

Nellsar Limited

# Princess Christian Residential and Nursing Care Home

## Inspection report

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Date of inspection visit:  
19 November 2019  
20 November 2019  
21 November 2019

Date of publication:  
21 January 2020

## Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Princess Christian Residential and Nursing Care Home ("Princess Christian") is a residential care home registered to provide personal and nursing care up to 96 people. They have changed the purpose of some rooms so now have a maximum capacity of 92. Care was provided to people aged 65 and over at the time of the inspection. Many people were living with dementia. The service was supporting 82 people during the inspection.

The service operated in three nursing units: Bisley where people living with complex dementia lived; Knaphill a nursing unit for people who were needing palliative care and end of life care and, Pirbright where people with nursing and less complex dementia needs lived.

### People's experience of using this service and what we found

Everyone described Princess Christian in outstanding terms. People, relatives, professionals and staff described how the service was safe, effective, caring, responsive and well led to the best that it could be and was always looking to improve further. The values of caring, compassion, communication, competence, commitment and courage ran through the service and were continually measured to ensure good outcomes for people. This was achieved by the service's quality assurance process, audits and listening to the views of everyone and acting on this.

The service had been nominated for several care awards and accredited for its end of life care, quality assurances and training of staff.

One person said, "This is a very good home. The care for my late husband was outstanding and they have looked after me every bit as well. At the end they made sure there was someone with him all the time, he was never left alone. I have nothing but praise for the home, the manager and the staff. It's a lovely home, very well run."

A relative said, "The registered manager has created and oversees a very caring and committed team. His visibility around the home encourages relatives to approach him and prevent any problems" and another said, "It is a brilliant care home".

The care of each person was very personalised which meant they had the support needed and as desired. Every aspect of people's care was planned around the person that is, meeting their health needs, goals and desires. One relative said, "I am also impressed that they like to understand the background and particular personality of each person." This included food, medicines management and activities.

Staff worked in partnership with people, relatives and professionals. People were supported to have absolutely maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When

acting in people's best interests, staff searched for ways to ensure the person had the life they would want to live should they have cognitive control. For example, a person living with advanced dementia who used to work as a carpenter was given a set of safe tools and observed to sit happily with these 'working' away at his latest project.

The leadership and governance of the service was very robust and passionate about supporting the staff to excel. The staff team led by the registered manager were highly trained and put this into practice. Creative ways had been put in place to recruit staff, retain staff and train staff to the accepted standard.

A relative said, "Princess Christian is lovely; everyone is approachable and friendly. The registered manager always speaks when he sees us. It's a place full of smiles and we are confident [our relative] is happy here."

#### Rating at last inspection

The last rating for this service was Good (published 31 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the full report by selecting the link for Princess Christian Residential and Nursing Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. Summary reviewed.

## 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.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our responsive findings below

# Princess Christian Residential and Nursing Care Home

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was completed by one inspector, a specialist nurse advisor, an assistant 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.

### Service and service type

Princess Christian is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff plus the operations manager registered manager, home manager, senior care workers, care workers, activity staff and the chef.

We reviewed a range of records. This included seven people's care records and multiple medicine records. We observed how staff interacted with people in the communal areas and over lunch. We looked at three staff files in relation to recruitment and staff supervision. A variety of records were reviewed relating to the management of the service, including evidence of quality assurance and maintenance records. We spoke with one GP.

#### After the inspection

We continued to receive clarification from the registered manager to validate evidence found. We looked at training data. We received written feedback from 15 relatives, 30 staff and, 5 professionals linked with the service. These were from an entertainer, podiatrist, hospital discharge team, medicine optimisation and another GP.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm due to the training of staff and the systems put in place by the registered manager and provider. Staff of all departments and roles were trained in safeguarding vulnerable people.
- A safeguarding champion lead was identified, and they spoke to us about their passion of keeping people safe.
- People told us, "Yes I feel very safe here, there's always lots of staff around to help, if I want anything I just ask for it"; "Yes I feel very secure here, being outside is worrying, it's nice to have the reassurance of being somewhere where people are looking out for you. Protecting you" and, "I feel outstandingly safe here. The staff are excellent and the support they give me is second to none".
- Relatives commented, "Totally safe, they take so much time with everyone", "Absolutely, totally safe here, the staff and manager are very proactive and would act on any concerns if we had any. A lovely caring environment" and, "I do feel that my loved one is safe; being cared for by the service. The staff caring for my mother are very attentive to her needs and communicate well with us."
- The staff knew how to identify and share concerns internally and understood their responsibility to blow the whistle on poor care if needed. All staff felt the senior management would listen and act on any concerns.
- Staff were trained to a high level in respect of people living with dementia and were observed working well together to prevent situations that could escalate to someone being harmed. A health professional said, "I feel residents at the service are safe as staff are present where they are needed. Also, staff know what to do even in challenging situations."
- There were clear communication systems of support available to staff 24 hours a day so there was no delay in seeking guidance and action being taken over any concerns.

