The Sisters of the Sacred Hearts of Jesus & Mary

Marian House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 4 and 5 January 2017. The first day of our inspection was unannounced and we told the provider we would be returning the following day to complete our inspection. The service was last inspected on 30 November 2015 when we found four breaches of the Health and Social Care Act 2008 and associated regulations relating to the management of medicines, the Mental Capacity Act 2005 and good governance. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this comprehensive inspection we found the provider had taken action to address the breaches we had identified and improvements had been made.

Marian House Nursing Home offers personal care for up to 20 older people and is run by a Roman Catholic religious congregation. At the time of our inspection, 12 people were living at the service, most of whom were catholic nuns.

At our last inspection, Marian House Nursing home was registered to provide nursing care. Following our inspection, the provider made an application to remove this regulated activity and on 2 November 2016, the service became a residential care home.

The previous registered manager had left the service on 3 November 2016 and there was a manager in post at the time of our inspection who was in the process of registering with the Care Quality Commission (CQC). 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 and their relatives told us that the staff and manager were extremely caring and communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. The staff team knew people well and were exceptional at delivering care that made people feel valued. The provider and manager were passionate about promoting person centred values as the basis of the service and ensured these were followed by the care staff.

The whole staff team understood the importance of ensuring people's emotional, spiritual and cultural needs were met as well as their physical needs. All the staff had been trained in end of life care to ensure they provided sensitive and compassionate care for people who were reaching the end of their life.

The provider had taken action to meet the concerns identified at the inspection of 30 November 2015 and had put systems in place for the safe management of medicines.

The manager undertook medicines audits and ensured that staff received training in the administration of medicines and had their competencies regularly assessed.

The provider had made improvements and had acted in accordance with the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's capacity was assessed and they consented to their care and support. Processes had been followed to ensure that, where needed, people were deprived of their liberty lawfully.

People and staff told us they felt safe and there were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to care for people and numbers were adjusted according to people's needs.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being followed.

Staff received regular training, supervision and appraisal. The manager attended forums and conferences in order to keep abreast of developments within social care.

People's nutritional and healthcare needs had been assessed and were met.

Care plans were in place and people had their needs assessed and reviewed regularly. The care plans contained detailed information and reflected the needs and wishes of the individual.

There was a complaints procedure in place and people and their relatives knew how to make a complaint. They felt confident that their concerns would be addressed. Relatives were sent questionnaires to gain their feedback on the quality of the care provided.

People, relatives and professionals we spoke with thought the home was well-led. The staff told us they felt supported by the manager and there was a family atmosphere and a culture of openness and transparency within the service.

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.

People received their medicines safely. Staff received training in the administration of medicines and had their competencies regularly assessed.

There were enough staff on duty to keep people safe and meet their needs in a timely manner and numbers were adjusted according to people's individual needs.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being followed.

Is the service effective?

Good

The service was effective.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional and healthcare needs had been assessed and were met.

People were cared for by staff who received regular training and were suitably supervised and appraised.

Is the service caring?

Outstanding

The service was exceptionally caring.

The provider and manager were passionate about promoting person centred values as the basis of the service and ensured these were followed by the care staff.

The whole staff team understood the importance of ensuring people's emotional, spiritual and cultural needs were met as well as their physical needs. All the staff had been trained in end of life care to ensure they provided sensitive and compassionate care for people who were reaching the end of their life.
Staff knew people well and had developed positive relationships

with them that were based on respect and empowerment. The whole staff team consistently delivered a caring and compassionate service to ensure people felt valued and led meaningful lives.

Care plans contained people's likes and dislikes and identified the activities they enjoyed, people who were important to them, their cultural and religious needs, and needs relating to their identity. People were supported by caring staff who respected their dignity, human rights and diverse needs.

Is the service responsive?

Good

The service was responsive.

Assessments were carried out to ensure the service could provide appropriate care. Care plans were developed from the assessments and reviewed regularly and were signed by people.

People and relatives were sent questionnaires to ask their views in relation to the quality of the care provided.

Complaints were investigated and responded to appropriately.

A range of activities were arranged that met people's interests.

Is the service well-led?

Good

The service was well-led.

The manager had systems in place to assess and monitor the quality of the service and put action plans in place where issues were identified.

People, relatives and professionals we spoke with thought the home was well-led and that the staff and management team were approachable and worked well as a team.

