

# Abbeyfield St.Albans Society Limited(The) Grace Muriel House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Grace Muriel House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. They are registered to provide accommodation and personal care to 37 older people some of whom may live with dementia. At the time of the inspection there were 35 people living in the home.

Previously when we carried out a comprehensive inspection at Grace Muriel House on 26 August 2015 we found that the service was Good. At this inspection we found that further improvements had been implemented which enhanced people`s experience about the care and support they received. We found the service Outstanding. This inspection was carried out on the 29 November 2017 by one inspector.

The home had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 told us they were feeling safe in the home and that staff helped them in a way that made them feel comfortable and safe. Staff were knowledgeable about safeguarding processes and how to report any concerns to the registered manager or local safeguarding authorities. Staff were enthusiastic and knowledgeable when they talked to us about the people they supported. They demonstrated a good understanding of people`s needs likes, dislikes and preferences.

People were supported by sufficient numbers of staff who responded to people when they required assistance. Staff were knowledgeable about risk management and how to mitigate risks to keep people safe.

People received exceptionally effective care, based on best practice by staff with an in-depth knowledge of their care and treatment needs, who were skilled and confident in their practice. Staff worked with people, other professionals and continually developed their skills. People`s health and well-being improved due to the effective care they received in the home.

People felt that they were treated as individuals and they mattered. The care people received was exceptionally personalised. Staff paid attention to detail and demonstrated pride, passion and enthusiasm for the people they supported. They continuously looked for ways to ensure people had positive experiences and led fulfilling lives.

People's choices, likes, dislikes and preferences were well known to staff who delivered care and support in a personalised way. People nearing the end of their life and their families received bespoke care and support.

People were encouraged to socialise, pursue their hobbies and interests and try new things. There was a strong culture within the service of treating people with dignity and respect. People and the staff knew each other well and these relationships were valued by people who used the service.

The provider had a robust recruitment process in place which ensured that qualified and experienced staff were employed at the home. Staff received training and support and were aware of their responsibilities when providing care and support to people at the service.

People and their relatives where appropriate were involved in the development and the review of their care and support plans. Support plans were comprehensive and captured people's support needs as well as their preferences regarding the care they received. Care plans were updated every time a change occurred which influenced the way people received support. People were supported to take decisions about their care and be independent.

People were supported to have sufficient food and drinks. People had access to healthcare professionals such as their GP as and when required. People received appropriate support from staff to take their medicines safely.

The manager and the provider carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

## 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 knowledgeable about safeguarding procedures and how to keep people safe from harm.

People told us there was enough staff to meet their needs in a timely way.

Risks to people`s well-being were assessed and measures were in place to mitigate these.

People`s medicines were safely administered by trained staff.

There were infection control measures in place to ensure people were protected from the risk of infections.

### Is the service effective?

Outstanding 

The service was very effective.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Staff worked together with health professionals to ensure the treatment people received was effective and due to their efforts people`s health and quality of life improved.

A comprehensive induction and high quality on-going learning and development ensured staff were highly trained and experienced to deliver effective care.

Staff demonstrated thorough knowledge and understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and this was implemented effectively. This ensured people's rights were upheld.

People's nutrition and hydration needs were met through very committed and trained staff who provided people with appropriate nutritional intake and catered for their dietary needs.

### Is the service caring?

Outstanding 

The service was very caring.

People received care and support which improved their quality of life and enhanced their well-being and physical health.

The service was inclusive of all individuals and provided personalised care which was greatly appreciated by people and their families.

People received empathetic care and their dignity and their independence was promoted. Staff valued people's lives supported people to continue to live the life they wanted.

### Is the service responsive?

Outstanding 

The service was very responsive.

People had access to a comprehensive activities programme, which they were consulted about and involved in. A team of passionate staff and volunteers dedicated their time to preventing people from feeling socially isolated.

End of life care was extremely compassionate and went above and beyond the expectations of people's families.

People received extremely person centred care which focused on their individual needs.

People and their relatives knew how to raise concerns and were all confident the registered manager would listen and act appropriately.

### Is the service well-led?

Outstanding 

The service was very well led.

The provider and the registered manager were dedicated to constantly improve the quality of the care people received.

People were actively involved in the running of the home and the registered manager listened and acted on people's views.

People felt valued and treated as individuals by staff who were led by the registered manager and the provider to deliver personalised care and support.

People, relatives and professionals gave very positive feedback

about the leadership in the home.

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# Grace Muriel 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 the 29 November 2017 and was carried out by one inspector.