Assessing risk, safety monitoring and management

- People had risk assessments in place to support their living safely at the service. There were global risk assessments that everyone had and there were also personalised risk assessments where people had specific risks identified.
- Risk assessments were viewed as a bench mark for good practice with the emphasis on reducing the risk while at the same time balancing duty of care, Mental Capacity Act and supporting the person to have the right to be involved in assessing the risks they faced.
- There was a positive approach to risk, supporting people to manage their own risk if that was possible. This meant people with capacity could make decisions on the level of risk they wanted to take and what support, if any, from staff they felt was right for them.

- Where staff were acting in people's best interests, there was a clear link with the Mental Capacity Act and Deprivation of Liberty Safeguards with a desire to ensure the least restrictive practice. For example, a person noted as having a high risk towards violence due to their diagnosis of dementia was observed by us to want to leave their unit. The staff did not stop them, thereby risking conflict. Rather a staff member said, "Come on then [name]; let's go" and out they went hand in hand. The person was observed to return a little later, smiling and relaxed with staff. This was supported by the recordings in the person's care records.
- Reflective practice by staff went hand in hand with risk assessments and reviewing adverse events. This meant staff looked at incidents of how their practice could improve as well as for people.
- Assessments of risk were discussed internally and with other agencies, such as the GP and older person's mental health services, to ensure knowledge and guidance supporting the risk assessments was up to date.
- In respect of falls, any fall was reviewed in detail by the staff to look for any learning that could be taken from this and applied to the person and people as a whole. The GP and provider's physiotherapist were part of this review. A GP said, "Patients who have had any falls or injuries are brought to the GP's attention during their twice weekly rounds. They are examined, and risks addressed."
- A relative said, "I always have thought [my relative] was safe. They provided equipment and special clothing to assist with fall vulnerability."

### Staffing and recruitment

- The service was staffed to meet the needs of people. Staffing was assessed, and one to one staffing put in as required to keep people safe. A staff member said, "I think we have enough staff. We do have staff who are sick. Even the registered manager will chip in that's why we are all trained the same. We use a specific agency because they know what the residents need and know us as well."
  - The provider ensured their values were integral to the recruitment process and applicant's understanding and commitment to the values was assessed as part of their recruitment. Also, attitude and aptitude to caring and people living with dementia were measured. The registered manager expressed that they could support and train staff with the right values.
  - People who could communicate told us they were happy with the staffing levels. During the inspection, we observed a high and active staffing level with specific staff employed to complete roles such as supporting people in the dining room.
  - Relatives were extremely supportive of the staffing levels. They said, "There's always lots of staff around here"; "There are always staff on shift that [my relative] is familiar with" and, "The staffing levels are impressive, and I know the care staff supporting my [family member]."
  - The provider and registered manager had struggled to recruit the staff to the service due to their locality and the local employment market. The registered manager had put in place creative ways to recruit and retain staff to ensure they had enough staff. This included funding transport and sponsoring accommodation for staff. Nursing staff had been sponsored to come from abroad.
  - Staff for the one to one care came from an agency with a commitment made to provide the same 20 staff so there was consistency for people. A GP said, "All units are well staffed with one to one care for some patients where closer supervision is required. Most staff are permanent thus ensuring continuity and good care for patients." A relative said, "Agency staff are not well known at first however, they are supported by a known staff member."
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- Staff were recruited very safely with checks always in place before they started. Staff from abroad were also checked and required to provide assurances of their past from their home country.
  - Staff recruitment files were audited regularly internally and by external auditors to ensure compliance with relevant legal requirements.
  - The registered manager had systems in place to ensure they were compliant with immigration law and the NMC (Nursing and Midwifery Council) guidelines.



### Using medicines safely

- Medicines were managed very safely. Medicines were ordered, stored and administered safely.
- Only trained nurses administered medicines. They underwent annual training and competency checks.
- The nurses across the three units worked the same systems which meant medicine practice was consistent.
- Records were kept that showed medicine was administered as required. The nurses were observed to be extremely diligent in checking the records to ensure no errors were made.
- People had the option to manage all or aspects of their medicines if it was safe to do so.
- Several people had their medicines given to them covertly. This had been assessed in line with the Mental Capacity Act and, involved the prescriber, relatives and the pharmacist.
- The service had clear guidance in place in respect of 'as required medicines' (PRN) to ensure they were only given for the reason they were prescribed for.
- Medicines were reviewed twice a week with the GPs to ensure needs such as pain were being met but also to ensure people were not being over medicated.
- People prescribed medicines to support them in respect of their behaviour and/or mood had clear assessments in place. There was staff and GP oversight to minimise their use and alternative means used to enable people to live safe and happy lives.
- There was continual reflection to ensure full compliance with current practice given by NICE (The National Institute for Health and Care Excellence).
- A member of staff from the local authority medicines optimisation team told us the service had been working closely with them over the past 10 months with recommendations made followed through on. They added, "Our engagement proves that the home is acting proactively in certain situations and, are seeking support from our team to benefit residents that they care for."