The staff told us they felt supported by the manager and there was a culture of openness and transparency within the service.

There were regular meetings for staff and people who used the service which encouraged openness and the sharing of information.

Marian House Care Home

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 checked 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 4 and 5 January 2017 and the first day of the visit was unannounced.

The inspection team consisted of one inspector and an expert- by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for an older people living with the experience of dementia.

Prior to 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 reviewed the information sent to us in the PIR and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with nine people who used the service, two relatives, five staff members, including the manager, the administrator, the chef, a senior care worker and a care worker. We also met with a Trustee and the community leader who were visiting on the day of our inspection.

We looked at the environment and observed how people were being cared for. We looked at records, including the care records for four people, three staff records, staff supervision and training records, medicines records and other records relating to the management of the service.

Following our visit, we spoke with a social care professional and a healthcare professional to obtain their feedback about the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. Their comments included, "Yes, it's a comfortable, clean place", "Yes, I am very pleased to be here. I have a phone by my bed and I can call my sister every night", "Yes, you get good care here. Good care and a good manager", "Yes I do. It's the whole set up", "Yes, the staff are very good here." Relatives agreed and said, "Very safe. She is well cared for and she is happy" and "Yes, I visit twice a week and she always smiles when carers come into the room."

At our last inspection on 30 November 2015, we found that the management and administration of medicines were unsafe. At this inspection, we found that improvements had been made.

People told us they received their prescribed medicines on time. One person said, "Yes I do, just after dinner" and another told us, "They get given to me three times a day."

There was a system for the recording of received medicines. All the people using the service had individual Medicines Administration Record (MAR) charts. These were issued by a local pharmacy and included the name, date of birth, allergy status, and details about each medicine prescribed, such as dosage and time of administration.

Staff signed the MAR charts to prove that medicines had been given. We checked the MAR charts for all the people who used the service and found no gaps in signature. Most tablets and capsules were dispensed in blister packs. We checked the stock levels of medicines that were not dispensed in blister packs, such as paracetamol, and found that the amount corresponded to the administration records. This indicated that people received all their medicines as prescribed.

The staff recorded after each medicines administration that they had checked MAR charts and audited medicine stocks, included controlled drugs. In addition, the manager carried out regular medicines audits.

All prescribed medicines were available. Medicines were stored in a locked cabinet in a designated room and only authorized staff had access to the key. The person responsible for the administration of medicines recorded the temperature of the medicines cabinet, the medicines fridge and the room. This information was collected daily. The pharmacy supplied medicines on a monthly basis to the home. Staff knew when stock was low and were able to reorder further supplies and prevent people from missing doses.

We saw evidence that people were protected from the risk of receiving the wrong medicines, or dosage. For example, someone on Warfarin was supported to attend regular appointments to monitor blood coagulation and the dosage of this medicine was adjusted according to the specialist's recommendations. We also saw that where two people had a similar name, there was a large notice written in red which said, 'Caution. Resident of similar name', to prevent staff making an error.

Senior staff had received training in the administration of medicines and this was refreshed annually. Records we viewed confirmed this. At the time of our inspection, all the people using the service were

supported to take their medicines and none were self-medicating. One person who used the service received their medicines covertly. When medicines are given covertly, it means that they are hidden in food or drink without the knowledge of the client. We saw that the manager had taken appropriate action in the person's best interest.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified. We saw that detailed guidance was available for staff to follow on how to mitigate these risks. These included a falls risk assessment for a person who had been assessed as being at risk of falling. We saw the plan was written in a person-specific manner and included recommendations for staff to follow. The manager undertook bedrails assessment and used a Risk Matrix Tool to evaluate if a person needed these. We saw that these assessments were reviewed on a monthly basis.

Staff had completed training in safeguarding adults and records confirmed this. They were able to give some definitions of abuse/neglect. They told us they would report any concerns to their manager, social services, the chair of the Board of Trustees or the Care Quality Commission (CQC). Staff told us they were aware of the provider's safeguarding policies and procedures. The manager told us that one of the trustees was the company's safeguarding representative. They attended regular national and international safeguarding training to keep in line with policy. The service had a whistleblowing policy and staff were aware of this. This indicated that people were protected from the risk of abuse.

The manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the CQC as required of allegations of abuse or serious incidents. The manager carried out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. Records we viewed confirmed this.

