The Orders Of St. John Care Trust

OSJCT Paternoster House - Gloucestershire

Inspection report

Watermoor Road
Cirencester
Gloucestershire
GL7 1JR

Tel: 01285653699
Website: www.osjct.co.uk

Date of inspection visit:
15 March 2016
16 March 2016
18 March 2016

Date of publication:
10 June 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 15, 16 and 18 March 2016 and was unannounced. Paternoster House provides nursing care to up to 40 older people, some who live with dementia.

The service had a registered manager in position. 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's safety was of paramount importance to the staff and there were good arrangements in place to ensure this remained the case. Personal, health and environmental risks were monitored, identified and managed. People received their medicines when they required them, as prescribed and safely. They were protected from abuse because staff knew how to report relevant concerns. Good recruitment practices protected people from those who may not be suitable to care for them. There were enough staff on duty to support people's needs. People had access to health care professionals when they needed this. People received help to eat their food and drink. Where needed additional support was provided to support people's nutritional well-being. Care and treatment was given with people's consent and where people were unable to provide this, they were protected under relevant legislation. People's decisions and choices were respected and met.

Staff were well trained and supported to provide very personalised care. People were very much seen as individuals both in how their care was planned and in how it was delivered. Their privacy and dignity was respected at all times. Staff delivered people's care with exceptional kindness and compassion. Staff were exceptionally good at identifying people's needs, preferences and wishes and providing opportunities for these to be met. People had extremely good opportunities to partake in activities which were meaningful and which helped promote self-confidence and self-worth. Where people wanted to be more independent they were supported to achieve their aspirations.

People benefitted from the service having a strong leader. The registered manager was clear in her expectations and the standard of care she wanted people to receive. Staff worked together to ensure this was achieved. They were collectively committed to the people they looked after. There were robust quality monitoring systems in place so the registered manager and provider could assess the service's performance. Actions were taken swiftly to address any shortfalls and improvements were constantly being made to the service as a whole. People and staff contributed to the how the service was run. They had opportunities to meet together to be updated and feedback their ideas and suggestions. People had opportunities to raise areas of dissatisfaction. Complaints were listened to, investigated and responded to with a view of resolving the issue. The registered manager was keen that the service learnt from any form of feedback received. Arrangements were in place to ensure staff and practices met with best practice.

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 were protected against risks that may affect them. Environmental risks were also monitored, identified and managed.

Arrangements were in place to make sure people received their medicines appropriately and safely.
People were protected from abuse because staff knew how to identify this and report any concerns they may have.

There were enough staff to meet people's needs and good recruitment practices protected people from the employment of unsuitable staff.

Is the service effective?

Good

The service was effective. People received care and treatment from staff who had been trained to provide this. Where staff were new to care there were arrangements in place to help them learn and improve their skills.
People who lacked mental capacity were protected because the principles of the Mental Capacity Act (2005) were followed.

People received appropriate support with their eating and drinking and were provided with a diet that helped maintain their well-being.

Staff ensured people's health care needs were met and that they had access to health care professionals when needed.

Is the service caring?

Good

The service was caring. People were cared for by staff who were extremely kind and who delivered care in a compassionate way.

Staff provided care which was tailored to people's individual needs, preferences and wishes and this included their care at the end of their life.

People's dignity and privacy was maintained and people were helped to understand what they should expect with regard to this.

Staff helped people maintain relationships with those they loved or who mattered to them.

Is the service responsive?

Outstanding ☆

The service was able to be responsive. Staff collected information about people's needs, preferences, wishes and aspirations and maintained very informative care plans for staff to follow. Staff used this information to proactively improve people's quality of life and well-being in a personalised way.

People had opportunities to take part in social activities and events which they were involved in planning. Activities were meaningful to people so they meant something to them. They could relate to what it was they were taking part in and enjoyed being involved.

Links with community groups and projects had been successful because these were valued and promoted by all the staff and their managers.

There were arrangements in place for people to raise their complaints and to have these listened to, taken seriously and addressed.

Is the service well-led?

Good

The service was well-led. The registered manager provided the service with strong leadership.

People were protected against poor services by the provider's robust monitoring systems and the registered manager's high expectations.

People had access to meetings where they could contribute ideas and make suggestions and have these listened to and acted on.

OSJCT Paternoster House - Gloucestershire

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 15, 16 and 18 March 2016 and was unannounced. The last inspection of Paternoster House by the Care Quality Commission was completed on 17 October 2013. The service had been found to be fully compliant in the areas inspected.

Prior to visiting Paternoster House we looked at the information we held about the service. This information included the statutory notifications the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send to us by law. We reviewed information local commissioners had shared with us about the service. We looked at comments people and relatives had made on a national website used to provide feedback about their experience of the service.

This inspection was carried out by one inspector. We spoke with seven people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We reviewed eight people's care records which included a selection of medicine administration records. We received written feedback about the service from one relative. We spoke with eight care staff, 5 volunteers, the registered manager and a representative of the provider. We reviewed two staff recruitment files.

We also reviewed various records and documents relating to the management of the service. These included a selection of audits including the provider's last quality monitoring audit and action plan, complaints and compliments file and staff training record. In addition we observed two staff hand-over meetings and toured

the premises.

Good

Is the service safe?