### Preventing and controlling infection

- The service had clear systems of infection control in place to ensure people were protected from cross contamination and the possibility of infection.
- Staff with the lead role for infection control were identified to ensure good infection control was in place across the service.
- Staff were trained and provided with personal protection equipment. Practice was audited, and spot checked to ensure staff were complying with what was required.
- Clear systems of adhering to COSHH were in place with only approved products were being used. COSHH is the law that requires employers to control substances that are hazardous to health. Cleaning equipment was colour coded and only used for the right task.
- A relative told us, "The cleaners have a real sense of pride in their work. The laundry staff have a real dedication to their work and pride in how clothes are presented." They also added, that the staff in auxiliary roles were also extremely kind and took time to get to know people.

### Learning lessons when things go wrong

- All staff and the management embraced the inspection as an event they could learn from. Everyone was keen to hear where they could learn and improve the service further.
- The service was very reflective on its practice. At every level, staff were encouraged and supported to reflect on events to identify where improvements could be made.
- Any adverse event was reviewed in detail. The findings were then looked at to improve both individual and whole staff practice.
- Medicine issues that were identified for example, were reviewed using a recognised reflective practice tool to give structure to learning from experiences allowing learning and planning from things that either went well or didn't go well. Staff spoke to us about how they embraced this practice and saw the benefit.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to eat and drink enough to maintain a balanced diet

- Everyone without exception told us their view that the standard of the food, and the way the food was planned and presented was exceptional. Everyone added about the personalisation of the food and the choices available.
- People told us, "The food is excellent, we are very spoilt" and, "The food is amazing. Initially I wasn't eating a lot, but the chef came and saw me and asked what I liked and then he went down to the supermarket and bought it for me. I mean, how good is that!"
- Relatives told us, "Food requirements are well met. The quality is excellent and dietary requirements are catered for"; "The food is exceptionally good, well presented and meets the resident's needs" and, "The food and choices are fantastic and there is always drink available."
- Action was taken on concerns with discussions with the GP and other health professionals as needed. Records were kept of people's food and fluid consumption which were continually monitored through the electronic care records.
- The detail given to ensuring people experienced a great dining experience every day, every meal was outstanding. People went to the restaurant to eat. Menus were available for the day and an extensive alternative choices menu was on the table. Tables were decorated with table cloths and matching napkins. Food was transported to people's rooms on silver trays with a flower in a vase and cover for the tray. Food was covered and delivered hot on warm plates. Gravy and sauces were placed in individual jugs and staff asked how much people wanted.
- The service had launched a Masterchef Academy and there were nutrition champions identified that included the chef and a dining room assistant. This ensured high standards of food safety, preparation and risks were identified quickly. The learning was being shared and put in place across the provider's other services.
- People were offered a range of drinks including water, a selection of juices and/or alcoholic drinks. Dessert came on a trolley with a selection to choose from that suited taste and dietary needs. Food that could be eaten 'on the go' was made available for people living with dementia who walked a lot and who found sitting to eat a challenge. This prevented issues with their health and conflict with staff and others.
- The kitchen was overseen by a chef manager and there was a team in the kitchen including a chef and kitchen assistants. The team were passionate about their role in the service led by the chef manager who instilled high standards in all their team.
- There were nine menus including those described above and covering a range of needs including a

comfort menu for palliative care, a pureed menu, a hot red alert menu (for when there was a national hot weather alert), a low fat/calorie menu and, individual choice/needs menus.

- The chef manager showed us that the next generic menu was in preparation. Questionnaires had been filled in by people or their family on their behalf and the next menu would be planned around people's feedback. The chef manager would then create the dishes and develop a pureed version. These would then be photographed so they could be used to help people choose what they wanted to eat and, to ensure food was presented to people to the standard required.
- A relative of someone living with dementia stated, "Strong consideration is given to finding out what food [my relative] likes. They really bother to please him."
- The chef manager had created a way to ensure pureed food was presented as close to looking like the original food as possible. Buffets, special meals, desserts and birthday cakes were provided in line with assessed need, so all events could be celebrated by people needing their food prepared to keep them safe.
- We were provided with many examples of written feedback on the excellent food and the lengths the catering staff went to meet people's needs. For example, linking with family of a person living with dementia to encourage them to eat by developing a menu from their country of origin. Relatives said, "[The chef] cooked my [relative their cultural] food to their delight. They even took a photo to show me. I am so impressed with the efforts [the chef] made. I would like to [say] that I have seen a real difference/contentment in my [relative]"
- A relative shared a concern that their relative was not eating well. The chef manager met with the relatives and person to seek a solution and created a dedicated menu that met their likes and dislikes but also, allowed them to eat a texture that they would not struggle to chew. Relatives fed back, "We would like to thank the chef's team. They have made a huge difference in the preparation of the food which has enabled [family member] to enjoy their food once again. To see our [family member] enjoying their meals again is a weight off our shoulders and we are very, very grateful for their dedication and hard work."
- The chef manager was nominated and finalist for a number of awards and was the winner of Surrey Care Associations Ancillary Worker of the Year award on 9 November 2018.
- The chef manager also belonged to different professional associations and attended national forums and conferences adding, "I attend all these to learn how to implement the good practice for our resident's needs; to inform me from specialists in my field. We bring all this learning home and with the support of management, the catering team and with resident's consent we put them into practice."