The manager kept a log of all incidents and accidents and near misses. These were analysed and included an action plan. There was evidence that incidents and accidents were responded to appropriately. For example, where a person had a fall, action recorded for staff included 'having the necessary equipment ready' and 'understanding the needs of a person with dementia'. We also saw that the GP had been called to examine the person and rule out any injuries.

The provider had a health and safety policy in place. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers.

The provider had systems in place to protect people in the event of a fire. The provider had implemented regular fire tests and fire drills, and records of these were available. This ensured that all staff were able to follow the fire procedure in the event of a fire. People's care records contained up to date Personal Emergency Evacuation Plans (PEEPs) which took account people's abilities and needs and included descriptions of particular issues that may affect the person's ability to evacuate safely and what assistance the person required in the event of a fire.

All areas of the home were spotlessly clean and tidy and free of any hazards. The bedrooms we saw were spacious and fresh smelling and people had personalised their own rooms with photographs and objects of their choice.

People were happy with the staffing levels. They told us that staff attended to their needs in a timely manner and we saw evidence of this throughout the day of our inspection. The staffing records confirmed that there were always enough staff on duty at any one time to provide care and support to people. The manager had identified the need for extra support for people living with dementia and to cover daily appointments, so they had recently recruited a care worker to work from 11am to 7pm and were interviewing for another one to ensure cover seven days a week.

We did not see people waiting for support and staff responded in a very caring way when people needed assistance. Care staff were attentive and offered people a choice of tea, coffee or water throughout the morning. The atmosphere was relaxed and care staff chatted and joked with people while they supported them.

Recruitment practices ensured staff were suitable to support people. The manager told us they looked for the right qualities in the people they employed, not just their qualifications. In addition, they carried out checks to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service check were completed.

Good

Is the service effective?

Our findings

During our last inspection on 30 November 2015, we found that the provider had not always followed the principles of the Mental Capacity Act 2005 (MCA). At the inspection of 4 and 5 January 2017, we found that improvement had been made.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation Of Liberty Safeguards (DoLS).

Following our last visit, the provider introduced systems to ensure they followed the principles of the MCA, and had made five applications for DoLS for people who had been assessed as lacking capacity and for whom restrictions were in place. This included a person who was receiving their medicines covertly. We saw evidence in the person's care records that a mental capacity assessment and a best interest meeting had taken place. We saw an authorisation which meant that the person was being deprived of their liberty lawfully.

During our inspection of 30 November 2015, we found that people were not always appropriately supported when decisions about their care were made as there was no attempt to take into account their wishes whenever possible. At the inspection of 4 and 5 January 2017, we found that improvements had been made.

Staff told us that they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout our inspection. Staff had received training in the MCA 2005, and were able to describe some of its principles. We saw evidence in the care records we checked that people were consulted and consent was obtained. People or their representatives had signed the records indicating their consent to the care being provided.

We saw that a 'Do Not Attempt Resuscitation' (DNAR) form for a person had been appropriately signed by a person and a healthcare professional. These are decisions that are made in relation to whether people who are very ill and unwell would benefit from being resuscitated if they stopped breathing. The person's capacity in relation to this decision had been assessed. This meant that people were being appropriately supported when decisions about their care were made and their wishes were taken into account whenever possible.

During the inspection we spoke with members of staff and looked at three staff files to assess how they were supported within their roles. One office staff told us, "It is much better now that [manager] is here. She knows her stuff. I get regular supervision and appraisal." A care worker said, "I love it, it is like a family. It is a

great home to work in. We have been included in everything through the process of becoming a residential home. We have had regular meetings and updates. They reassured us all the time. Now we have got roles, we feel more valued and appreciated. It's nice to come to work. We have been allocated a senior who is there for support." Staff told us and we saw evidence that they were receiving regular formal supervision from their line manager. This provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received an annual appraisal which provided an opportunity for them and their manager to reflect on their performance and to identify any training needs.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People's likes and dislikes were recorded in their care plans and menus were devised according to people's choices. People told us that the food was good. Their comments included, "It's alright, it's fine. You get a choice from the menu", "It's good. It's very good and you can help yourself and get a choice", "It's very good and you get a variety", "It's quite good and I enjoy it", "The food is very good. We have a menu and you always get to choose from two vegetables and two meat ones." A relative agreed and said, "She loves it. It's plentiful and nourishing and they get a choice. Sometimes they'll adapt so that she can have soup and toast in her room. Whatever she wants." We discussed meal planning and preparation with the chef, who told us that all meals were cooked from scratch, using only fresh ingredients. They said, "I talk to people daily. Every time I see them. I ask feedback. I am always trying to improve my cooking and try to introduce new food for people to try. They are in love with my soups! I observe. If plates are empty, it's a good sign. If not, I find out why they didn't like it." Lunch was relaxed and unrushed and people engaged in conversation with staff and each other. A menu was displayed in the dining area. The manager told us they were working on a pictorial menu to ensure that people living with dementia could understand the choice available. Hot and cold drinks were available throughout the day and a choice of snacks offered.