Before the inspection 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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

During the inspection we spoke with ten people who lived at the home, one visitor, six staff members and the registered manager. Following the inspection four people and six relatives told us about their experience in Grace Muriel House in writing. We also received feedback from three health care professionals. We looked at three care plans together with other records relating to the management of the home.

# Is the service safe?

## Our findings

People told us that they felt safe living at Grace Muriel House. A person who used the service told us, "Yes, I feel safe. There are lots of lights at night and there are CCTV cameras too. There is always someone around. If not, just press the buzzer and they come." Another person said, "I feel that the way I am looked after makes me feel safe."

Staff we spoke with were able to describe to us how to identify possible abuse, and were clear on how they would report this. Staff told us that they received safeguarding adults from abuse training and were also aware of external organisations they could report their concerns to.

Risks associated with people's daily living were recognised and responded to when they occurred and staff demonstrated to us their knowledge on how to effectively manage these risks. Staff used a personal risk screening tool which enabled them to identify any possible risks to people's well-being and also to assess the severity of the risks. Individual risk management plans were then introduced with measures in place to mitigate such risk. For example a person had been assessed as being confused and anxious which may indicate an infection. Measures were in place for staff to regularly check on the person and observe any signs of a possible infection. Preventative measures were in place for people who were identified at risk of falls, developing pressure ulcers, rolling out of bed or not being able to use the call bell. One person told us they had falls and staff monitored them closely. They said to us jokingly, "I am sometimes fed up with hearing 'go slowly' or 'be careful' it had the effect and I am not falling as much. The alarm mat near my bed is good because it alerts staff when I am getting up and they come to help."

People told us there were enough staff at all times to meet their needs. One person said, "If you're not well, just push the buzzer and they [staff] come." Another person said, "I can get help when I need help so I think there are enough of them [staff]." Staff told us there were enough staff to meet people's needs and managers worked hands on and supported staff on a daily basis. We found that safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

People received their medicines safely by trained staff who had their competencies checked regularly. We found that medicine administration records (MAR) were completed accurately and signed by staff each time after they administered people's medicines. We counted a selection of medicines for people and found that the amount corresponded with the records kept. People who were able were encouraged and supported by staff to take their own medicines. For example one person had a lockable cabinet in their room and staff were checking regularly if they were taking their medicines as intended by the prescriber.

We observed staff following infection control procedures. Washing hands regularly and encouraging people to clean their hands before and after meals. The environment was clean and welcoming and we found that thorough cleaning regimes were followed by the housekeeper team to ensure bedrooms and communal



areas were regularly cleaned.

# Is the service effective?

## Our findings

Relative's visitors and professionals felt that staff were exceptionally skilled in meeting the needs of people at the service and spoke highly about the care and support at the home. One person said, "Staff are well trained, there is no muddle." Another person said, "I think they [staff] are well trained and they do things properly."

We found numerous examples where staff delivered effective support to people and this positively impacted on their well-being. For example a person had been assessed when moving into the home and it became clear that they were severely underweight. Their relative told us, "The staff began a sustained programme of improving [person`s] eating habits with care and catering teams working closely together with [person] and me, explaining as they went about what dietary supplements they were deploying. [Person`s name] is an intelligent person who they [staff] rightly identified needed things properly explained. This has instilled lasting good habits which remain with [person] to this day."

A person had a fall and they sustained an injury which caused them to lose their mobility. Staff effectively supported the person to become more independent and re-gain their mobility. The person`s relative told us, "In the following six months [after the fall] the structured care at Grace Muriel House has transformed [person`s] mental wellbeing and physical health. The work on their mobility was carefully structured beginning with familiarisation with the wheelchair but then moving on to use of a frame. It is important to emphasise not only the physical progress but also the mental transformation here. The care staff took [person] through a real improvement process over several months built on an exercise programme and personalised encouragement and support from the key workers. The outcome has been a spectacular improvement in mobility since the fall and a consequent gain in [person`s] quality of life."

Health care professionals told us that staff delivered effective care and support to people which was tailored to individual needs and wishes. One health care professional said, "In my opinion the care that the residents receive is excellent. It is tailored to the individual needs of the residents. All residents are enabled to do as much as they are able to do and wish to do. All staff takes pride in knowing the residents and are able to give me any information I need to treat them effectively. In my capacity as [health care professional] I often set up regimes of exercises for the residents and ask staff to encourage residents to practice the exercises. The staff are always willing to do this and I can rely on them doing what they say they will. I feel that resident's improvement is greatly enhanced by the excellent care and support they receive from all the staff."

