The memos included information relevant to care workers such as training and development opportunities and updates of the provider's policies.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. 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.

The provider and staff team understood the requirements of the Mental Capacity Act (MCA) 2005. We saw that mental capacity assessments had been undertaken as required, which determined whether people could make informed decisions about various aspects of their lives. Care plans contained information as to whether people had capacity to make certain decisions, and if not, which decisions they needed support with or should be made on their behalf in their 'best interest'. Records showed recent examples of where best interest meetings had been held with people's families and health and social care professionals as appropriate, for example in relation to personal care.

Care workers had an understanding of the principles of the Act and how this affected their practice. Care workers understood the importance of obtaining people's consent prior to providing care and support. Our observations and discussions with the staff team provided us with many examples where people were

encouraged to make decisions and choices about their daily lives. This included how and where they spent their time; where they preferred their meals to be served; and the times they chose to get up in the morning and go to bed at night. People told us how care workers supported them to make choices, for example such as what they wanted to wear and what they wanted to eat.

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). Staff understood their responsibilities in relation to DoLS. A duty manager told us, "We have just received further training about DoLS and we are assessing to see if any further referrals need to be made."

People were supported to maintain a nutritionally balanced diet that met their needs and preferences. People had a choice of meals, and alternatives to the main meal options were offered. The menu choices of the day were displayed on the computerised notice screen in the reception area and menus were on the dining tables for people to read. People were actively involved in menu planning and mostly gave us positive feedback about the quality of food provided. One person said, "Food is good," and another said "I am not fussy and I am glad to have something to eat." A visitor told us about a recent occasion when their relative went to a hospital appointment, staff had ensured that their meal was ready for them when they returned home. The same relative told us they had seen staff give snacks to people in between meals. Positive feedback had also been received from a relative about the quality and choice of food provided via a national care home website, which stated, 'The food is excellent, healthy and varied. Even on days when my father lacks appetite, there is always something to tempt him and sometimes soup is made especially for him.'

People were supported with their dietary preferences and needs related to their health, religion and culture. For example, diets including vegetarian, diabetic and gluten free were provided. On the day of our inspection we saw that four different meals were being prepared at lunch time, including a different meal for a person who was not feeling well. The main kitchen was managed by an external catering company, who worked closely with the provider's staff team. The chef told us they were provided with information about people's individual dietary needs and preferences. They said, "We have a communication book in which staff share any information related to the dietary needs of people who live at the home, so we are kept up to date about any changes or requests." Records showed people were weighed regularly and staff monitored people's food and fluid intake if they were assessed as at risk of poor nutrition. People who were assessed as at risk of poor nutrition, were provided with fortified food, such as full fat food products and were offered regular snacks. A community dietician gave us a recent example of how the provider's staff had proactively sought advice for a person who was at risk of weight loss and did not enjoy milk based nutritional drinks. The dietician told us they had given the staff a recipe for ice cream and said, "One of the seniors really liked this idea and took the recipe book straight to the kitchen and requested that they try this with the resident."

Staff had a good understanding of people's specific dietary needs and we saw that they supported the small number of people who required additional encouragement during meal times, at their own pace. Adapted crockery was provided as required so that people could eat their meals independently. Red wine was served with their meal if people wanted this and staff responded instantly when called to provide assistance. People had a choice of where they were served their meals and staff sat with people and shared lunch with them, promoting a social event.

Information in the PIR stated, 'We are supported by local district nursing teams and a 'virtual ward' team made up of experienced nurses and health care assistants. The team visit our home every Tuesday to assess residents and look at the care plans to see if any additional support is needed and to minimise hospital

admissions. Residents have a choice of five GP surgeries for their health care.'

We looked at how people's health and social care needs were met. Staff told us that good relationships had been built with the local GPs and district nurses. A duty manager gave us an example of a person who was at risk of developing sore skin. At the staff team's request a district nurse had come and assessed the person straight away. This ensured that advice was obtained about how the staff team could support the person to prevent their skin becoming sore. Staff had followed the advice given by the district nurse to ensure the person did not develop sore skin.