Our findings

People told us they felt safe at Paternoster House. One person said, "All the staff make me feel as if I'm safe" and another said "I feel quite safe here." The registered manager told us one of their key values was to ensure people were cared for and protected against any form of harm. Staff we spoke with had the appropriate knowledge and understanding to protect people from abuse. They were aware of the company's safeguarding policies and procedures. They also knew how to report any relevant concerns they may have both within their own organisation and to appropriate external agencies. Notifications received from the service confirmed they shared relevant information with agencies that also had a responsibility in safeguarding people. Information shared with us by the registered manager showed that when these concerns had arisen the service had taken appropriate action.

People's risks were identified and managed appropriately. Risks relating to, for example, falls and the development of pressure ulcers were identified, assessed and action taken to reduce these. Risk assessments and relevant care plans gave staff guidance on what actions to take to reduce risk. For example, one person had a history of falls and their care records stated they were at a high risk of further falls. One of the actions taken to address this was the use of an alarmed pressure mat. When this person put their feet on the mat alongside their bed, it alerted staff to the fact the person was attempting to mobilise. Staff were therefore able to provide the support the person needed, when they needed it in order to keep them safe. A physiotherapist had also been involved to ensure the person had the right equipment and exercises to help their mobility. This person was also prone to additional infections which affected their general health and therefore their ability to mobilise. Care records showed staff were aware of this and that they took swift action to identify a potential infection and refer the person to their GP for treatment.

Another person's care records stated their ability to stand and sit safely varied. Guidance for staff on how to support this person reflected this and also varied according to the person's ability on any given day. This person had experienced a fall and a relative had been concerned that this could happen again. A review of the risk management actions had therefore been reviewed. An occupational therapist had been involved and had carried out an assessment of the person's seating arrangements. These had been subsequently altered to help reduce the risk of further incidents.

The risk of damage to people's skin from, for example, pressure, moisture and poor general health were managed well. Several people were at risk of developing pressure ulcers. These risks were managed through the use of specialised equipment such as pressure relief mattresses and cushions. Care records recorded that people's positions had been regularly altered to alleviate pressure from their skin. Where pressure related damage had occurred despite these efforts action had been taken to address this. Records for one person recorded the gradual improvement in a person's skin following wound care delivered by the nurses at Paternoster House. Staff kept people's skin clean and used protective creams to reduce the risk of damage from body fluids. One person was at risk of on-going potential damage to their skin because of their continence problems and immobility. Staff followed care plans which gave guidance on how to move this person correctly without causing damage to their skin, how the person was to maintain an appropriate nutritional intake and how they should be supported with their personal hygiene.

People told us their needs were met and our observations confirmed this. When we asked people if staff were available when they needed them there were mixed views. One person told us staff were always available they said, "I press my call bell and they are pretty good really, I don't have to wait too long". However, another person said, "Sometimes less able people than me are left waiting for the toilet". They said this predominantly happened in the early evening. One person rang their call bell just after 6pm and staff responded to this in eight minutes. This person wanted to move from the lounge to their bedroom; they did not require the toilet. Staff who attended apologised to them for the delay and explained they had been helping another person. They told us they were aware this person liked to go to their bedroom about this time and that they usually rang their bell when they were ready to go. During the inspection we observed that another person's request to use the toilet was addressed immediately. The call bell system showed that most call bell response times were within one and three minutes. One member of staff told us they felt there should be more staff on duty. Two other members of staff told us there were usually enough staff on duty. They also explained that during the day time there were other people available to meet people's needs as well as the care staff. The registered manager explained they had a large team of volunteer staff who were present most days. These staff often alerted care staff to anyone needing care support so help could be provided quickly.

The registered manager told us there had been two weeks prior to the inspection where it had been challenging to ensure there were enough staff on duty. They said, "We had a blip". They told us this had been due to a couple of staff leaving, for personal domestic reasons, and other staff already committed to taking annual leave. They explained care staff had been willing to swap shifts, work additional hours and just stay on duty for a little longer to help out. They explained that they always ensured staff were supported to meet people's needs. This sometimes involved altering what was planned to take place on a particular shift. The registered manager had also made herself available to support nurse colleagues when needed, which we witnessed on one day of the inspection. However, if needed, agency staff were requested to support existing staff. One member of staff told us agency staff were rarely used. However, during the inspection period three shifts had been covered with agency staff to boost overall staff numbers. One shift remained one member of staff short because agency staff could not be obtained. Adjustments had been made and the staff felt they had managed the shift well and that people's needs had been met. The registered manager explained they were "extremely lucky" at Paternoster House to have such "committed" staff and volunteers. She told us she regularly reviewed people's dependency levels and had the freedom to adjust the staffing numbers accordingly. She explained she was also in the middle of recruitment drive which had resulted in several applications. We saw these and they were at various stages of the recruitment process.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. Recruitment files showed that appropriate checks had been carried out before staff worked at Paternoster House. For example, clearances from the Disclosure and Barring Service (DBS) were requested and received before staff started work. A DBS request enables employers to check the criminal records of potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had also been sought from previous employers. Gaps in employment history were explored at interview and the reasons for any discussed with each candidate.

People's medicines were managed safely. Medicines were available for use when needed and robust arrangements ensured that newly prescribed medicines were ordered and delivered as soon as possible. For example, one person was prescribed medicine by their GP in the morning of one of the inspection days. These were delivered by late afternoon and administered on the 6pm medicine round. Records relating to medicines delivered and returned to the Pharmacy were maintained. Individual medicine administration records (MARs) were also well maintained and kept a record of what medicines had been administered as

well as what creams and ointments had been applied. Medicines were stored securely and guidance followed relating to optimum temperature controls. Staff who administered medicines had received relevant training and their competencies in this task were reviewed.