Staff support: induction, training, skills and experience

- Everyone without exception told us staff were trained to a very high level. People, relatives and professionals expressed that staff had the right qualities and demonstrated this in their practice excellent skills with people and knowledge of current practice guidance.
- People said, "Yes, the staff are well trained" and, "The training is spot on for staff I think; will do anything for you. You can be sitting not doing much and someone will come and sit down with you, ask you if you are okay and if there's anything they can do for you."
- Relatives told us, "The staff are skilled and know how to apply their knowledge in an efficient manner"; "The staff are all very well trained and are wonderful to my husband" and, "They all receive the required general care and dementia care training, which is evident with the high standard of work ethic staff operate."
- Princess Christian was accredited by Investors in People to Gold Standard 2019-2022. Only seven percent of organisations receive this standard. This demonstrated the service had been independently assessed as supporting and investing in their staff.
- The registered manager expressed that they were committed to investing in staff as this ensured the staff felt valued, were motivated and an excellent standard of care was achieved and maintained.
- A staff member said, "We have the best training and I want to do my NVQ and [the registered manager] said no problem. We have to have six [base] trainings in place before you can even step on the floor."
- The service had developed its own academy which ensured staff had in depth face to face training

supported by an on-site training team that were on hand for further guidance and advice. For example, the physiotherapist trained the staff in safe manual handling techniques and was available if there was a new piece of equipment or concern to ensure any competency issues were addressed quickly.

- The trainers held trainer qualifications which were updated often and ensured they were trained using evidence-based practice to ensure the best care.
- New staff went through an in-depth training programme and all training was in place quickly with thorough back up support, shadowing, reflection and guidance to gain and maintain the skills required. Mentors were paired with new staff to help in learning their day to day role. Over a three-month period, in line with the Care Certificate, new staff were supported to gain the required skills. Monthly competency interviews took place and probationary periods were not concluded until assured the staff member was achieving the high standards required.
- New nurses recruited from abroad were employed as senior carers initially and only worked as nurses when registered with the NMC. A permanent nurse told us, "After induction, new nurses are booked for a day's assessment and go through clinical tasks. About three months after they complete a competency assessment. New nurses are never left alone. They are either mentored by the clinical lead or other nurse. Then there is ongoing continuous training in specialist areas, for instance, end of life and peg feeding. This external training is done by an external company."
- There was a list of 35 training subjects undertaken by staff relevant to their role and responsibilities. All staff underwent training in 12 subjects that included learning about Mental Capacity Act and Deprivation of Liberty Safeguards, safeguarding, dementia awareness and sexuality and relationship training.
- All staff, regardless of their role, were supported to achieve higher training awards. Auxiliary staff also had achieved higher training awards. An agency worker told us, "I have been trained to work in all units. I was inducted before providing a service."
- Training was underpinned by a thorough system of supervision, competency checks, reflection and annual appraisals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People spoke with us about how they felt they were assessed before moving into the service. There was a "can do" approach to people's needs to ensure the care they would receive would be person centred in every way. This looked beyond the presenting medical need and covered the whole person's life.
- The initial assessment identified people's goals, aspirations, likes, dislikes, culture, faith and who or what was important to them. The home involved their physiotherapist at the initial assessment to ensure physical needs were properly identified. An initial care plan was in place quickly along with initial risk assessments. All staff greeted new people by name as the service was prepared for their arrival.
- Staffing, staff training, and skills were reviewed and required equipment put in place for people before they moved into the home. For one person this meant fitting a ceiling hoist as this was more comfortable. This was despite this person only being in the service short term. The person told us how they were very grateful for this as they found the hoist painful and appreciated their concerns had been listened to.
- The registered manager and staff embraced the relatives involvement at this point. The registered manager told us, "When you admit a person, you admit their family." Adding, that any assessment also looked at the needs of relatives addressing issues such as guilt and fears about their loved one entering care.
- There was a volunteer linked with the family straight away and they were invited to link with the Friends of Princess Christian which was a support group for families. The volunteer met with families to offer emotional support and guidance.
- Relatives told us, "The initial assessment was very in-depth, so they had a clear idea of what she needed, and we have seen that acted on every step of the way but it's not just looking after her physically it's really caring for her as a whole person."
- The registered manager ensured they stayed up to date with current guidance and thinking. They read widely of relevant journals, publications and attended events locally and nationally. They encouraged the