Appropriate and timely referrals had been made to health professionals, for example when people were unwell or when staff had identified that people were losing weight. A health professional told us, "If they feel they need advice or assistance from us, they actively seek it." Care records showed staff followed instructions given to them from health professionals to make sure people received the necessary support to manage their health and well-being. This included advice given by the GP, district nurses and community dieticians. A mental health professional told us, "They are very engaged with us and act on recommendations appropriately and in a timely manner." Another health professional told us, "Staff are very quick to recognise if there is a problem and contact us or the GP for help and advice. From my experience the staff are well able to converse and report to other agencies and clinicians."

Arrangements were also in place for people to have regular health checks, for example by the community optician, dentist and chiropodist. Relatives were supported to be involved in people's health care and arrangements were in place for either relatives or care workers to accompany people to health appointments, if people required. This ensured people were supported at these times.

Information within a recent letter of thanks received by the home written by a relative stated, 'Despite a variety of health problems, the staff always managed to help [Person] back to better health after each episode, thanks to the staff's patience and perseverance.'

Is the service caring?

Our findings

People and relatives told us staff were caring, kind, thoughtful and considerate. One person told us, "The staff are marvellous, they have a caring approach." Another person said, "Staff are very good. They do listen to me." A relative told us, "Staff have a strong commitment to provide care based on people's individual preferences." Another relative told us that staff appreciated that people may change their minds daily, depending on how they were feeling, and said, "So staff always ask and explain things." A health professional told us, "It is clear that the staff care very much about their residents' well being."

The provider had received a letter of thanks and gratitude from the family of a person who had recently lived at the home. This included, 'St Bernards is truly an exceptional place we are so thankful that you were all there for [Person] right up to the end of [Person's] life. We always felt that staff duties were carried out with loving care. [Person] died with dignity, peace and at home.'

Positive feedback had also been received from a relative about the caring approach of the provider and staff team which stated, 'The standards are second to none. It is just like a family home. Everyone is so caring they take time with all their residents. Every day is happy and as a family we cannot fault this home. I don't think [Person] would be here now if it wasn't for the outstanding care [Person] has. A big big thank you to you all X.'

We saw caring staff interactions with people throughout the day. Staff always took the time to greet and speak with people as they were going about their daily duties. For example, staff always took the time to speak with people when they entered communal areas of the home. We observed good communication between people who lived at the home and the staff team. We overheard friendly banter between people and saw staff spending time talking with people about topics of interest to them. It was clear that positive relationships had formed between people who lived at the home, visitors and the staff team. One person told us, "I am very lucky. I walk around and talk to people. I like people around me." We saw that there was a choice of seating areas for people to use and chairs had been arranged in smaller groups in order to promote social interactions amongst people. It was clear this was working well.

Arrangements were in place to support people who experienced difficulties with communicating. For example, a visitor told us about how staff communicated with their relative, who had limited hearing. They told us, "[Person] is completely deaf. Staff use the note pad and [Person] replies back to the staff." They told us this worked well and enabled the person to communicate their wishes and needs.

Care workers were highly motivated and inspired to offer care that was kind and compassionate. All staff had signed up to a dementia care pledge, which included understanding how a person who lives with dementia perceives the world around them. Care workers told us their training helped them understand people's behaviour and needs, especially at times when people became anxious. We saw care workers were observant and proactive in minimising a person's anxiety when they became anxious about their family member. A kind word, smile and a hot drink alleviated the person's anxiety.

People told us they were involved in making decisions about their care and had been involved in planning their care. It was clear that care workers had a good understanding of people's needs and preferences in relation to the way their care and support was provided. People told us they were encouraged to make choices, for example about which of the communal lounge areas to use. Where people were not able to communicate their wishes, staff had a good understanding of their preferences. For example, a visitor told us about their relative who preferred to sit in one of the smaller lounges. They said the person liked to sit by the door so they could see people in the larger lounge but they didn't wish to go in there. They told us they were happy that staff respected the person's choice and preference. They said this made the person feel that they mattered and were listened to.