People lived in an environment that was maintained safely. The maintenance team carried out numerous health and safety checks to ensure this remained the case. Health and safety audits were completed to ensure the provider's expectations and policies were adhered to. There were contracts in place with appropriate specialists for the servicing and maintenance of all equipment. Similar arrangements were in place to maintain the nurse call system and emergency lighting. Other arrangements for example, ensured the water and heating system remained healthy and safe. Cleaning arrangements were robust and cleaning schedules were adhered to in order to keep the environment clean for people. Infection control procedures were also adhered to and ensured people were not put at risk of infection. Any required improvements/works to the building were decided on in a meeting with the registered manager and the provider's estates manager. These had been identified as well as a wish list and submitted in time for the next year's budget expenditure meeting.

Good

Is the service effective?

Our findings

People received their care from staff who had been well supported and who had been trained to understand and be able to meet these needs. When asking people about how well staff met their health needs one person said, "We are well looked after" and another said, "I am pretty happy here, I shouldn't think anyone could complain about the staff or the care". Another person said, "When I came here I was really poorly, since then I have just got better and better, it's been brilliant". A relative had commented on one of the national care home websites and said, "Mum receives excellent care. All staff adapt quickly to her changing and deteriorating condition. The nursing staff communicate frequently with the family. It is well supported by local GPs and pharmacies".

All staff completed the provider's induction training when they first started work. This included time at the company's head office where staff were introduced to the provider's policies and procedures. Training was also provided in subjects which the provider considered necessary for all staff to attend in order to carry out their tasks safely. These included for example, safe moving and handling, fire safety, infection control, safeguarding adults and an introduction to dementia. New care staff commenced the care certificate. The care certificate lays down a framework of training and support which new care staff can receive. Its aim is that new care staff will be able to deliver safe and effective care to a recognised standard once completed. Four existing staff had trained to be mentors for the care certificate so that they would be able to support new staff. All staff who were new to Paternoster House were made welcome and had an opportunity to shadow experienced staff until they felt confident. Experienced care staffs' competencies were assessed and they were supported to improve their knowledge and skills. The staff training record showed that training was on-going and it was the provider's expectation that staff kept themselves suitably updated. One member of staff said, "I think sometimes we have too much training but actually it's very good". Staff were supported to obtain other qualifications in care such as the national vocational qualification (NVQ) or diploma in health and social care. All staff were provided with designated support sessions (supervision) and they received feedback annually on their performance. In their end of year appraisal they were able to discuss their progress so far and their future work aspirations.

People received care and treatment for which they consented. We observed on many occasions staff obtaining people's agreement before they went ahead and provided their care. People were involved in the planning of their care and support. One person told us they had gone through their care plans with a nurse. This had given them the opportunity to discuss the content and they had agreed to the care planned for them. Another person confirmed they had chosen to and given their consent, to come and live at Paternoster House. People who were unable to provide consent for their accommodation or care and treatment were protected under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The staff understood this legislation and the registered manager ensured it was adhered to. To make it easier for staff to complete the documents needed to support this, the provider had produced a specific booklet which kept all the

required documents together. For example mental capacity assessments, deprivation of liberty safeguards (DoLS) documents, checklists and care plans.

Where people had been unable to make a decision or provide their consent a mental capacity assessment had been completed and a best interest decision made by appropriate people. If, for example, this had involved a best interests decision that the person should live at Paternoster House in order to receive the care and treatment they required, an appropriate DoLS referral had also been made to the supervisory body (the County Council). 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 and DoLS. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the service had completed this process for one person and DoLS had been authorised. This person's care pans also outlined how their care would be delivered in the least restrictive way. This person's relative had also been involved in care plan reviews so they could represent their relative.

People's nutritional risks were identified and managed effectively. For example, one person said, "The food is very good here but I have been told that I must put some weight on". This person's relevant risk assessment had highlighted a further weight loss. Their weight was therefore being monitored more frequently by staff as well as what they actually ate and drank. A comprehensive care plan described the person's needs in relation to this and gave staff guidance on how to support this person nutritionally. Records maintained by staff showed that every encouragement had been given to help this person gain weight and to improve their appetite. Food and drink supplements had been prescribed by the person's GP and their ordinary food and drinks were fortified. For example, cream was added to a bed time drink and butter added to vegetables. During the inspection we saw staff offering this person additional biscuits, cakes and sweets which they enjoyed. Another person told us how they had not wanted to eat and had lost a lot of weight when they were first admitted. They told us staff had encouraged them, initially with mouthfuls of food, then very small meals. They said, "The care staff and cook bent over backwards to find things that I fancied eating on the day. This level of attention did me so much good". They then went on to tell us proudly what they now managed to eat. Another person who was at risk of losing weight said. "I don't particularly like eating, never have, but they (the staff) make the food look very appetising and bring me my supplement drink".