There was a strong ethos and focus on training and continued development for staff. The provider and registered manager were committed to maintaining a strong and stable team of experienced staff and were providing opportunities for continuous learning and development for staff. Staff undertook a comprehensive induction programme at the start of their employment and were supported to achieve a nationally recognised care certificate.

Newly employed staff told us that after the induction training before they started working with people they shadowed more experienced staff until they felt confident and familiar with the job requirements and only

provided care to people once assessed as competent to do so. One person told us, "The junior staff learns from the senior staff and now they are just as good. At first only the senior staff did the care, now the junior staff can do it." Staff told us their training included manual handling, safeguarding, dementia training, infection control, medication and health and safety. One staff member told us, "This is my first job ever. I was helped and supported by the team and the managers to understand what care was about. It was difficult at the beginning but they reassured me and made me feel confident. I do love this job."

Staff told us they had regular supervisions where they discussed training needs, developing needs and they received feedback about their performance. They felt supported by the management team in the home. One staff member said, "I had a good induction and I did my NVQ [national vocational training] I have regular supervisions and appraisals and we discuss development needs. We agreed [with manager] to look for some different courses I want to do." Health care professionals told us and we found that staff held the right competencies and skills to meet people's needs. All the staff working at the home held or were working towards obtaining a social care diploma. This meant that there was an emphasis from the registered manager and the provider to ensure staff developed and learned how to deliver care and support to people based on best practice.

Staff were encouraged to develop in the roles of champions in their areas of interest and encouraged to share their knowledge with all the staff working at the home to improve the quality of the care and the life of the people living in Grace Muriel House. There were safeguarding, end of life, nutrition and hydration, engagement and wellbeing and dementia champions in place. One of the staff members who was the safeguarding champion in the home told us they were sharing their knowledge with other staff in the home through short 'bite' size meetings to ensure every staff member was knowledgeable and aware of their responsibilities regarding keeping people safe from harm. We found that all the staff we spoke with were knowledgeable about safeguarding procedures and staff told us they appreciated the support they were getting from the champions in the home.

We saw evidence in people's care plans of regular GP visits, dieticians, mental health teams and speech and language therapists involvement in people's care. One person told us, "Every now and then I have a conversation with my GP about my medicines and we will weigh up what they are for and the benefit for me having these." People had regular visits from a hairdresser; chiropodist, dentist and optician to ensure their needs were met.

Relatives told us how staff worked together with health care professionals to reduce medicines which had unwanted side effects on people. We heard several examples where people suffered from severe anxiety and panic attacks or other medical conditions and they were prescribed medicines to improve their condition. However these medicines often had side effects like distressing dreams, increased appetite and sleepiness which prevented people from enjoying life to the full. With patience and effective support people's medicines could be reduced and their quality of life improved.

One relative wrote to us, "When my [relative] first arrived, they suffered from extreme anxiety and would have panic attacks. Since [they moved to the home] I cannot remember the last time they had one of these attacks. The staff were very proactive at liaising with [health care professionals] and providing the information needed and have been very helpful at reporting back to me on any behavioural changes observed because of medication changes which had been made. This is essential for me in order to be able to provide a complete picture at the meetings with the [health care professional]. I even had a message from [name of staff member] who had called the home on their day off to make sure I did not forget to ask for something my [relative] needed. Since coming to Grace Muriel House [the health care professional] has been able to take my [relative] completely off [type of medicines] which had been the cause of distressing

dreams and increased appetite and which made them sleepy during the day. This easy transition in medication has only been possible through the support of staff as I know how difficult it is to stop and change [type of medicines]. They [staff] provided extra support on bad days, were understanding and reassuring."

Another relative told us, "There were real [medical condition] issues to address around profound though intermittent anxiety. I pay tribute to [name of staff member] who took endless care over a long period to address [person`s] anxiety problems. They have worked closely with [health care professionals] to get the right medication in place displaying real sensitivity to [person's] needs and quality of life. It took some doing but has achieved a great outcome with such a demonstrable step forward in [person`s] wellbeing and quality of life."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The 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. Staff had good knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained to people the support and the care and gained consent before carrying out any aspects of this. Throughout the inspection, we saw staff speaking clearly and gently with people and waiting for responses. The registered manager and staff fully understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how and when to make an application for consideration to deprive a person of their liberty, and we saw appropriate documentation that supported this.