People told us they were supported to maintain their independence and the support they received was flexible to their needs. One person told us that care workers encouraged them to retain the skills towards meeting their personal hygiene needs and they appreciated this. Other people told us they enjoyed partaking in light household duties and we saw people laying dining tables and folding napkins. They told us this made them feel valued. A staff member told us about one person who had always enjoyed cooking and had discussed with staff that they would like to make themselves a meal. Staff had facilitated this and had supported the person to make a meal of their choice.

People were encouraged to maintain relationships that were important to them. A person who lived at the home told us, "I am very happy to have a wife like mine who visits regularly." A relative told us, "The atmosphere in the home is very welcoming and warm. You also feel you are part of the home." They told us they could make hot or cold drinks for themselves, which they really appreciated, and that the visiting arrangements were flexible. People told us they could meet with their visitors wherever they liked, which they appreciated.

A number of people chose to go out with family and friends and staff respected their decisions. The provider gave us a recent example of how staff supported people to maintain relationships with those who were important to them. They told us that the birthday of one person's relative was approaching and the person was feeling low because, due to their health condition, they could not organise a birthday treat for their 'loved one'. In response to this, the person's key worker asked the person whether they would like them to help arrange a birthday treat for their relative. The person had replied that they would. The key worker supported the person to arrange a birthday meal at a nearby restaurant of the person's choice, including transport to get there and back. The key worker planned to accompany them to ensure the person's care needs were met. The provider told us, "It is the little things people do that make all the difference."

People were supported to pursue and practice their religious traditions as they chose. Some people attended weekly holy communion and church services held at the home and other people chose to go out to their chosen places of worship. People were asked whether they had any specific cultural or religious needs during their initial needs assessment, and there was a dedicated page in the care plans to record these. In the care plans we looked at, people had not requested support for any specific cultural or religious practices.

People told us their dignity and privacy was respected by staff and we saw this was true. Staff greeted people by their preferred names and personal care was provided in private areas of the home. One person told us, "The staff always knock on my door and ask if they can come in." Care workers told us they supported people to maintain their dignity and promoted their independence by actions such as ensuring people were covered whilst providing personal care and delivering people's personal post to them. During the shift 'handover' meeting we heard care workers spoke about people with consideration, respect and affection.

Is the service responsive?

Our findings

People told us they had built up excellent relationships with the staff team and always received care and support in the way they preferred and met their needs. A person said, "Staff are excellent and very supportive." They told us they had been fully involved in making decisions about their care and were totally confident that care workers knew about their likes and dislikes. A relative told us that they were extremely pleased with the care their family member received at the home, and said, "Staff are aware of [Person's] likes and dislikes, I am very impressed with that." Another relative said, "They care for everyone individually." A health professional told us, "Staff are warm and friendly and always accommodating." Another health professional told us, "Staff have a real understanding and empathy for the residents and their individual needs. Nothing is ever too much trouble for them. The rapport within the home is truly like one big happy family."

The provider was innovative and creative and constantly strived to improve the quality of people's lives, by working in partnership with experts in the field of dementia and 'person-centred' care. A health professional in this area told us, "There is strong evidence of good person-centred care." Another health professional told us, "The total holistic care of the residents including personal care and well-being are looked after." A social care professional told us, "The owners of the home have embraced person-centred care along with the home manager and have enabled and trained the whole of the staff team to gain knowledge of what true care should look like. They are passionate that all staff treat everyone as individuals."

We asked the provider what they felt proud of and what was their biggest achievements in relation to the service they provided. They told us that people mattered and that they felt the service they provided reflected the individual needs and preferences of everyone that lived there. The provider was extremely knowledgeable and passionate about 'person-centred' care and researched on going best practice in this area. They frequently attended seminars on this subject and told us they enjoyed sharing their knowledge and putting this into practice at the home. They told us, "Our goal is for each of our residents to get the most out of every day so we concentrate on how our residents feel and their own aspirations. We aim to build a meaningful relationship with each resident and understand what they like as individuals. It is always important above all else to remember how residents feel at any moment in time. Seeing the world through the eyes of our residents is very important." All staff shared the provider's philosophy and when asked what they felt was good about the service, replied "Person-centred care."