We observed the dining room experience twice, once at a tea-time and once at a lunch-time. Less people used the dining room at tea-time so people sat together around one large table. Some food was served and people chatted and helped each other to plates of additional food on the table. This was a social and supportive event. Lunch-time was busier with many people attending the dining room. People required different levels of support and had different preferences which were met. People were supported to make choices about what they ate and drank. The service's volunteers helped at lunch time and again this was a very social event with lots of chatter and laughter. People who preferred to eat in their bedrooms could and those who were poorly, and in bed, were helped with their food in a quiet and dignified way. One person ate their meal alone in the lounge. They said, "I prefer to do this at the moment". People told us they liked the food and considered the options to be good. Comments made included, "The food is lovely here", "Lunch today was very tasty" and "You have a choice which is very good".

The registered manager told us they looked for different and innovative ways of improving people's well-being and health. One member of staff had expressed a particular interest in people's nutritional well-being. They had been offered a lead role in monitoring people's nutritional intake and educating people on healthier eating. This role also involved ensuring people were supported to get additional fortified snacks, supplements and drinks in-between the main meals. They had a general oversight of people's appetites, what kind of support they needed and what their weight was doing. Fun ways of educating people about

healthy eating and food values had been introduced, for example, through quizzes and food tasting activities.

Other staff also held lead roles and this helped to keep staff updated with best practice. During the inspection one member of staff attended a local forum run by health care professionals on "tissue viability". Tissue viability focuses on the management of all skin related issues including wounds. It also focuses on the prevention for example, of pressure ulcers. This member of staff discussed specific concerns and the latest best practice ideas with specialist health practitioners. They then ensured any advice and good practice was fed back to colleagues.

People had access to health care professionals as they needed it. Good working relationships existed with local GP practices and GPs visited on a regular basis. People's care records stated when other health professionals and specialists had been involved. These included visits by, or appointments with, speech and language therapists, physio and occupational therapists, tissue viability nurses, continence advisors and mental health specialists. Where people had needed support to get to hospital appointments this had been provided. A chiropodist attended to people's feet on a regular basis and arrangements were made for eye tests and dental care.

Good

Is the service caring?

Our findings

People's care was delivered in an exceptionally caring and compassionate way. Comments from people included, "I don't feel like a cast out here" and "I have been made to feel so welcome and happy here I would not want to be anywhere else". One person said, "Without fail they (the staff) get the things I want and they go out of their way to make me comfortable." Another person said, "There are some really caring staff here, that makes a huge difference you know." A relative had commented on one of the national care home websites. They had said, "I was very concerned about her moving into residential care but have been most impressed by the care given to her. The staff have shown themselves understanding of her needs and willing to do all they can to support her in practical matters and to respond to her feelings with sensitivity".

The registered manager said, "Often people do not have a choice about being here and I want us to care for people in the way we would want to be cared for". It was very clear that people's well-being was important to the staff at Paternoster House. They worked as a team to ensure people felt listened to and cared for. People told us they felt "extremely" well cared for and listened to. We observed many kind interactions from staff towards those they were looking after. Examples of this included, showing affection by putting their arms around people's shoulders and purposely making sure they gave people time to reply or answer a question. Staff frequently stopped people and asked them how they were; they were genuinely interested in their well-being. One member of staff described a situation they had found themselves in and how they responded to this. They had been providing support to a person who they said, "just burst in to tears". The person had expressed feelings of uselessness and of being silly. The member of staff said, "I just gave them a big cuddle and we sat together and chatted. Later I tucked them up in bed and they settled". The member of staff said, "We all need that kind of love sometimes". We also observed a lot of banter and laughter and people had good relationships with those who looked after them. These interactions were observed throughout the inspection from all members of staff. People and the staff sometimes referred to Paternoster House being like "an extended family".

People were valued and seen as individuals. Staff recognised that given the right opportunities people could often be supported to be more independent. The staff worked extremely hard to plan and deliver care which met people's choices and abilities. One member of staff said, "No one person here is the same and we (the staff) know that, even down to how they like their tea". This personalised approach was very visible in the way we observed people receiving their care. This meant the staff knew the people they looked after very well. They did not always 'just do' for a person but helped them use skills they already had. Examples of this approach were observed at lunchtime. One person needed their personal care needs attended to just as lunch was being served. Although they had been given this care just beforehand they clearly required help again. The person could not verbalise their need in words but did so in their own way. We observed a member of staff react to this immediately and without hesitation. They manoeuvred the person from the dining room table and attended to them. On return the member of staff told us, "I just know them well. I knew they had previously been attended to but I knew by just looking at (name) and the noise they were making that they needed attention again". This person later settled and enjoyed their meal with the help of a volunteer.

We also observed people being given many opportunities to make decisions and choices. One person said, "You can make choices here, about what you do and what you eat". Another person said, "They (the staff) let me do what I like. If I want to remain in bed for a day then that is okay". When talking with another person about how they liked to spend their time they said, "There is no hard and fast rule here".

Staff were particularly caring and very skilled at providing moments of encouragement and support in a quiet and reassuring way. This was often done discreetly and without sounding condescending. Sometimes it was aimed at helping people retain skills and to promote independence. For example, we observed one person getting very confused and anxious with their cutlery at lunch-time. This person lived with dementia and although they were able to feed themselves their confusion over the cutlery prevented them from successfully starting their meal. A member of staff observed this and knelt down and spoke quietly with them. They helped them choose which item of cutlery they wanted to use by offering a simple visual choice. Once the decision had been made the remaining cutlery was discreetly removed. The member of staff said, "Take your time there is no rush" and provided further support and affection by putting their arm around the person's shoulders. The result of which was an obviously more relaxed person who was able to feed themselves. The member of staff watched from a distance and returned at intervals to tell them how well they were doing. This was met with a smile and the person continued to eat their meal, slowly, but independently.