People were supported to maintain good health and had access to healthcare services. We saw evidence that the provider made a variety of referrals to external health professionals when needed. This included referrals to the district nurses team or the optician. People told us they received visits from the GP and were supported to attend healthcare appointments when needed. Their comments included, "The doctor comes once a week", "They do an assessment before calling the doctor", "Yes we see the doctor and go to appointments." Healthcare appointments were recorded in a daily diary and planned ahead. The outcome of these was recorded in the daily diary and discussed in staff meetings. Care plans contained details about people's health needs and included information about their medical conditions, mental health, medicines, dietary requirements, lifestyle and general information.

People were supported by staff who had appropriate skills and experience and staff employed by the service were sufficiently trained to deliver care to the expected standard. People thought that staff were well trained. Their comments included, "Yes, they've all been on different courses", "As far as I know, yes." A relative agreed and said, "Yes. They have to use a hoist and they manage it speedily and well." A member of office staff told us, "Induction packs are given to all new staff. Inductions last as long as needed." Staff confirmed that they had received an induction when they started working for the service. This included training that the manager had identified as mandatory, and a period of shadowing more experienced staff. The subjects covering during the induction included safeguarding vulnerable adults, health and safety, infection control and moving and handling. Staff records included an individual induction plan to identify what training was needed. This included training specific to the needs of the people living at the service such as MCA and DoLS, stroke awareness, nutrition and hydration, dementia awareness and equality and diversity. All staff had achieved a National Vocational Qualification (NVQ) in care at level 2 or 3. The manager told us they were introducing the Care Certificate for newly recruited staff. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care

sitting. Training records confirmed that staff training was delivered regularly and refreshed annually. The manager told us they ensured that learning was embedded by observing practice, checking competencies and ensuring that errors are discussed and acted upon.

Outstanding ☆

Is the service caring?

Our findings

People and relatives were highly complimentary about the care and support they received. Some of people's comments included, "They are just wonderful. They help you with anything you need", "Yes, they are very pleasant", "They are very nice, kind and respectful. [Family member] has a lack of memory and they stay very patient", "It's brilliant. The staff take care of her", "I am very content here", "Yes this is a happy place and the staff are very good", "The staff respect my privacy and dignity", "They are kind and caring. They assist her with showering and dressing. She is always so positive about them. Once they laid everything out for her on the bed so she could get dressed quickly in time for mass" and "When they do her personal care, the door is closed and they draw the curtains over the window. They keep her covered and tell her what they are doing. They do respect her privacy." One person pointed to a staff member and told us, "She is wonderful. She'll do anything for you. She's the best."

Staff were highly motivated and inspired to offer kind and compassionate care and support and were clearly aware of people's needs, routines and behaviour. We saw evidence of kind and empathetic care. For example, we witnessed the manager interacting with a person living with the experience of dementia who was enjoying cuddling her doll. They were discussing the doll 'as a person' and validating the person's feeling about it. The manager told us, "For her, they are very real. We ask her how they are. She has several dolls. I often babysit them. I even bathed one the other day. This encouraged [person] to also have a bath. We include them in daily life. It makes her happy."

The staff and the manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. Their comments included, "The residents are like our family", "We know each and every one of them and what they like" and "We respect them." Staff we spoke with knew people well and were able to tell us their likes and dislikes. A member of the community told us, "The other day, someone who is part of our community witnessed [manager] interacting with a person with dementia. She said 'If I am treated with this much respect when my time comes, I would love to live here'."