The provider and staff team had a good understanding of people's preferences, interests, current care needs and individual values and beliefs. In order to 'personalise' care, the provider told us, "We ensure care is individual for people. We assess people and their preferences and 'map' with 'key workers'." This meant designated staff members had responsibility for overseeing individual people's care and support needs were met. The provider's aim was that each staff member developed a special relationship with a person as they moved into the home. They told us this ensured they could truly make people's lives better by remembering the small details which were so important to people.

A key focus of the keyworker role was to spend time obtaining people's life histories. This was in order to

promote communication between the person and their keyworker, to ensure links were maintained with familiar people and to increase the staff team's knowledge of reasons people may feel as they do. The provider told us this knowledge assisted with care planning, 'person centred' care and building relationships. The provider told us this enhanced people's self-worth and unique identity, promoted people's skills and strengths, built understanding and relationships and promoted people's wellbeing. A care worker gave us an example of how knowing about people's life histories helped them to provide 'person centred' care. They told us about a person who had been employed as a florist during their working life. This person now enjoyed responsibility for arranging flowers around the home and watering the plants.

Another care worker also told us about the support they provided to a person for whom they were the key worker. They told us they valued this role and were given the time to fulfil it properly so that they had developed a good relationship with the person. They told us that, in order to keep the key worker system fresh, the provider had introduced a 'monthly core task'. This was a specific task with the aim being to build good relationships between the person and their key worker. For example December's core task had been for the key worker to buy the person a Christmas present, with an allocated fund of £25 each. They told us all staff who took part were entered into a prize raffle. They told us that this had generated lots of interesting discussions between them and the person about what gift they would like and this had helped them to get to know the person better. Staff told us that January's task was for key workers to spend time with people and their families revisiting the personal information section of care plans to ensure that care was planned in a way that people continued to prefer. This was another opportunity for good relationships to develop between people and their care workers. The provider told us that there was a period of reflective practice following each key worker task. This was in order to assess the success of each task and decide whether they would make any changes to how they facilitated the next task, as part of continuous learning.

Care provided was flexible and responsive to people's individual needs, preferences, values and beliefs and ensured people were enabled to live as full a life as possible. We found many examples where staff had a good understanding of people's specific preferences, for things that were important to them. Arrangements were made so people could pursue their religious beliefs, with services of worship of a variety of faiths being held at the service. People's cultural heritage was celebrated and respected. For example, a St Patrick's Day celebration was arranged and a 'Finnish Day,' was held with traditional food to increase staff and other people's understanding of the cultural background of a person who lived at the home. On the evening prior to our inspection a 'Burns Night' celebration had been held with Scottish dancing and a traditional 'Burns' supper. We saw staff sitting with people watching the videos taken during the celebration. This generated a lot of happy discussions amongst people and staff.

Staff also had an extremely good understanding of people's individual support needs and preferences. For example, staff knew that one person brought their flask to the kitchen and liked staff to fill it with tea prior to going out with their family fishing each week. This was a simple gesture yet staff knew this was of great importance to the person. Relatives gave us a number of examples of occasions where staff had responded to people's individual needs, in order to improve the quality of their lives. For example one relative told us that a care worker had proactively asked a person if they would like them to alter their new clothes to fit them to size. Another relative told us about a birthday party staff were organising for a person who lived at the home at a local cricket ground, because the person was a "huge fan of cricket." They went on to say that the person's family were also invited to the party, which they really appreciated.

People told us that they were happy with how their personal care needs were being met and support was provided with regular baths and showers as they preferred. They told us they were supported to choose clothing of their choice and we saw this was appropriate for the time of year, in line with their preferences. A number of people chose to wear jewellery and make up and they told us staff supported them to do this.

People also told us they enjoyed their visits to the hair salon within the home and they could choose their appointment times to suit them. Staff wore 'pagers' which alerted when people required assistance and we saw these were responded to promptly.

People were encouraged to visit the home before they moved in to check if they would like to live there. They were welcomed to have a meal at the home and meet with other people who lived there. People, their relatives, and social workers had been involved in comprehensive pre-admission assessments to assess whether people's care and support needs could be met at the home. Pre admission assessments included information about people's care and support needs along with their likes and dislikes. Staff took time to understand people's life stories so that individual care plans were written from this information, with the involvement of people and those important to them. A relative told us, "When [Person] moved here the manager sat with us and talked about [Person's] life and care needs. This was to ensure they had the relevant information to provide individualised care and support to [Person]."