same in their staff and supported the sharing of learning to continually improve the care available to people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service had a very good working relationship with a local GP surgery with GPs attending 'rounds' at the service twice a week. We observed people's needs were reviewed in detail during these times. Ongoing and new issues were discussed thoroughly with new plans put in place if needed.
- People and their relatives felt the staff were proactive in ensuring people's health needs were met. A person said, "If I'm not well they arrange for me to see the doctor."
- Relatives told us, "The GP is called if an extra visit over and above the standard visits is required"; "My [relative] has seen his GP quickly as needed and the nurses always ring me to keep me informed"; "My [relative] sees the GP whenever necessary. Staff are on the ball and I am kept well informed" and, "I am informed of GP proposals and involved in decision making. I have regular meetings with the nurse to discuss medical and welfare needs."
- The feedback from the GPs described the way the service met people's health needs in outstanding terms. One GP told us, "From what we have experienced [from Princess Christian] we have picked up and improved our work [as a GP surgery] due to their good practice" adding; they felt relaxed and relieved when they leave because they knew staff would do as asked.
- We observed that the service was extremely diligent in meeting people's skin needs. Records showed staff acted appropriately to alleviate and prevent skin damage happening. Staff were working with people who behaved in a way that put their own skin at risk which sometimes made it harder for the service and GP to meet their skin needs.
- A nurse had specific knowledge and skills around managing the skin of people living with multiple sclerosis (MS). Two residents with current wound healing issues had MS, but the nurse utilised her specific knowledge to inform care planning and management of the issue.
- The nurses praised the good support they got from external health care professionals including the tissue viability nurses (TVN), community mental health team and pharmacist.
- People had their oral, foot and eye care needs met with the relevant care being in place as well as seeing dentists, podiatrists and opticians as required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed as required and were supported to remain as decision makers in their care for as long as possible. Every effort was made to support people in this process to make decisions.
- Relatives told us they were fully informed about the MCA and told how this applied to their relative.
- Family with power of attorney told us they were asked for their consent and other family were consulted. This was in line with the law and guidance.

- Staff had clear details of when they were acting in people's best interests. Every effort had been made to consult with family to seek what decisions the person would have made when they had cognitive control, so they could do as they would have done previously if it was safe. For example, routine, food, drinks, toiletries, hobbies and activities were planned in a way that reflected people's previous decisions and preferences.
- People had DoLS applied for with staff respecting that people could still be part of their community. Staffing was in place to make this happen for people. This meant people could still go out for walks and take a full part in the life of the service. For example, one person that lacked capacity had to go and see the chickens before bed as this supported them to sleep well. They and their staff member did this in all weathers as it was recognised as important for the person. During the inspection the person had requested to see their favourite chicken in the morning and was seen entering an animated conversation with the staff member and chicken. A lovely scene of two people enjoying their time together; there was no rush and even though the weather was cold and foggy, it only ended when the person decided.
- We observed staff were very careful to seek consent from people. For example, we observed a staff member requested permission to put a clothes protector at lunch on a person who was no longer able to communicate. They then explained that they had their lunch for them. Other staff used the same approach, where possible maintaining eye contact and using touch or holding a person's hand to keep their attention.

#### Adapting service, design, decoration to meet people's needs

- On Knaphill unit, some rooms had been changed into a warm, comfortable lounge where people at their end of life or requiring palliative care could spend time together with their relatives. Special chairs and equipment were provided to make this happen so people could feel part of their community.
- The service was a mixture of purpose-built units and a listed main building.
- The service had been decorated to reflect the needs of people. The service adapted people's living spaces and rooms to meet their specific needs and choices.
- Signage helped people living with dementia identify important areas. Their rooms doors had been decorated to appear like a street door they could see.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said, "Pampered, that's what I am - pampered. I can honestly say I've never been so well looked after in all my life"; "Lovely staff, they're my family - every one of them"; "I enjoy living here because everyone is so kind" and, "They are wonderfully caring staff. They cared for my [relative] right up until the end and I trust them to do the same for me. It's homely, friendly."
- A relative said, "[They have] only been here a few months but so far, the care has been outstanding. All the staff are warm and friendly. They have settled very well, and they [staff] are getting them involved in activities. It's absolutely amazing, it's very good. Exceptional we would say."
- Other relatives said, "I think the care is wonderful. Nothing is too much trouble; they do a brilliant job"; "It's brilliant, they clearly love their job and the people here. I'm struck whenever I come in by how hard they work and how cheerful they are and how nothing phases them." And, "It's very good and the staff are lovely. Whenever I come they are so welcoming, and you can tell even though [our relative] doesn't understand a lot now they are happy and like them all."
- A GP told us, "Staff are very kind and caring with an abundance of patience. They develop a good rapport with patients and their families and are well liked."
- Staff said the caring at the service is led by the registered manager. One staff member said, "Our Caring is given in a holistic way. Staff from other units helping each other. Anything needed staff are always there; enough staff, equipment and other staff to help you. Family also happy and we talk to them, so they have contributed to the care of residents."
- The staff team and people represented a range of faiths and cultures; people and staff needs were met to ensure they could follow this in ways that were important to them. Religious leaders were invited to visit people and hold services. Cultures were catered for through ensuring food, faith days and important factors such as gender of carer were respected. For staff this meant arranging shifts, so they could attend their place of worship.
- People were embraced for who they were. The registered manager ensured the Equality Act was considered in planning people's care. All staff completed Equality and Diversity training and a relationship and sexuality training course had been developed for staff. This was to support staff to understand and support people to develop close relationships with other people that may or not be intimate. A staff member said, "I keep and respect their equality and sexuality" and another, "All people are equal and are treated with dignity and respect".
- A relative said, "The staff are kind to my relative who is not easy to deal with" and another, "[My relative] is

always treated with heart-centred care and respect. It was obvious they had compassion. Patience and kindness were evident when compliance was a challenge".