Another person told us staff had helped them regain their "confidence and self-worth" and that now staff purposely sat people next to them who needed some positive peer encouragement and support. This role obviously gave this person a sense of purpose and they were proud of being able to help others. They said, "They (the staff) all chat to us and they encourage us to speak to each other, like a family would". On several occasions we observed people chatting to each other, enjoying each other's company and generally supporting each other. One person told us about the difference one member of staff made to them each time they were on duty. They said, "Even if they are not working in my part of the building they always make an effort to come in and ask me how I am. I know it's daft but it makes me feel that bit special".

One member of staff spoke passionately about how they saw the role of the staff and how they felt proud of the work done at Paternoster House. They said, "You (the Inspector) are privileged to come in this home and meet our residents because it is their home and they are all so lovely". They said, "For a lot of staff here it's not just a job they come to work smiling and they go home smiling, it's about being able to make a difference". This sense of ownership and pride in their work came through when we spoke with staff and volunteers. They were happy and proud of being involved in something worthwhile. One member of staff said, "It's always being about what the resident wants" and another said, "What the residents want comes first".

People's care was delivered in private and staff were aware of the need to maintain confidentiality. Discussions about people's care were carried out privately. Maintaining people's dignity during care was paramount to the staff. To help people understand what this meant and what it should look like the home's dignity lead had devised a quiz which they did as an activity. Like the information given on healthy eating a week had been set aside focusing on the subject of dignity.

A relative passed on their thoughts and views to us about how caring the staff were. Their relative had passed away but they still visited people they had formed friendships with. They wanted us to know how supportive and kind the staff had been to their relative during their stay at Paternoster House. They said, "Such dedication deserves to be noted at a higher level". Their relative had passed away at a time when several people were also ill and dying. The relative wanted to highlight that the staff had provided "care, love and respect" and this had been done, "Even when they (staff) were suffering themselves due to the number

of their own 'family' that were passing around them". A member of staff commented that people and staff in Paternoster House "were one big family and when one dies it affects everyone."

People's end of life care was viewed as a "privilege to be involved in". Staff viewed this as the final thing they could ensure was done well for a member of their "extended family". The registered manager told us that it was the staffs' aim to always ensure that a person's dignity was maintained and that they were pain free and comfortable. They told us it was often a time when family members needed additional support and they were free to stay with their relative for as long as they wished. Staff provided the support needed; families differed in what involvement they needed from staff. They told us staff always ensured relatives were provided with the refreshments they required throughout this period.

The registered manager explained that long before this stage staff made sure that instructions and plans around whether to resuscitate someone or not were clearly understood and documented. If decisions on this altered the documentation was updated. If people had made a particular wish regarding this it was documented in people's care records. If the person's GP had decided that resuscitation was not appropriate the relevant and prominent document was within the person's care record so there could be no confusion. The records we read in relation to this stated that this decision had always been discussed with the person and/or a family member by their GP. When it was assessed that a person was entering the stage where they may actively start to die, end of life medicines were organised and were always kept ready in case these were needed to aid the person's comfort. Nurses in Paternoster House had been trained to administer these.

People's care plans were already personalised with their spiritual/religious preferences identified. Advanced care plans were used to capture particular end of life wishes and arrangements. These were completed with the information the person wished to discuss at the time or with as much information staff could obtain from a relative or representative. One person told us staff had discussed their end of life wishes with them in one of their care plan review sessions. This person said, "I know I will be here until I die and that is of comfort to me because I know they will look after me when I do". One person's advanced care plan stated that the person had not wanted to discuss this up to this point. One member of staff explained that as time moved on staff often learnt, piece by piece, what a person's end of life wishes would be and these could be documented.

People told us their relatives were made welcome when they visited and that they could see their visitors when and where they chose to. Some of the organised activities at Paternoster House were designed to include people's friends, family members and people from the local community. The registered manager told us about one visiting entertainment which had been a great success in getting several generations of families involved from great-grand-children, grand-children, children and the person who lived at Paternoster House.

Outstanding ☆

Is the service responsive?

Our findings

People told us their personal values and beliefs were respected at all times. They also told us their care and social needs were extremely well met by staff who had a particularly good understanding of what these were. Observations of the support people received showed a positive and collective desire by staff to improve people's quality of life and well-being. Staff were responsive to people's needs by adopting a personalised approach to how they provided people's care. They were able and willing to be flexible in how they supported people in order to improve outcomes for them. People were also treated as individuals with different expectations, goals and aspirations. Some results from this approach had been exceptional. A well-established program of social and meaningful activities was promoted and fully supported this ethos. The service was well established in the local community and, as well as being supported by the community, the service aimed to be supportive of the community in return.