Care plans were written for people's specific care and support needs and included both short and long term care needs. Care plans outlined how people wanted to receive their care and support and instructions for staff to follow. Staff we spoke with confirmed they found these useful so that they knew what care and support to provide. A health professional told us, "Care records are up to date, accurate and meaningful."

We saw that people were actively involved in care reviews and family and friends were also invited, as appropriate. Care plans were reviewed and updated in line with people's changing care and support needs and preferences. A relative told us, "Whilst living at St Bernards over the years [Relative's] health has deteriorated physically [due to their age] and they have developed late onset Alzheimers. The support and understanding that I and the family have received from the staff has been amazing. They are always there for me." Staff told us they were kept informed about people's changing care needs during 'handover' meetings. This ensured that people's changing needs were met at the home. Where it was identified that people's needs could no longer be met at the home, the provider's staff worked with health and social care professionals to ensure that alternative living arrangements were sought for people in a sensitive and least disruptive way for the person and their families. A health professional told us, "They will do their utmost to meet the needs of their residents, but if a resident's needs change they will identify openly and honestly if they feel that they can no longer meet their needs and seek out appropriate interventions in order to find a more suitable care environment for that resident."

People were encouraged to pursue their hobbies and interests and we found many examples of this throughout our inspection. A health professional told us, "There is a good activity programme, which meets people's needs." The provider employed a team of activity workers, who worked on different days so that activities and social events were arranged each day, in line with people's preferences. They were responsible for arranging group and individual activities for people within and outside of the home. People had a choice of whether they wished to participate in activities or not and were involved in putting forward suggestions for events. This meant that everyone had the opportunity to take part in activities of interest to them. A person told us they were not interested in joining in with activities and staff respected this. They told us, "I like 'me time' during the morning. I stay in my room to read or do some tapestry work and I prefer to have lunch in my room. I am glad the staff respect me to allow me to have 'me time'."

People were encouraged to build and maintain links with their community by taking part in local events and by inviting people and organisations to visit. Activities and social events were also arranged by a team of volunteers, 'Friends of St Bernards.' The provider told us this team has grown over the years and a number of its members had dedicated their time to support people at the home for many years. In addition students from local colleges undertook work placements at the home and most of their time was focussed on getting

to know people and supporting with social events.

A wide range of activities were arranged. People were aware of what activities were on offer as colourful season-themed 'Diary dates' booklets had been produced and distributed to people to highlight the activities for the coming weeks. This included musical entertainers throughout the week, exercise classes, 'green finger's morning, cocktail and sherry evening and films.

For people who did not want to participate in group activities, individual activities were arranged geared to their own interests, such as craft making and poetry reading. Specific activities were arranged for people who lived with dementia, on an individual and group basis, which included reminiscence sessions, relaxation and sensory activities. Advice and information had been sought from The Alzheimer's Society and activities for people who lived with dementia had been based on this. Staff had also arranged trips out to places of interest to individuals, such as the theatre. There were many magazines and newspapers around the home for people to read if they chose. A newsletter had been produced for people, their relatives and staff. This was on display in the home and included lots of useful and interesting information related to life at the home.

The provider employed a driver for the home's mini bus to support people to attend social events outside of the home, on a weekly basis and on request. The driver had also undertaken moving and handling training so that they were available to assist people who required support to mobilise. For example, on the day of our inspection five people were going out in the minibus to a restaurant for tea and cake, with the support of the provider's staff.

The provider told us, "Part of person centred care is ensuring the premises and living environment meets people's individual needs. In order to achieve this, the premises underwent a refurbishment and extension in 2015. Information in the PIR stated, 'The beauty of the new build to St Bernards is that residents have five different seating/living areas to choose from so daily quality of living space has improved.'" People told us they had been involved in decisions made prior to and during the extension and refurbishment, for example they had helped to choose fabrics and furnishings and had been kept informed about progress at each stage. People and their relatives told us the improvements to the premises had a positive impact on their lives and during our inspection we saw that people utilised their living environment as they chose. For example, some people chose to sit in smaller or larger groups, others chose to sit with their visitors in more private areas of the home and other people chose to sit on their own, either in quieter or busier areas of the home.