All staff displayed a gentle and patient approach throughout the day when caring for people in the home. We observed that staff interacted with people kindly and appropriately, making eye contact, offering choices and explaining what they were doing when assisting people. The manager and staff spoke respectfully about the people they cared for. People told us that staff respected and valued them and met their physical and emotional needs. Relatives we spoke with echoed this.

During the last meeting with people who used the service, the manager introduced the idea of nominating a 'resident of the day'. The purpose of this was for the person to spend time with a senior member of staff to evaluate their care plan together and make changes necessary according to the person's wishes. The manager told us that people liked the idea and this would be implemented next month.

The manager recognised that people who used the service had spent their life as part of a religious community and therefore were not used to be alone. They noticed that one person in particular became

restless and agitated when alone. The manager looked at the staffing levels and decided to provide extra hours to support the person on a one to one basis. We were told that since support began, the person was much more settled, was eating well and appeared to be happier.

People who used the service had few relatives, so the staff went the extra mile to support them. For example, staff accompanied people to appointments and hospital visits and stayed with them throughout the appointment and the return journey. They told us this reduced the stress of waiting for hospital transport.

People told us they liked to spend time in the chapel situated within the home, and felt able to do this anytime they liked. We saw a small room called 'Sacred space'. The manager told us that this was where some people went for private moments. All the people and staff were female and people said they were happy to be in an all-female environment. People who used the service were from the Catholic community and shared the same beliefs and way of life. One person told us, "Oh we all know each other. X, Y and Z joined as novices in 1948 and they are very happy to have met up again here after all those years carrying out their separate religious missions abroad to continue their friendships in their 90s" and another said, "Some of us have known each other for a very long time. We care for each other too. If you need anything, there is always someone."

A priest visited Marian House to take mass and holy communion daily. A nun who was a pastoral presence for the congregation visited people who were too frail or unwell to go to the chapel and took communion with them in their rooms. To enable people who used the service to retain their involvement with their congregation, the provider had recently appointed a Sister as the Pastoral Coordinator. They lived on the premises and worked on maintaining links with people and the congregation.

People's last wishes were recorded in their care plans. This included what was important to them, such as where they wanted to end their life, what they worried about and what they did not want to happen. For example, people's wishes including, 'to remain in the home with friends and family present', 'a priest available', 'holy communion and sacrament for the sick' and 'did not want to be alone'. A priest visited the service regularly to conduct mass and when people needed to see them, this included when people were dying. People told us they were happy to spend their last days at the home. The manager told us that they provided additional staffing hours to ensure that nobody was left alone in their final days. There was a large Tree of Remembrance at the entrance of the chapel, where people could pay their respects to the people who had died. Staff had received training in palliative care and we saw that further training was planned for the next three months which included end of life care, managing difficult conversations, pain assessment and pain management, as well as an oncology and specialist palliative care end of life education programme.

The manager told us that until recently, when a person using the service died, the mass and burial took place at the Mother House in Chigwell. This was a long journey for people who were frail and would want to attend. After consultation with people, it was agreed that the mass would take place at Marian House, to enable people and staff to attend and say goodbye.

Everyone was extremely positive about the service, staff and manager. We saw cards and letters of thanks to staff from people and relatives. Everyone spoke highly of the kindness and compassion shown to people. Comments included, "The most beautiful home we have ever visited", "Hospitable, kind and friendly staff", "Truly inspirational", "It was wonderful to see how dear [person] is being beautifully cared for by sisters and staff", "A home from home" and "Marian House is a home second to none especially with its warm family atmosphere, its exemplary care and Christian ethos."

Good

Is the service responsive?

Our findings

People were involved in the development and review of their care plans and records we viewed confirmed this. One person told us they had felt able to say what suited them best in terms of their care. Their relative agreed and added, "Yes she has been involved and I was shown her care plan." One healthcare professional told us, "People are well looked after. Staff are very friendly and caring and ensure all residents' needs are met. I have no concerns whatsoever."

Care plans were comprehensive and contained sufficient information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. This included sections such as 'Dates that are important to me', 'My previous occupation', 'Activities I am interested in', 'My favourite TV/radio programme and music I like', 'Spiritual beliefs and practices' and 'Food likes and dislikes'. We saw that person centred guidance was available for staff to follow to ensure they knew the individual needs of each person. This included comments such as, "[Person] prefers one-to-one communication and does not want to be involved in group activities. She likes reading newspapers and books. Staff to sit with [person] and talk about current affairs." Care plans we looked at included a 'Life Story' which included background information about the person's family, occupation and any important event that happened in the person's life. This enabled staff to know more about the person, thus using relevant information to facilitate conversation and meaningful activities.