We saw that where people were able they signed their own care plans and had discussions with staff about what their care needs were and where appropriate people`s relatives were involved in the care planning and reviewing process. We found that relatives and people were given opportunities to write in the care plan their observations and thoughts and these were respected by staff. One person told us, "Yes. (Staff) reads it out. They add to it with me; for instance when [visiting professional] wanted some changes. Only things I want to disclose [are included in the care plan]." Another person said, "[Care plans] includes our life story too." One relative wrote to us, "From the very beginning, staff spent a lot of time with my [relative] and myself to get to know [person]. A great deal of time was taken by the home to write a care plan, which I am asked to review and approve on a monthly basis. It is hugely important to me to continue to feel involved in my [relative`s] care."

People were very complimentary about the quality and the variety of the meals provided to them. One person said, "The food is very good. I've been in other care homes and the food was terrible. Yesterday we had a lovely pork stew. There is plenty of choice; there is a second small menu to choose from if you don't like the main menu. We get tea and cakes and biscuits in the afternoon, and fruit." Another person said, "The food is amazing." People told us if they required special diets this was accommodated by the kitchen. One person told us, "I need gluten and fat free meals. The food is lovely. Mine is served separately to make sure it's right for me."

People had been offered a choice of where they wanted to have their meals. The main dining room offered people a restaurant like feel and service where people socialised and enjoyed a good variety of drinks, meal options and puddings. People could also choose to have their meals in a smaller quiet dining area where soft music was playing or in their bedroom if they wished. We found that staff regularly monitored people's weight and where they identified weight loss, fortified food and drinks were offered and people were referred to the dietician or GP if they were at risk of malnutrition.

The environment was calm, welcoming and decorated to create a homely feel. There were several areas in the home where people could spend their time socialising or choosing a much calmer and quieter space. There was an induction loop system for hearing aid users (a hearing loop is a special type of sound system for use by people with hearing aids) installed in a quiet room where staff provided pampering sessions. On the day of the inspection there was an inauguration of a new kitchenette which offered facilities for people and their relatives to make their own hot drinks and spend time together.

# Is the service caring?

## Our findings

Without exception, people, their relatives and health care professionals told us the staff were extremely caring, kind, attentive and dedicated in their approach and this was evident throughout the inspection. One person said, "It's wonderful. I was on my own (before moving to the home). I had carers coming four times a day and my daughter but I was on my own. Staff can't do enough for you. It's homely." Another person said, "They [staff] were very patient with me when I first came here. I was nervous and [staff] were kind and patient and happy." One relative said, "They [staff] are dedicated and professional. What really sets them apart [from similar services] is their kindness and compassion - they treat the residents with respect and genuinely care about them. I have been bowled over by all the staff that looked after my [relative] and the level of care they received. They all gave [person] outstanding care, made them feel loved and valued. [Person] was cared for and loved there, so much so that the staff have come to feel like family."

The provider and registered manager had a proactive approach and led by example to ensure the service had a very strong, person centred culture and the ethos was that of an extended family. This was clearly evident throughout the inspection when we spoke with people, staff and relatives. Without exception staff spoke positively and passionately about working at the service. Staff had developed exceptionally kind, positive and compassionate relationships with people. They demonstrated person centred values, which placed an emphasis on respect for the individual being supported. We observed staff constantly interacting with people on a one to one level. For example a person had been spending time in a communal lounge. It was obvious that they had very little verbal communication, however this had not stopped staff talking to them and watching the person`s body language for a response. Staff put headphones on for the person and played their favourite music which soon had the person humming to the melody of the music. They visibly relaxed, closed their eyes and enjoyed their favourite tunes.

We observed staff and management were fully committed to ensuring people received the best possible care in a compassionate, inclusive and very caring environment. The provider and the management of the home ensured that there were enough staff deployed effectively so that staff had time for people and could spend time interacting with people. Throughout our inspection there was an atmosphere of calmness with staff caring and supporting people. We observed warmth and compassion shown to people by staff who worked as a team to meet people`s needs in a caring way.

Relatives were extremely positive about the care and support people received and without exception they told us that Grace Muriel House had exceptional staff and management. They told us they often saw staff doing little things which had huge impact on people and made people feel happy and content. One relative told us, "My [relative`s] passion was always for gardening and she was delighted when the large plants she was allowed to bring with her were considerately placed near to her bedroom window for her to enjoy. My [relative] is now looking forward to the better weather to enjoy the shared garden and hopefully working in it. I often see [staff member] take some of the residents around the garden in their wheelchairs and stop and point out [person`s] plants. This gives my [relative] immense pride and satisfaction to have something of their own in the garden at [the home] which others can enjoy." One health care professional told us, "It does not matter what level of staff I speak to they are always friendly, confident, caring and have the residents

wellbeing at the forefront of their care. Recently I saw the handyman and a carer spend time planting an olive tree in front of a resident's window. They had brought it from home and was delighted that they had put it in their view."