On a day to day basis Paternoster House and the people who lived there were very much part of the local community. One way this was demonstrated was through the numbers of volunteers who wanted to be involved with the service. They told us they were "proud" and "happy" to be part of Paternoster House. Volunteers had become involved in different ways; some had previously known a person who had lived there and they had wanted to remain in contact with people they had got to know. Others had been involved in the various community groups and projects that Paternoster House had become involved with. Some just knew of Paternoster House and wanted to offer their time. The support provided by the volunteers was well established and predominantly co-ordinated by the activities lead. As a team they helped people plan activities and events as well as providing some people with one to one interaction. This had become successful because the management were very open to local community involvement. Every member of staff also understood the value of providing people with social opportunities and meaningful activities. They knew these improved people's quality of life and their well-being and therefore it had been fully supported and promoted.

The registered manager told us the service tried to be involved in schemes where Paternoster House could also contribute back to the local community. An example given was getting involved with a local neighbourhood enterprise which supported students with learning disabilities to enable them to spend time with people of a different generation and with different needs. Links with local colleges for example, also enabled younger volunteers to work at Paternoster House as part of their Duke of Edinburgh Award. Another example was of a younger person who had not been sure about what they had wanted to do and who needed support to gain more experience in the work place. They had become a volunteer at Paternoster House and with encouragement and support had contributed exceptionally well to people's quality of life. The registered manager explained that this person was now considering the care profession which they felt they would do well in and enjoy.

On one of the inspection days there were six volunteers present. They varied in age from teenage years to retirement age and beyond. We observed people enjoying their company whatever their age. We observed volunteers running group activities, spending time with people on a one to one basis and preparing for events already planned. We were told it was not unusual to have at least two, three or four volunteers

present each day. The activities lead said, "We are exceptionally lucky here to have so many wonderful volunteers". Two volunteers told us this success was down to the activity lead's "passion and energy" to improve people's quality of life. They told us this member of staff and the registered manager had worked hard to forge links with various community groups and projects. One volunteer explained why they were involved. They said, "I wanted to help and bring something extra to people's lives". One member of the care staff said, "We can provide all the extra things that make a difference to people because we have such great volunteers". The activities lead explained this additional support also enabled her to spend more time with people on a one to one basis. For example, some people lived with dementia and were unable to interact within a group. There were also people who preferred not to join in the group activities but who nevertheless enjoyed mixing socially.

People told us what they thought of the arrangements and what opportunities these brought them. One person had just been to a singing and music activity and said, "Today it was not my sort of music but I enjoy joining in". Another person told us they attended the quizzes, a regular knit and natter session and bingo. They said, "You know it's done me some good." Another person told us they also joined in the activities. They said, "I need help to join in bingo and the painting but the staff or volunteers help me". We observed people having fun and there was a lot of laughter and conversational banter between people, the staff and the volunteers. When talking about this one person said, "The staff help to keep me going" and a member of staff said, "There's an energy going on here". One person told us about how they put on their music in the morning and the staff sang and danced to it as they went about their work. This person said, "It cheers me up, it gets me going".

People helped to plan what activities took place and they also contributed to a monthly newsletter. A weekly program of fixed and favourite activities went out to each person. Many activities also took place in-between and often on an ad-hoc basis depending on what people wanted to do at the time. In two days we observed various art and craft based activities, singing and listening to music activities and a wine and cheese tasting session. We also saw bunting going up and other arrangements taking place for a party which had been planned as part of the Queen's Birthday celebrations. One of the volunteers was going to provide entertainment at this and several others were also involved. In the better weather volunteers who were keen gardeners helped people to garden. One person in particular enjoyed this as they had been a lifelong gardener. As well as flowers and plants, people grew soft fruits and vegetables.

Links with local community projects had involved a local art group. They had been able to support Paternoster House through using grant money they had been awarded to benefit the local community through the use of art. Completed art work from sessions they had held in Paternoster House could be seen around the main lounge/dining area. People referred to these with pride when we pointed them out. These art sessions had really benefited one person who lived with a particular sensory disorder. This had affected their confidence to socialise and they had tended to isolate themselves. Through encouragement from the staff and support from the visiting arts team this person had enjoyed these sessions. They had produced something in one of the sessions which they had been able to give to a relative. Staff explained this had such a positive impact on this person's self-confidence. The registered manager told us this was the beginning of this person becoming far more confident and wanting to socialise.

The registered manager told us staff at Paternoster House were "highly motivated" on a day to day basis to make a difference to people's lives. They said, "We will go the extra mile where we can to make things happen for people". One such example was discussed where the registered manager said, "We helped to fulfil their dream". It had been one person's life long wish to make a pilgrimage to Lourdes in France before they died. The registered manager explained that the provider, The Orders of St. John Care Trust, was affiliated to the companions of the Order of Malta. They told us Lourdes made available, each year, a small

number of places for the provider to allocate. In 2014 the registered manager helped this person apply for one of these places and it was accepted. They explained it then took many hours helping the person to apply for and obtain a passport. They told us this had involved numerous telephone calls and eventually they escorted the person who had poor mobility, to the passport office and helped them answer the necessary questions. Once the passport had been organised staff helped them prepare for their journey and the companions escorted the person to Lourdes. Sadly we were unable to speak with this person about this as they had since passed away.