People and their relatives were actively encouraged to put forward their suggestions and views about the service they received and the running of the home. People told us they were confident actions would be taken in response to their feedback. Group meetings involving people who lived at the home and their relatives were held regularly and the dates of planned meetings were on display so people would know when to attend. People and their relatives told us that these were well attended and that actions were taken in response to their feedback. The minutes of the most recent meeting showed that people's opinions were listened to and actions were taken to improve their satisfaction with the service. For example, when an issue was raised about the quality of fish at mealtimes, a new fish supplier was sought immediately. Service satisfaction surveys were distributed to people who lived at the home and their families in order to obtain their feedback of the quality of service they received. One person told us they found the surveys useful so that they could feedback their views on what it was like to live at the home. The results of the most recent surveys had been analysed and feedback was overwhelmingly positive in support of the service. There had been a few slightly negative comments about meals provided. This information had been shared with the catering staff and an action plan had been produced. Actions taken had reflected people's

feedback in order to improve the quality of meals provided.

People and their relatives told us that although they had not needed to raise complaints, they knew how to do this if needed. They told us they were confident their concerns would be addressed. The provider's complaints procedure was on display on the notice board in a prominent area of the home and information about how to raise complaints was given to people when they came to live at the home.

Information in the provider's complaints records showed that four complaints had been received in the past 12 months. Records showed the provider and management team had kept people informed at each stage of the complaint and issues had been resolved to people's satisfaction. We discussed complaints and concerns with the provider. They told us that arrangements were in place to record and resolve concerns, this included lower level concerns. Issues were shared with the staff team using the staff communication book, staff meetings and supervisions so that improvements could be made if needed. The provider gave us an example of actions taken following a recent complaint, so that lessons had been learnt for the benefit of people who lived at the home. This related to increased measures to ensure changes in people's dietary needs following hospital admission were cascaded to all care and catering staff. The chef told us this was working well and no further complaints of this nature had been received.

Is the service well-led?

Our findings

People told us that they were very happy living at the home and thought it was extremely well managed. A relative told us, "The quality of care is marvellous and higher management are wonderful." A health professional told us, "The home is run extremely efficiently by the management team." We saw that the home had received a number of compliments from people, their relatives and health professionals about the service provided. Information within a recent letter of thanks written by a relative stated, 'What makes St Bernards the wonderful place it is, is the staff. You have an amazing team of people who work together so well, are committed to the people in their care and take a great pride in their work. And [provider] I need to thank you for your leadership of such an amazing organisation. Excellence doesn't just happen. You have achieved all of this and you should feel very proud.'

The provider had recently also received very positive feedback on a national care home website, in support of the service provided. This included 'Every day brings new initiatives to broaden the activities available... I cannot imagine finding a residential home better than St Bernards. The owners are always available for a chat. Yes this is a home in the true sense. I don't think [Person] would be here now if it wasn't for the outstanding care [Person] has. The owners are totally committed to giving residents every opportunity to make the home like a real home.'

The providers were at the home on a daily basis and it was clear they had built trusting relationships with people who lived at the home, their families and staff team. Duty managers told us the providers were very supportive. A duty manager told us, "[Provider's first names] make a point of getting to know everyone. They sit down and talk with people. They are very passionate about wanting to make people's lives better and the staffs'." A health professional told us, "The care home owners are a daily presence at the care home and are very involved in the day to day running of the care home." Another health professional told us, "All members of staff from kitchen staff to the owners are always helpful and treat residents with respect and dignity."

The registered manager had been in post in this role for the past three years. People and their relatives told us that the registered manager was approachable and they felt they could raise any concerns with them. Through discussions with staff, people who lived at the home and relatives it was clear the providers and registered manager had an excellent understanding of people's needs and preferences. A relative told us, "The manager is very supportive. If you need any information she is always willing to provide it."