People told us there were no restrictions in the home and they could have visitors or go out any time they wished. People told us they are encouraged to be independent. One person told us, "I'm allowed to go out any time as long as there is someone to push the pram. In other places I couldn't go out at all if a relative or friend couldn't take me. I wasn't allowed to get up and walk around. Here, they help me to be independent."

Every person we spoke with and relatives told us they highly recommended Grace Muriel House. One relative told us, "I would and do highly recommend Grace Muriel House to anyone who is in the position I was, having to accept that your [parent] had reached a stage in their life where they could no longer look after themselves, but wanting the very best for them. Wanting [person] to be happy, to be loved and safe where [person] certainly was at Grace Muriel House. I must have visited around ten homes when looking for the right place. Grace Muriel House stood head and shoulders above them all."

Another relative told us, "From my first of many viewings of Grace Muriel House I instantly knew it was the right place. There was such a feeling of warmth and friendliness. The residents looked happy and just from walking around to view the home, they were eager to tell me how much they liked the home unprompted by anyone. I am very happy to be able to say that my initial impressions have more than lived up to my expectations. Finding a "home from home" has been a long process but for the first time I feel able to visit my [relative] and leave them knowing that they are well cared for by the staff and as happy as they can be. I have none of the feelings of anxiety I had when [person] was in the previous homes knowing that the staff understand my [relative] and help to support them. The carers are friendly, genuinely caring and hardworking. As my [relative] says, they are on the go non-stop from the minute they start their shift (and for my [relative] to remark on this is praise indeed), and always with a smile on their faces."

People were encouraged and supported to maintain relationships with their loved ones. Staff encouraged visitors to the home and relatives told us they were always made to feel welcome and part of the care their loved one received. One relative told us, "We would receive regular updates from [staff member] in person and via email about the activities [person] had been doing. They would capture the most lovely photos and emailed them to us regularly so we were kept updated at all times. I work full time and would receive these emails at work which would make me smile and feel happy knowing [person] was being so well looked after. The level of communication has always been excellent and as a relative it's so nice to be kept informed on a regular basis."

People told us that staff respected their privacy and dignity. One person said, "They [staff] always knock and wait. It's [care delivery] always private." Another person said, "Staff knock and wait. [My privacy and dignity] are always alright."

People were involved in discussions and decisions around their care and their decisions were respected by staff. Staff we spoke with about people's needs had a good understanding of what was important to people and how to provide personalised care to them. We saw staff interacting and responding to people in a positive manner and spending time with them. There was a happy and relaxed atmosphere in the home where people were seen smiling and socialising together. One person told us, "It's like a family. We all look out for each other."

Throughout the inspection we observed staff treating people with upmost respect and dignity and it was obvious that people were leading the care and support they received. Staff knew what was important to

people and every interaction and conversation we observed was empowering people to make their own decisions and express their choices. Care plans considered people's religious and spiritual needs and also their background and past life experiences people had which could have influenced their behaviour. People and relatives told us staff were extremely receptive to what was important to people and delivered care in a way that enabled people to continue to live the life they wanted. One relative told us, "My [relative] got to a point where they no longer took any pride in themselves or enjoyment in anything. In the last few months there has been a definite change in my [relative]. [Person] once again takes pride in their appearance. [Person] likes to coordinate their clothes, apply make-up and make themselves presentable and they are supported by the staff to do this who help them feel good about themselves."

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Staff understood the importance of confidentiality and respected people's privacy.



## Is the service responsive?

### Our findings

People, relatives and professionals gave constantly positive feedback about how personalised the service was to people's needs, wishes and preferences. People told us they felt their opinions mattered and staff spoke with pride and enthusiasm about the people they cared for and celebrated their achievements. Staff, led by the management team continuously looked for ways to improve the care and support they provided to people. This meant that people had positive experiences and fulfilling lives in Grace Muriel House. One person told us, "I am very happy here." Another person said, "I'm well looked after; food, warmth, laundry; everything I want I have."

Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. Care plans were reviewed on a regular basis and updated as and when people's needs changed so that they remained reflective of people's current needs. People's likes and dislikes and also their preferences were captured in the care plans to ensure all the staff had the information they needed to provide people with personalised care and support. People's rooms were personalised and where appropriate reminders were put on bedroom doors for staff. For example, "Please remember I like to sleep in later in the morning. Please try not to disturb me" and "Please be as quiet as possible during the night." People told us staff always respected their preferences and wishes and this made them feel valued and happy.