- Staff extended their caring to relatives. For example, they were concerned a relative was looking unwell but felt they had to visit every day. They supported them to see their GP, attend less often and with good communication ensured they stayed informed. The registered manager added, "We think that when a resident is admitted it is our responsibility to look after both the resident and their family".

Supporting people to express their views and be involved in making decisions about their care

- People were the driver of their care with relatives consulted as required. Relatives explained that they felt part of the team and respected as having an important role to play in their loved ones lives.
- Great effort was made by staff to understand people living with dementia before the condition took away their ability to speak and control their own lives. Staff worked closely with those who knew them and advocated their choices for them. A relative said, "They are happy to listen to [my relative] and go along with his moods. They know what his special interests have been and act accordingly."
- A staff member said, "We treat everyone with dignity. Lots of respect and make sure they have choices" and another, "We empower the resident to be part of their care. Providing an enhanced service and innovative approaches to meet people's individual needs".
- People made choices about when they woke, went to bed and although there were set meal times, people could have their food when and where they wanted.
- People could have their family to visit when they wanted, and food was made available for all relatives including those on special diets, so this could be achieved safely. A relative wrote, "My sister and I often have lunch with [our relative] and I have been amazed at how the [catering manager] caters for [our] intolerances. Nothing seems to be too much trouble to make life as happy and normal as possible for the various needs of residents and their families."
- Another family wrote about how staff made it possible for them to have a special tea to celebrate a person's 80th Birthday. Staff supported the person to enjoy the time and be in a good mood, took photographs and provided a special cake.
- Pictures showed how family had been made welcome and people's rooms decorated so they could enjoy birthdays, Christmas and other important events. This meant being nursed in bed was not a barrier to enjoyment. Room service was also provided by the catering team on more than one occasion for Christmas and Anniversary celebrations.

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt staff supported them with respect and always ensured their dignity. A relative said staff treated her relative "with dignity, respect and above all a genuine desire to work alongside them. Staff are tuned to the person's needs and whims. Trust is earned and [my relative] trusts the staff."
- In each unit, we observed staff responded carefully to people to reduce anxiety or pre-empt need. For example, on Pirbright, one person was seen to be suddenly very anxious and frightened. A staff member took this in their stride and stood talking to them reassuring them until they were calmer, and another member of staff took over.
- Independence was actively encouraged and supported for as long as the person was able, or people were encouraged to regain aspects of their care and had taken control of their lives. A staff member said, "We promote independence and encourage people to do as much as they can for themselves."
- People's dignity was protected by discreet actions by the staff which included carefully moving the person to a private place to support their continence care. Screens were on hand if someone fell or needed another staff member to help them. This guarded people from others and we saw this was handled very carefully with other staff working together to distract so the person's privacy was respected.
- One person told us how staff lifted their mood but also supported their privacy adding, "I can get very down in the dumps being like this, but they know that. They know sometimes I want company and sometimes I



don't. They have to do everything for me, but they don't make a big thing of it. I think they try their best to make my life as pleasant as it can be."

- Another person explained how staff were supporting them to become independent again. They told us, "The staff are wonderful, loving and so caring. They will come and give me a cuddle sometimes. This is absolutely the best place. I was worried about coming into a home, but they are all so loving and kind, all of them".
- A health care professional told us, "Staff are very respectful of resident's wishes and it is represented in their care plans Residents are definitely treated with dignity. For example, they can get up at 10.30am and have their breakfast in bed."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### End of life care and support

- The service was accredited to the platinum level of the Gold Standards Framework for end of life care. The service achieved re-accreditation in September 2018 (until 2021). This means the service was able to demonstrate they continued to meet a required 20 standards to a very high level.
- People's wishes, and feelings were sought and acted on. Staff and the registered manager told us faith, cultural needs and ensuring the end of people's life was personalised were priorities for them.
- All staff regardless of their role were trained to support and understand the needs of people at their end of life. The PIR stated, "We do not leave our residents on their own in the last moments of their life, especially when relatives are not available. Our staff attend funeral services of our residents to pay their respects and care for the family. We provide bereavement support to our staff and we look after the relatives too."
- A member of the activity team told us how they go to great lengths to ensure the atmosphere was right for the person; providing electronic candles, music the person would like and the items they chose to be there.
- Princess Christian worked closely with two local hospices who, provided support not only to the people and relatives but, also the staff. Staff confirmed that they were supported through their grief for people they had been caring for and all the management team and nurses were very good at supporting them.
- A GP told us, "The end of life care is excellent with many patients being referred to Princess Christian from hospitals and local hospice. They have good links to community palliative team and are well supported. Comfort and dignity at end of life is well provided."
- We received written feedback from relatives whose loved ones had recently passed away at the service. One relative wrote, "The end of life care was five star and joint decisions were made all the way through. Extra monitoring was put in place to ensure his total comfort. [Food supplements] were introduced with his taste for chocolate in mind. Food was always important to him. Throughout his care in bed, he did not at any time have a skin breakdown". They added medicines were given "so he was not in pain". As the relative, they told us how well they were looked after and catered for by staff and the kitchen staff.
- The catering manager had developed a "Comfort Menu" for people at their end of life. The emphasis was on providing the person's likes and "I fancy this Food" and portion sizes that were a miniature replica of the full version. For example, the chef manager met with one person several times and provided meals with smoked mackerel and crab and made sure the drink provided was a café latte. Just how the person at their end of life desired.
- The care of people and families was recently extended following the sudden illness and death of a member of the nursing staff. The staff raised a substantial amount of money, so the staff member could return to their home country. The registered manager linked closely with their family and has continued to offer

emotional support. A book of condolence was created and passed to the family. Staff and people were supported by bereavement support from hospice staff.