Staff encouraged and supported people to undertake activities of interest to them. All the people who used the service were Catholic and most were Catholic nuns. Members of the religious community and people who used the service spent part of each morning in the chapel where they participated as a community in morning prayer and mass. For people who were either unwell or wishing to remain in their rooms, there was a TV link to the chapel to enable people to still participate in the service.

People told us they enjoyed the activities at the home. Their comments included, "We've been friends for a long time and enjoy playing scrabble together. I like watching Countdown and The Chase", "I can't do many activities. I used to do a lot of walking in Africa but apart from going to prayers and mass, I like to sit out in the garden reading in the summer, or just be in my room doing some needlework, looking out of the window or reading", "I like to do my embroidery", "There's bingo and Christmas carols", "There's the art room at the top of the corridor, the library, and they bring new books once a week", "We have regular concerts, tea in the garden in the summer by the fishpond, making cards and cakes and decorating them." Relatives thought the home offered meaningful activities. Their comments included, "Yes, they'll do arts and crafts, drawing and painting and participation with other people. They have the exercise lady in and there's an entertainer but [family member] is not interested in this. Having access to mass and prayer is more important to her" and "There is an ethos of sisters always visiting old friends and others sisters visit people that don't have visitors." The manager told us that the people living at the service were always part of a community and just enjoyed being together and taking part in religious activities. However they were in the process of developing an activity program to meet the needs of people living with the experience of dementia, and a meeting had taken place with people who used the service to consult them and obtain ideas. The manager also intended to move the library downstairs so that people could access this more easily.

There were ongoing improvements to develop the environment for the benefit of people living with the experience of dementia. These included the introduction of pictorial signs and memory boxes to help people orientate themselves around the home. A staff member had also collected a person's old photographs of their life and had created an album for them to look at. This provided an opportunity for staff and the person to spend valuable reminiscence time together. The manager told us they were working with their maintenance officer to ensure that they followed recognised guidance about dementia-friendly environment. For example ensuring that pictures and signage were hung at the right height and the use of colours were beneficial to the needs of people with dementia.

One healthcare professional told us that the service was always responsive to people's needs and said, "They monitor people's health and address any concern immediately." Staff told us they were aware of people's healthcare needs and would know if they were unwell. The doctor visited weekly or more often if necessary and recorded the outcome of their visits including any instructions to staff. We saw evidence that a person who had a post operation wound was being monitored closely, their dressings changed regularly and a body map was in place and regularly updated.

We observed throughout the day that staff interacted well with people and responded to their needs in a timely manner. Individual staff member's style of interaction with people changed based on who they were speaking with. This showed them to be responsive to people's needs rather than having a 'one size fits all' approach. Staff were patient and encouraging and supported people without rushing them. People were rewarded with kindness and praise.

People told us they knew how to make a complaint and were confident that their concerns would be taken seriously. However none of the people we spoke with had any complaints. On person told us, "If I had to complain about anything, I would talk to the manager and feel comfortable doing so" and another said, "Everything you say here is taken very seriously and acted upon." A relative echoed this and said, "No complaints at all, my [family member] is very happy."

The service had a complaints procedure in place and this was available to people who used the service and their relatives. We saw a copy of this displayed on the information board which also included contact details of the local authority's safeguarding adults team. We saw that complaints were taken seriously and responded to in a timely manner. For example, when a person reported money missing, the relevant agencies were involved and a full investigation was undertaken. Records showed that the person had been reassured and supported throughout the process and was satisfied with the outcome.

The provider adhered to their disciplinary procedures where there were concerns about staff conduct or performance. This included the instant dismissal of an agency staff who had been found asleep on duty.

People and their relatives were encouraged to feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether people's needs were being met. It also included questions about the quality of the food, the environment and their social needs. We saw that the results of a recent survey showed an overall satisfaction. Some comments included, "Staff are all kind and helpful", "Thank you for your ongoing support in caring for my [relative]", "A caring and loving environment for an elderly person", "The staff all know her and are friendly and respectful and obviously aware of her interests. It is a lovely environment with an aura of peace, happiness and love" and "We have nothing but admiration for the way in which my [relative] is being cared for."