People told us they felt they were treated as individuals and very well looked after. One person told us, "The carers treat you like an individual and don't assume we are all the same. I am a diabetic and the head chef has been wonderful in modifying all my meals to suit my diabetic diet. I really feel I am treated like an individual and very well looked after here." Another person said, "The chef provides me with things I never thought I would be able to eat as I have [special diet]. [chef] also taught me about what I can and can't eat when I go out for dinner so I know what I can choose from the menu."

People receiving end of life care and their families were treated with exceptional care and compassion. The service had strong links with a local hospice who had provided training and support for staff to provide high quality care for people nearing the end of their lives. Staff received training and achieved end of life champion qualifications. This meant that the service focused on quality standards and offered a high level of palliative and end of life care for people. We looked at end of life care plans for people, which were devised with people and their relatives. These detailed how people wanted the end of their life to be and records showed that where people did not want to be taken to hospital at the end of their life, this was honoured. People's spiritual and religious needs were also documented and respected. Staff and the management team attended funerals and this was greatly appreciated by families. Compliments that relatives had sent in following the loss of their loved one showed how much it meant to them that people received exceptional care and support in their final days.

One relative wrote to us, "[Person] was fortunate to be able to remain at the home for their end of life care; the level of care they received during this period was absolutely outstanding. [Person] was treated with dignity and respect, monitored regularly, kept clean, comfortable, and turned every two hours to avoid sores

and their mouth was continually swabbed with water to moisten their lips and mouth. The level of support we also received as a family was excellent. I cannot thank them [staff] all enough for making us so comfortable at such a difficult time. The management staff and [person`s] doctor sat down with us and explained everything that would happen and we received constant re-assurance and support from every member of staff in the home during [person`s] end of life care."

Another relative told us, "The care [person] received at the end of their life will always remain with us and filled us with admiration. It was explained to us in a very caring and compassionate way that [person] was declining and was dying and we came that day and stayed overnight. The local vicar who had come to know our [relative] also visited that day and gave [person] and us communion and comfort. Every day we witnessed the care from all the staff which was second to none. Nothing was too much trouble and the end of life care plan and much more was strictly adhered to. [Person] was never left alone, day and night. Often when we arrived in the morning [name of staff member] would be sitting with [person] doing her paperwork there instead of the office. The vicar visited several further times and at the end we ourselves felt cared for also. Everyone was compassionate and loving towards us and we were given lunch every day and when we stayed overnight beds were made up for us. We arranged to have our [relative`s] funeral local to us and were delighted that the local vicar [who was visiting the home], agreed to oversee the service. We were even more delighted that both [management team members] were able to adapt the rotas and attend."

People told us they had plenty to do in the home and they were not bored. One person said, "I really enjoy the marbling (game with marbles). I also do several quizzes and crosswords every week. We have outings and trips too. We can go for a walk; you just sign out and sign in and put who is with you." Another person said, "We have a ukulele band that comes in, also various entertainers; the school comes in and the Brownies are here tonight. The church brings communion, it's well attended." People wrote to us to express how much they appreciated the activities and the opportunities created by staff for people to live an active social life. People told us their health and well-being improved since moving to Grace Muriel house and they attributed this to the individualised care and support they received from staff.

One person wrote to us, "Since I moved to Grace Muriel House joining in all activities they provided has helped me out a lot. I started knitting again, which I haven't done in 20 years! I joined the weekly exercise classes which have helped me walk again with confidence. [Name of staff member] encouraged me to take part in the craft activities and I have tried things that I never thought I would be able to do. I have learnt new skills, making flowers and even making a fascinator for my hair for a wedding!"

Another person told us, "I wasn't able to get out when I was at home and this made me feel very down. Now I go out on many outings like to the cinema. We have been to the garden centre and a canal trip which was lovely, and many shopping trips. I am getting very confident now and may even be able to go out just with my wheeler [walking aid] next time. [Staff] has given me so much more confidence and enabled me to do things that I haven't been able to do for a long time."

People were offered person centred activities and encouraged to maintain interests and hobbies. A six day activity programme was available and organised by two activities coordinators seven days a week. The activity staff were being supported by volunteers who regularly visited the home and supported people with activities. There was a full range of activities on offer including; wellbeing exercises, gardening club, board games, quizzes, walks, meals at local restaurants, music, arts and crafts, knitting, films and reminiscence sessions. Trips included visits to, garden centres, boat canal trips, shopping, theatres and cinema.