There was a clear management structure in place. The registered manager was supported by a team of 'duty managers' which meant that staff had management support each day. 'Duty managers' were supported by a team of senior care workers. The provider ensured that 'duty managers' were given the time to undertake their own designated managerial tasks, such as checking the quality of people's care plans and checks on the management of medicines, health and safety of the premises and infection prevention. They told us they were given uninterrupted time to focus on these tasks. 'Duty managers' also worked alongside the care worker team to provide support. All of the staff we spoke with told us this arrangement worked well.

The provider and registered manager gave clear direction to the staff team and ensured they were

supported to undertake specific tasks and lead roles. Staff had a clear understanding of their roles and responsibilities and had a shared understanding of the provider's aim and vision, to provide 'person-centred' care. They told us they supported the provider's vision of 'Providing a homely atmosphere where residents, families and staff feel cared for as individuals.' The staff team had built good relationships with people who lived at the home, their relatives, health and social care professionals and each other.

Staff were complimentary about the provider and management team's open and inclusive management style. They told us they felt supported in their job roles and that the management team were approachable. In order to ensure a good quality service the registered manager ensured effective communication between the staff team, people and relatives. A variety of staff meetings were held regularly and staff told us these were useful. The minutes of a recent staff meeting identified that this was also used as an opportunity to discuss continual improvements to the service for the benefit of the people who lived there. Updates on any issues identified at previous meetings were provided, so that staff were fully aware and involved in the running of the home.

Specific themed staff meetings were also held, for example, about the management of medicines and care planning. This gave the management team the opportunity to discuss the provider's policies and procedures, to ensure care workers were aware of them and consistently worked in line with them. The monthly staff newsletter, 'St Bernards Express' was produced to share information about new members of staff, forthcoming events and internal projects. There was also a big thank you to staff for their hard work and compliments from people's families and friends.

Staff told us, and we observed, that they enjoyed their work and valued the service they provided. They shared the provider's clear vision and strong values to provide care tailored to the individual needs of people who lived at the home. They told us that they were happy and motivated to provide high quality care. The provider paid staff for additional time to enable them to complete specific key worker core tasks. Care workers told us that they appreciated this as it was an important role and it meant they had the time to do a thorough job.

Staff understood the provider's whistle blowing policy and told us that although they had not needed to use this, they would be confident to raise any concerns about other staff's practice should the need arise.

A health professional told us, "Care staff are provided and encouraged with opportunities to broaden their knowledge through workshops and study meetings in various areas and on occasions relatives are included too, for example 'Dementia Friends.'" The provider proactively encouraged staff to accompany them to national and local seminars, in order to obtain further information and ideas about how to improve the lives of older people, including people who lived with dementia. This included recent seminars about 'person centred' care and care provider events. Staff told us they found these events useful as it gave them ideas which they could use in the home and that it made them feel empowered and valued by the provider. They told us information obtained at recent seminars had helped them to develop their key worker system to promote 'person-centred care.'

A health professional told us, "The owners ensure the home provides good evidence based care and are continually updating themselves. For example they are aware of recent research for all aspects of residential care and for people with dementia." Planned improvements were focused on improving the lives of people who lived at the home. The providers worked with other organisations to ensure they followed best practice and developed the service with people in mind. It was clear the provider and staff team strove for excellence through consultation with others, research and reflective practice. When we asked the provider what they felt proud of they told us they had introduced a number of changes and initiatives for the benefit of people

who lived at the home. They told us the extension of the premises undertaken in 2015 had recently been shortlisted as a finalist of a national health care design award. The extension had been designed based on research and best practice from national and international exemplar services in order to ensure best practice principles. This research was based on findings from a study which assessed the research evidence around what works well for visually impaired people and people with dementia in terms of the design of their homes and the things in them. The research was funded by Thomas Pocklington Trust and was undertaken by the University of Stirling.

This included an additional four bedrooms, 'wet rooms', an outdoor terrace, orangery lounge area, and a coffee and 'juice bar' café. In addition, the dining room and reception areas had been refurbished to create a lighter and brighter living environment, with a waitress service area in the dining room. The waitress service area ensured that staff were always present for people who required assistance with their meals and drinks, at the times that people chose.