The provider held regular meetings for all staff who took a lead on activities in their care homes. In these meetings they were able to network with other activity leads and exchange ideas, organise joint activities between sister homes and keep up to date with best practice. The activities lead for Paternoster House was also a member of the National Association for Providers of Activities (NAPA) for Older People. NAPA promotes meaningful activities in care services and gives guidance and ideas on how to do this. The registered manager described one very successful group activity which four people decided to get involved with. This had been through NAPA but had also been a competition that care homes could enter. The main activity had been based on the television program "Come Dine with Me". A care home had to have a small group of people who wanted to be part of planning, producing and attending a four course evening meal. There were also to be three guests. They had to provide evidence of each stage and submit this to NAPA to be eligible for entrance to the competition. We saw a very full photographic and written account of the activity that took place which had involved four people who lived at Paternoster House. The preparation stages had taken place as several individual activities which had involved other people, staff, volunteers and members of the local community. For example, wine needed to be chosen for the meal so a local wine merchant agreed to put on a wine tasting session and two people were helped to attend this. Fruit grown by the people and volunteers in the garden was used for the dessert course. A wider group of people in smaller activity groups designed and produced the invitations and flower arrangement for the table. The registered manager lent their best dining crockery, friends of staff acted as waitresses and a pianist provided musical entertainment. One person chose to have a manicure at a local salon before the meal so staff supported them to do this. The registered manager said, "It was a wonderful evening. The meal started at 6.30pm and people were still chatting and enjoying themselves at 9.30pm".

Other small actions by staff helped to make people feel valued and involved. One member of staff explained that one person could not hold a normal wine glass during activities such as the wine and cheese tasting session. Whilst out shopping they had seen a glass which they thought would be practical for the person, so they purchased it. We saw the person using this in the activity we observed and the member of staff said, "It's nice for them to be able to join in as others do, with a wine glass and not a plastic beaker. It's far more dignified for (name)". Another idea to help people remember and feel proud about what they had achieved and been involved in was seen in the place mats used at tea-time. With people's permission photographs had been taken of them taking part in an activity or showing what they had achieved and then laminated. When we pointed these out one person said with pride, "It's a good idea isn't it, people like to see what they got involved in".

People's care needs were responded to in a personalised way. To help staff be able to do this, information about people's care and health needs, including their preferences, choices and wishes were assessed and explored prior to admission. Everyone had a pre-admission assessment carried out before they were admitted. This process helped staff be sure they could meet the person's particular needs and gave people or their representatives an opportunity to discuss their expectations and any concerns about the future they may have. This information went on to help formulate detailed and personalised care plans. Once admitted people were encouraged to be actively involved in the planning of their care. Care plans showed that designated time had been given to talking with people and to hear what the person had to say about their

care needs. People had therefore been given the opportunity to tell staff how they preferred their care to be delivered, telling staff what was working well and where adjustments were needed. If they were unable to do this records showed that their representatives had been equally involved and able to express a view.

Care plans were personalised and detailed and gave staff good guidance on how to deliver people's care. This process also identified very personalised wishes, preferences and decisions. For example, one person had made a decision not to have their hair dyed anymore and another had specifically stated that they preferred to be called "honey bean". A more detailed discussion had been held with one person about religion and faith and from this a highly informative and personalised care plan had been written. This meant, in this case, this person's wishes and views on this were well understood by the staff. Where specific and more specialist support had been needed to plan a person's care, for example, the care of someone who lived with dementia, the provider's Admiral Nurses had been involved. Admiral Nurses are specialist dementia nurses who give expert practical and emotional care and support to families, people who live with dementia and staff who look after people with dementia. This had been the case for one person who also had complex communication needs and therefore it had been difficult for staff to identify the person's particular needs and preferences. This person's care plans were very detailed giving staff lots of guidance on how to best care for them and what to look for which may tell them the person was unhappy.

People had also been able to discuss personal goals and aspirations and plan with staff how these could be achieved. This had applied to one person who when admitted could only be moved by the use of a full hoist and who needed support to meet all their daily activities. They had also required on-going wound care which had been provided by the nurses in Paternoster House. This high level of care and support continued for six months until the wounds were healed. Through a very personalised approach to care and by listening to what the person wanted to achieve staff were able to help the person improve their mobility and ultimately their level of independence. This person said, "It was sheer determination, I wanted to walk again. I did not want to be in a wheelchair. They (the staff) knew this and they walked up and down the corridor with me and they took me out. They are so caring and encouraging. I can now even take myself to the toilet". A member of staff told us, with pride, that this improved mobility and independence had resulted in the person attending two major family functions which staff knew had been important goals for them. Another equally exceptional example involved a person who had been initially admitted on a permanent basis. They arrived in a poor state of health and self-neglect. Staff had learnt that this person's ultimate goal was to live independently in the wider community again. They supported this person to achieve this but staff remained interested in their progress and did not lose contact with them.

To ensure the care delivered remained relevant, care plans and health related assessments were reviewed at least monthly and more frequently where needed. Care records showed evidence of adjustments to care delivery when for example, people's health and abilities had altered. There was evidence of informal chats being held with people to ascertain if they were happy with their care and that it was still appropriate. Staff told us people's care plans were not reviewed, for example, in isolation by senior staff. They told us that they were also involved as the staff who predominantly delivered people's day to day care. In partnership with people, staff also operated a "resident of the day" system. This arrangement meant that on a specific person's designated day all departments in Paternoster House reviewed their involvement with that person. For example, the housekeeping staff would come to an arrangement with the person to perform a deep clean of their bedroom, the catering staff reviewed the person's dietary needs, likes and dislikes with them and the maintenance team assessed the person's living area (their bedroom) and addressed any maintenance issues or requests. One person for example, told us this had given them the opportunity to arrange with the maintenance person the hanging of some shelves in their bedroom.