People who enjoyed gardening told us they appreciated the opportunity to be involved and took pride in contributing to the maintenance of the garden. One person wrote to us, "I am a keen gardener and greatly

missed gardening when I moved. I never thought I would be able to continue gardening but we have a beautiful garden at Grace Muriel House and the gardening club here has given me confidence to get out in the garden on my own and get on with watering, pruning and whatever needs doing. This means that not only do I get to enjoy the group sessions but my independence has improved."

Another person told us, "I am involved in the garden club and I have started knitting which I had never done before I came here. I wake up in the morning and the first thing I do is get out my knitting. I can't stop doing it." A third person said, "The activities provided here are excellent and so varied. My friend always sees all the pictures of what I am up to and says that I have a better social life now than before I came here!"

We found that there were two dedicated activities staff in the home who were responsible for planning activities. The one activities staff we spoke with was enthusiastic and demonstrated good understanding of how important it was for people living in the home to continue to live their life the way they wanted. We saw on the day of the inspection staff were taking a computer device (iPad) around for people who were interested to watch a recent interview with one of the members of the Royal Family.

We saw that for people who were less able, the activities provided were suitable and met their needs. For example we observed a person who had headphones and visibly enjoyed the music they were listening to. There were also pet dogs visiting regularly for people who liked and enjoyed their visits. One relative told us, "[Person] suffered quite severe mood swings, sometimes physically attacking staff. Over a period [person] has become much more contented. I attribute this improvement to the care and attention they receive from staff. I am satisfied that the use of the 'calming films' has also played a part in their improvement. [Person's name] closing years will be made easier by the continued excellent care they receive. The service is 'OUTSTANDING'."

People we spoke with told us they felt comfortable to approach the registered manager and staff to raise a concern. One person said, "I would talk to [staff member] and she would do something about it." A second person said, "I would talk to the maintenance man if it was something mechanical, [registered manager] if I had a concern. They would listen." People told us there were regular meetings organised where they could speak up and they would be listened to. Relatives told us they were extremely satisfied with the care and support their relative received and they felt able to discuss any concerns they had with staff. One relative told us, "I think they [staff] provide an exceptionally good service and the thing that really makes the difference is I know that any concerns will be listened to and acted upon." Complaints that were received were recorded, investigated and responded to appropriately.

# Is the service well-led?

## Our findings

People told us they were happy with how the home was managed. One person said, "Yes, the home seems to run smoothly." Another person said, "There is no muddle. Staff are well trained. The home is smooth running. There is a thorough handover in the morning and in the evening." Staff were complimentary about the management of the home and they felt supported and listened. One staff member said, "[Name of registered manager] is very good. It starts from the top and filters down to the staff. The ethos here is to provide good care." Another staff member said, "It is very much a team approach and we are all here for the residents. The managers are very clear on this."

During the inspection we spoke with many people, relatives, staff and professionals and their feedback was constantly positive. The care and support people received was value based and the ethos and values of the registered manager and the provider was shared by the staff team who provided an excellent service for the people they cared for. All the processes and systems governed by management supported an inclusive person centred culture that allowed people to access their community, live full lives and really engage with each other, with their relatives and staff in a way that brought happiness to everyone in the service.

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life. One relative told us, "My [relative] is particularly impressed by the regular contact with the [registered] manager and chairman who ask if they have any concerns." The manager and the provider promoted a positive, transparent and inclusive culture within the service. The manager was visible within the service and people and staff told us they were approachable and listened to them. One person told us, "It was the boss [registered manager] who helped me today [with personal care]."

The service worked well in partnership with other organisations like local commissioning group, GP practice, district nurses team and a local hospice. We found that recently the home was awarded an 'excellent' rating by the local authority's contract monitoring team. Health care professionals told us they felt the management was involved in people's care and aimed to provide the best possible care for people. One health care professional told us, "Each time I go into Grace Muriel House one of the management team will speak to me to get feedback on how the residents are and ask if there is anything that they can do to assist me and the resident. Residents that I visit are often in on respite having had surgery. I am very impressed that staff identifies changes very quickly. Recently they highlighted that a resident became slightly disorientated and sleepy. They correctly identified that they had a urinary infection and contacted the GP for advice. As the urinary infection was identified early, antibiotics were administered quickly and they soon made a full recovery."

Another health care professional told us, "I am the [health care professional regularly visiting the home] and have a long history of involvement with them and a strong relationship. As a [health care professional] I find the home well led and organized. Any requests for phone calls or visits will have a clear reason and all relevant information will be available at the time of contact. Senior staff set an excellent example to other staff in this way. The caring attitude of everyone is outstanding and the staff get to know the residents very

well - they will be able to tell me about background, family, personal interests (for example one of the residents I know had to leave their dog behind when moving in to a care home, the dog initially visited and now the [person] finds great comfort in a toy pet which the staff keep by their side and care for). Another [person] is encouraged with their computer work tracing their family tree. This [accumulated knowledge about people] puts the staff in a good position to care for residents as their needs change."