- The experience by families was reviewed in detail. An after-death analysis followed a resident's death to review good practice and any areas that could be improved.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found that the care planning for people at Princess Christian was guaranteed to be absolutely personalised for each person.
- A relative said, "Regular discussions take place regards [my relative's] current needs and my observations taken into account at all times, respecting my role" and another, "I am involved in all aspects of my relative's care."
- People's records were in depth, personalised and included the right level of essential detail for people to have the care they desired. A GP said, "They have very good records. They are very good communicating with the families. Relatives are always updated on the day."
- The small details were important to staff. For example, there was one person who liked to feed themselves but ate very slowly, so their food was supplied on a special plate designed to keep food warmer for longer. This allowed the person to be independent in their care while still being able to enjoy their meal.
- There was excellent communication by staff to each other; thorough handovers between shifts and to ensure agency and all staff were up to date at the start of their shift. Staff told us they read the care plans often and any update was communicated to them by the relevant member of staff. For example, a nurse returning to work from a break said, "I get a detailed handover" and a carer said, "in handover, carers can ask questions about their residents if there are changes".
- Everyone was receiving their care as they wanted by a staff team that, regardless of their status and role, strove for the best outcome for each and every one living at the service and their relatives.
- People and their relatives were partners in the care planning with essential professionals involved as required.
- The care records had recently transferred to an electronic format, and every effort had been made to give staff the training and support to do this well.
- Relatives were very positive about the way the service supported their relative to participate and enjoy life as fully as possible. They described staff as quick to identify and act if someone's condition changed.
- Relatives told us, "On the first day I was asked to write down their likes and dislikes, her activities, pleasures and dietary needs. This is then monitored and managed in periodical meetings I have with staff"
- We observed care from staff was very responsive in the moment. For example, one member of staff passing a person who had just been brought to a lounge, paused to put their arm around the person and commented, "You look lovely today; that's such a pretty coloured cardigan". The comment was well received, and the person smiled and thanked the staff member saying, "You make me feel so much better, you're a tonic." There was then a brief exchange resulting in laughter.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Every person had their communication needs assessed and provided for. This meant people with visual impairment and hearing loss had their needs met. Attention to detail on ensuring glasses and hearing aids were fitted also helped people to be able to communicate.
- On Pirbright, people had their own computer tablets and the home used the "InteractiveMe" system. InteractiveMe provides a proven clinically-led service that re-creates a resident's life story into a content rich

digital profile that contains photos, music, audio and text. People's tablets were uploaded with photos from their families, their favourite films and music as well as books or other reading matter. People were engaged with these and staff stopped to look over people's shoulders or sat down beside them from time to time to talk to them about the music or photos. The tablets could be used to communicate with family through Skype.

- People whose first language was not English had their needs met by ensuring translations were available. This was usually achieved from within the extensive languages spoken by the staff team.
- People living with dementia were supported by staff with a high level of training to communicate and express themselves. There was the "Magic table"; an interactive tool especially designed for people living with dementia.
- There was also the "Jolly Trolley" which was a mobile system again designed for people living with dementia to initiate one to one and small group discussions. These could be personalised for people, like with the tablets, but on a larger scale. The Jolly Trolley is a traditional mobile cart using the latest technology incorporating sensory lights, vision and music. People on Bisley were seen interacting with the Jolly Trolley to reminisce but it could also be used to support people to select food. For example, as part of afternoon tea.
- A staff member said, "There are lots of communication possible; verbal, by using signs, body language, braille, showing pictures and trying to connect with people." Others spoke about providing paper and pen for those who could write their wishes down. All staff commented on the importance of seeking the right communication method for people living with dementia or reduced ability to communicate due to their health. Staff told us they utilised their training and sought the support of external agencies to help them as necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People said, "The staff are always organising things to keep us jolly. Not everyone joins in mind, but they do their best to make sure you're not left on your own"; "There's always lots going on, music, dancing, singing things like that and we have lovely parties for birthdays. I like the music to listen to while I sit and do my jigsaws. It keeps my hands busy" and, "The activity manager is lovely, well they all are really. She took us to a fete in the village earlier when the weather was good and over to Guildford".
- Relatives told us, "They put a lot of effort into making people happy. Look at the faces around here. I don't think I've ever seen the TV on here because they're always busy doing something."
- Everyone was provided with the activity that reflected their past and current likes and dislikes by a passionate, committed activity team. People were also supported to remain involved in supporting the service. Cleaning windows, preparing the restaurant, planning flowers and other tasks were made available. One person had been a painter and decorator; they wanted to continue to do this. They went with staff to choose paint and painted parts of the service. They told us, "The staff are nice. I was a painter and decorator. They asked if I wanted to paint the corridors upstairs. It was nice; it made me feel useful."
- There was a constant buzz in the service; a buzz of people chatting and laughing and enjoying themselves while communicating with each other or taking part in activities.
- The activity manager was nominated as a finalist in the Surrey Care Awards in 2018 and 2019.
- Staff asked people what they wanted to do and responded positively to requests. Throughout the inspection, in addition to group activities, we saw staff sitting with people one to one doing quizzes, looking at books and singing the songs on their InteractiveMe tablets with them, as well as painting someone's nails.
- An activity member of staff said, "If people want something that is not on the menu I will go shopping; I have gone and got fish and chips for resident from fish shop I buy bath bombs and electronic candles for their baths."
- People living with dementia had their needs met with tools, art equipment and other materials to engage