The extension and refurbishment had been designed with people who lived at the home in mind, to include people who lived with dementia. This included an increased choice of seating areas throughout the home and decoration and signage to better assist people who lived with dementia and sight loss, to find their way around the home. Raised flower beds had been created on the terrace for people to tend. In the reception area leading into the communal lounge areas there was a large screen monitor displaying the activities provided that day, menu choices and staff on shift. We saw people and their visitors relaxing in the café, enjoying fresh orange juice. A relative told us, "The premises are lovely and well set out." A health professional told us, "It is a beautiful, clean environment and fit for purpose."

People who lived at the home, their families and the staff team had been involved in the design of the building project from the very start. This had included a number of meetings where the build and design plans had been shown to people for their information and feedback. The provider told us that changes had been made to the plans following suggestions people made. For example, the position of windows and types of radiators were changed following feedback from people who lived at the home. As the building work was partitioned off to ensure people's safety, newsletters were produced and photographs were on display to keep people informed of progress. The provider told us that as soon as the area was safe, people were invited to 'walk around' the extension to see what it was like. People, their families and the staff team were actively involved in choosing the soft furnishings, wallpapers and colours for the decoration of the new extension and refurbishment.

The service had developed strong links with the local community and encouraged people, their relatives and the staff team to contribute to this. For example, in the coming summer the home was working in collaboration with neighbouring families to take part in an 'open garden' event. People who lived at the home and their relatives would be involved in welcoming people from the local community to view their garden. Recently a number of people had been invited to and attended a pantomime staged by a local drama group. The provider told us people's feedback had been positive and that they had enjoyed taking part in this local community event. Close links had been developed with local schools and colleges and the provider told us they welcomed students undertaking the Duke of Edinburgh Award.

The provider and management team played an active role in quality assurance and in ensuring the service continuously improved. The provider told us, "I constantly go around the home and check things, such as medicines and care plans." They used a range of audits to check the quality and safety of service people received. Audits included checks on staff training and the safety and cleanliness of the premises. People's care and medicines records were regularly audited to make sure people received their medicines as prescribed and care was provided as outlined in people's care plans. We saw that the provider had

implemented a 'mock inspection tool', to assess the quality of their service against our revised inspection methodology...

We saw that actions were taken and lessons learnt in response to any accidents and incidents that occurred. A duty manager told us, "If anything goes wrong, action is taken immediately." They went on to say that this information was always cascaded to the rest of the staff team so that everyone was aware of the action taken for the benefit of people who lived at the home.

A social care professional told us, "It is wonderful to see staff engage with residents using the latest technology. [Provider's names] are always looking for new information which would benefit the residents to make their lives easier but much fuller." The provider had implemented technology to further enhance people's lives. An example of this was the bespoke 'St Bernards App.' This is an interactive tool used for people who live at the home, their families and staff. Staff were very positive about how this worked as it stored lots of information relevant to people who lived at the home, so that 'person centred' care was provided. This included people's likes and dislikes, key worker information, menus (showing actual pictures of meals offered each day and choices made) and pictures and videos of past and present social activities. There was also a facility for people to access personal music 'playlists' and links to a popular national newspaper. We saw the 'playlists' in use and these had been produced with people to reflect their individual tastes, for example, classical, Irish and Scottish music. A relative told us, "This home is equipped with new technology and all the systems are in place." Staff told us that other equipment was readily available, such as staff 'pagers' and additional or new equipment was purchased as required.

The provider told us that they welcomed feedback from commissioner's quality monitoring visits and immediate actions were taken in response to any recommendations made. The outcomes of all of the most recent visits had been positive, with extremely good outcomes for people who lived at the home. In particular, the commissioners identified that the provider's arrangements for staffing was out of the ordinary, due to the number of staff with different skills they employed. This ensured that all staff had time to focus on their roles and responsibilities for the benefit of people who lived at the home.

The provider and registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to us so that we were able to monitor the service people received. The provider's history of compliance with our regulations showed they were able to sustain outstanding practice and continually strove to improve their service over time. A social care professional told us, "I have been involved with this home for the past 10 years, the one thing that has never changed is the care and support they give to each individual person who lives at St Bernards and their families and friends."