Health care professionals praised the dedication staff and management showed to ensure people received appropriate care and support until the end of their life. They told us people had comprehensive care plans in place and staff ensured they had all the required medicines people needed at all times. One health care professional told us, "Recently a resident clearly reached end of life. Staff were able to recognize this and showed outstanding kindness and professionalism in managing their last few days. They had a clear end of life plan in place which had been formulated with the patient, family and own GP. Staff were extremely conscientious in following these wishes and allowed a peaceful death in a place the resident was familiar with. I was kept updated regularly and the district nurses were liaised with as well. Important things such as ensuring adequate stock of [medicines used for people nearing the end of their life for pain] are always in place. Proactive discussion around for example end of life wishes are encouraged and openly discussed. This is a huge help to me as a [health care professional]. Instructions are followed and I have huge confidence in the staff. Recently a poorly resident required more regular monitoring of blood sugar and fluid intake. This was done accurately and fed back to me in a timely manner ensuring the resident received urgent specialist care."

We found the provider and the registered manager dedicated to constantly improve the life of people living in Grace Muriel House. At our last inspection on 26 August 2015 we discussed with the registered manager and the provider that the activities program they provided for people at that time could have been improved and personalised more for each individual. At this inspection we found that the activities program was extremely well developed and people were leading in developing this with activities they liked to do. Opportunities were available for people with differing abilities to socialise and be involved in pursuing hobbies and interest as well as live the life they wanted. People were extremely involved in the running of the home and their opinions and views were respected and acted upon. For example people suggested to the registered manager the need for a room with a kitchenette where they could spend time with their visitors and make their own hot drinks. This was acted upon and there was an opening celebration of this on the day of the inspection.

People were extremely keen to tell us how well their needs were met and how happy they were in Grace Muriel House. They felt valued and their health and self-confidence improved due to effective support received from staff who were enabled to spend enough meaningful time with people. This meant that the provider and the registered manager understood the importance of having enough staff with the right skills and abilities deployed to offer people personalised care and support.

The registered manager and staff built good relationships with the local community and provided people with the opportunity to be part of this community. For example they had apprentices who were given the opportunity to learn about care practices from experienced staff but also from people living in the home. One person told us, "The carers at Grace Muriel house are so good and well trained, especially the ones that are trained in-house. The two apprentices are brilliant, especially [name of staff] who is absolutely fantastic and goes above and beyond." We found that there were regular visits from the local college and schools. We found that the excellent support staff received helped the provider develop a long standing staff group who were dedicated and adhered to the ethos and the values promoted by the management team in Grace Muriel House.

The registered manager told us about future plans to develop the home. There were plans to refurbish bedrooms and build en-suite facilities and also the extension of a lounge area to give people direct access to the garden. There were plans to develop a sensory garden and a vegetable garden for people to grow their own vegetables to use in the kitchen. The registered manager and the provider run a program to attract young people into care work and have been working with young volunteers from schools and colleges to develop strong links and offer them apprenticeships. They had successfully supported two apprentices to complete their studies in care work and maintenance and further two were scheduled to start in September 2018. This meant that the provider and the registered manager were dedicated to raise awareness about adult social care in their community and help young adults to acquire the necessary skills for future employment.

There were various meetings organised at the home. These included residents, relatives and staff meetings. These meetings gave people an opportunity to give feedback on the service and contribute to the running of the home. These meetings were also used by staff and the registered manager to welcome new people and to help people understand the importance of keeping well hydrated. People were reminded about the fire procedures and how to respond to the fire alarms.

There were robust and effective systems in place to assess monitor and review the quality of service provided. Governance audits were effective in identifying issues or concerns and these were solved promptly. We found that incidents and accidents were effectively recorded and reviewed by the manager to ensure that measures were implemented to reduce the likelihood of reoccurrence.

The registered manager and the provider actively sought the feedback of people using the service, staff and external social and health professionals. This information was used to directly shape the future of the service. The registered manager demonstrated a very good understanding of people`s needs and they were very passionate about delivering a high quality service. They were supported by the provider who made the resources available to achieve good outcomes for people. Statutory notifications were submitted by the provider to CQC in a timely manner. This is information relating to events at the service that the provider is required to inform us about by law.