People were able to raise a complaint or dissatisfaction and have this taken seriously, investigated and

resolved where possible. Information about how to do this was made available to people and their representatives. The registered manager told us they operated an open door policy and made themselves available at any time for people to raise their concerns. They told us they would rather people tell them about their dissatisfactions so they could help resolve these at an early stage. The complaints file showed receipt of one complaint which related to the wrong sauce being served with a meal. This had been discussed with the catering staff and rectified. A more recent complaint had been acted on and resolved. This had resulted in a person's seating arrangements having been reviewed to ensure they were safe when sat in an armchair.

Good

Is the service well-led?

Our findings

People considered Paternoster House to be well managed. One person said, "We could not have a better manager. I have never known her to be in a bad mood but she does not stand for any nonsense". Another person said, "I chose to come here because one of the reasons was, I knew it was well run". The registered manager said "Whatever goes on here it is always the residents' home first". A member of staff described the registered manager as "fair" and said "we know what her expectations are and they are what we all want".

People told us they were able to say what they felt in meetings they went to. One person told us they liked to take a particular interest in what monies had been raised and how this was spent. The manager also held regular meetings with staff to either pass on what she needed to say or to hear what they had to say. Weekly meetings were held with heads of departments to ensure the registered manager and all teams were fully updated with the previous week's events, issues and the coming week's plans. The registered manager said, "I try to respect all views and opinions and try to incorporate these in what we do here". They said, "I have a lovely team which I want to support". The registered manager told us that she regularly attended staff hand-over meetings held at the beginning of the staffs' shifts so as to keep informed and up to date with people's needs, changing health and progress. At the hand over meeting sometimes the registered manager could contribute to the information sharing, pass on messages or compliments about the care which she had received.

Arrangements were also in place so staff could raise any concerns they may have about another member of staffs' practice or behaviour without reprisal. The registered manager said, "In order for people to be protected staff have to feel confident that they can whistle blow and that I will take their concerns seriously". The provider's representative confirmed that staff were always encouraged to use these procedures if they needed to. They also confirmed that a lack of respect and support for these procedures would not be tolerated.

The registered manager was very aware of what their specific challenges were and told us they were well supported by senior staff and the provider to manage these. The registered manager was also aware of the need for openness and transparency in all areas of how the service performed. Staff were also aware of this and reported appropriately back to senior staff. We were told that any mistakes or omissions were discussed openly with people (if this was not going to cause undue distress) or their relatives. Notifications were submitted to the Care Quality Commission as required.

The registered manager explained that they and the provider were very committed to improving Paternoster House in any way they could. They told us there were always opportunities where learning could be achieved and improvements made. The registered manager said, "It is my job to always remain positive and be clear about what needs to be achieved". In this task they were supported by the provider's robust quality monitoring system. This involved the registered manager completing a self-assessment of both their performance and the performance of the service generally. This was submitted to the provider annually but completed at least one more time mid-term. The provider's quality monitoring team then inspected the service against what the registered manager had submitted. The assessment used was in line with the key

lines of enquiry which the Care Quality Commission uses to assess compliance and the standard of service provided. By having a quality assessment which followed this format the provider was able to focus on what was needed to meet the requirements set by the Health and Social Care Act 2008 and the relevant regulations. The assessment also helped the provider assess how well the service was meeting their own key performance indicators/expectations. The self-assessment could be used by the registered manager at any point as a re-evaluation tool.

A program of audits also helped with this process by identifying areas of shortfall or required improvement. Audits were completed on a wide range of health and safety arrangements, care records, staff records, infection control practices and systems, accidents and incidents and the medicines system and records. Actions were taken to address any identified shortfalls. These actions were then checked by a provider representative each month to ensure they had been completed. Both the provider's representative and the registered manager told us they met more frequently than monthly and this provided the registered manager with any support they needed.

We reviewed the services last quality assessment completed by the provider's quality monitoring team in December 2015. The overall score awarded had improved on the registered manager's mid-term self-assessment and the previous year's score because actions had been taken where needed. For example, improvements had been made to the evaluation process of people's care plans and these efforts were seen when we reviewed people's care plans. The assessment in December 2015 had identified that "not all staff" had completed all their required training and that some staff support meetings, at the point of the assessment, had not been completed. The registered manager told us the assessment was "quite tough" and gave us an example. The registered manager explained that although staff training may have already been booked along with staff support sessions, if some staff had not yet completed these at the time of the assessment, then that is what will be reflected in the report. They also told us because it was so tough they considered it to be a good system. They said, "It makes you focus on what has to be completed". Another completed improvement had been all nurses now received set support sessions and their continued need for professional development was included in these discussions. The provider's representative said, "The overall score for here (Paternoster House) is as good as it gets really. I have no concerns about the services performance".

Feedback was obtained from people and their relatives through formal and informal methods. The registered manager told us they always made themselves visible by walking around the home, having an open door policy and by often working with the staff. This was certainly the case throughout the inspection and people responded to this as being nothing new. The provider's representative explained that people and their relatives could also use a national website which allowed people to give feedback on their experience of Paternoster House and this was monitored by the provider. We reviewed some of the comments as part of this inspection. They also explained that the provider was planning on re- introducing user satisfaction questionnaires which had been improved on for the gathering of people's views. Staff had also just completed a staff satisfaction survey however the findings were not yet available.