Good

Is the service well-led?

Our findings

At our last inspection on 30 November 2015, we found a number of breaches of regulations in relation to the leadership and governance of the service. At the inspection of 4 and 5 January 2017, we found that improvements had been made.

Audits were undertaken and were effective in identifying issues in relation to medicines management, health and safety and the environment. This included where a medicines audit highlighted some discrepancies in the stock of medicines recently delivered by the pharmacy. The manager was organising a meeting with the pharmacist to discuss these issues. The manager was developing more detailed audit forms which they planned to start using by the end of January. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were regular.

People and relatives we spoke with were complimentary about the staff and the manager. They said they were approachable and provided a culture of openness. People thought that the home was well managed and the staff worked well as a team. Their comments included, "The manager listens and gives you time. And all the carers are very good too", "Yes she [manager] is a lovely lady and they all work well together as a team", "The new manager is very good and she's on the ball", "We appreciate what the manager is trying to do here", "She's very good. She has a great sensitivity for the staff and residents feel secure", "I have great confidence in the new manager", "Yes, it's a change and she seems fine. [Family member] is positive about [manager]" and "From what I've seen, she's very nice and it's a cheerful atmosphere with a positive feel."

Staff commented that they felt supported by the manager and were confident that they could raise concerns or queries at any time. Staff were very positive about their jobs and told us they felt supported. Their comments included, "It is much better now that [manager] is here. Communication is better. We have daily meetings with [manager] which include everything happening on the day. Now it's much 'lighter'", "[Manager] always has her door open, you can see her anytime. It's like working in a new home. It's so nice to have her", "[Manager] includes and monitors us so well. Like she said the other day, 'Do you want to come and see me do this care plan?' I am doing my level 3 now so I am being trained. It's brilliant", "It's good. The environment, the staff, the manager, good teamwork. We are becoming experts in medication now! It's very good. We are more responsible than we used to be. We are blessed to have [manager]", "She listens to us, she is a good respectful person. We are lucky" and "Very approachable person. Much better now." The community leader echoed this and said, "The new manager is great. She has great vision and is so good with people." The Chair of Trustees told us that everything was 'going well' and that the care staff were very positive about the new manager. They said, "[Manager] is very good and knows what to do. I am very happy with the feedback from staff."

Staff told us they had regular meetings and records confirmed this. The items discussed included safeguarding, health and safety and issues concerning people who used the service. We were told that there were regular meetings for people who used the service, and we saw evidence of these. Items discussed in these meetings included staffing, activities and any requests from people. We saw evidence that requests were acted upon, for example, where people had requested more fresh fruit on the supper trolley, the

kitchen staff were informed immediately, and where a person had requested a lighter dining chair, this had been provided without delay. We saw a comment that said the person was very happy with the new chair. In addition to these meetings, we saw the manager organised and took part in regular senior, management, housekeepers and community meetings.

There was a board in the entrance hall which displayed information about CQC, the last inspection report, health and safety information and the complaints procedure.

There was also a notice board in the 'handover room' which had information for staff. This included training courses, upcoming staff meetings and other relevant information.

Two of the senior staff were involved in a 'falls reduction' project organised by the local authority and were the 'champions' for the service. The manager told us that the aim of the project was to reduce hospital admission.

Service user guides were issued to all people living at the service. They included a statement of purpose, a service agreement and information about the service and the organisation, its aims, objectives and values.

The service worked closely with healthcare and social care professionals who provided support, training and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. One healthcare professional told us, "I regularly visit the home for audit and training purposes. They have recently changed management and I think it's heading in the right direction. I have no concerns at all."

The manager held a nursing qualification and a recognised management qualification in health and social care. They had managed care services for many years prior to joining the service. They told us they attended regular managers forums organised by the local authority, and intended to become a member of the Skills for Care organisation. They also kept themselves informed of developments within the social care sector by accessing the Care Quality Commission (CQC) website, and reading care management magazines as well as undertaking online courses.

The manager was keen to develop and improve the home slowly whilst involving staff and people who used the service. They told us, "Who wouldn't want to work here? It's a wonderful place. It's early days, but it is all about the people here. The staff really want to do well, they are so willing. They report everything and want to discuss things. They are really really good. This is the right place for me. I like the ethos" and "I love this job. I love it here."