with their hobbies they had previously enjoyed. There were dolls available for people who benefitted from holding a doll and treating it as a live baby; reliving perhaps a past time in their own life when they had children to care for.

- The service also had a cat which helped to make the environment homelier. One person living with dementia who was unable to communicate with us was observed interacting with the cat who they adored. They were content with this and the cat was enjoying the treats.
- Pen Pals had been set up with children from a local school. People and the children wrote to each other about their lives. The service held a Halloween party for the children and people to attend together. An unexpected outcome has been that some of the families have become involved with people and their child's communication with children who do not have a grandparent 'adopting' their pen pal..
- The service was involved in a project with the University of Kent and Sussex looking at how to reduce depression and anxiety through activity.
- The activity staff had been trained in a specific dementia care sensory system, and were awaiting a sensory room to be developed. This system integrates compassionate care with individualised, meaningful activities for people with advanced dementia at the end of their lives. Namaste Care seeks to engage people with advanced dementia through sensory input, especially touch, and to enrich their quality of life.

Improving care quality in response to complaints or concerns

- People and relatives were extremely happy with the care and service Princess Christian provided.
- There were systems in place for people, relatives to raise concerns formally and informally.
- People said, "I've never once felt I needed to complain. If I wasn't happy one of the staff would pick up on it and sort out any problems. I know they would. That's what they're like" and, "I've never complained and I've no cause to. I wouldn't be here but for their care, I'm getting stronger every day, they are exceptional."
- A relative said, "Anything I ask them to do for him they are straight on it. We are partners in his care. I've never had to complain, and I don't think I'd need to because if I said I had a problem with anything they would listen and sort it out. I truly believe that".
- Any concerns raised were reflected on to improve care for everyone. Staff were informed of the learning. A staff member said, "If there are any complaints or concerns, we have to analyse them and avoid repeating them" and another, "They are discussed in staff meetings to ensure change."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Working in partnership with others

- Professionals linked with the service, gave feedback about the service talking about the ease of working in partnership with the registered manager and staff team. Comments highlighted the respect they had for the registered manager. A member of the hospital discharge team said, "[The registered manager] and team at Princess Christian are very easy to work with. They understand the pressures of the hospital and always try to assess and accept patients quickly and as safely as possible. [The registered manager] always has the patient's best interest in mind. All the staff are approachable and the next of kin are always impressed when we call for a follow up."
- Feedback from outside organisations such as the mental health team, discharge coordinators and care managers expressed that Princess Christian Care Centre had gone through many positive changes in the past two years and improvements in care and the service were very visible during this inspection. This can especially be seen in the effective and responsive sections of this report.
- A staff member said, "We are definitely linked to other services as we need to communicate in the spirit of our person-centred approach." Another staff member said, "The collaboration with other services is working very well" adding, "I have made several suggestions, and these were listened to."
- The registered manager attended the Surrey care association network meeting. He was Surrey Best Manager award winner of the year in 2017. In 2018, the service attained the quality certificate from Surrey Clinical Commissioning Group. The registered manager had completed NHS front line leadership training and, the home manager had completed post graduate dementia training with Stirling University. The learning from this was reflected on and brought back to the service. For example, through the training of staff, the equipment being used and the enhanced support for people living with dementia.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives, staff and professionals spoke about the leadership of the service in positive terms.
- Relatives said, "All parts of this care home are exceptional"; "Excellent service"; "I think the service is very well led and can't really think how it can be improved" and, "I am extremely happy as it is; I find the service provided to my wife second to none."
- People told us, "It's a good home. They look after us well. It's the [registered] manager - He's a very nice chap" and, "I have nothing but praise for the home, the manager and the staff. It's a lovely home, very well run."
- A health professional said, "I can only give the highest of marks. From the receptionist to the registered

manager, I feel they go the extra mile to satisfy the needs of their residents." A GP said, "The organisation is well led with excellent training of staff. There are good protocols in place and management make sure these are adhered to. This is evident in the excellent care that is provided."

- The registered manager knew all the people, relatives and staff well. He greeted them by name and was informed fully about any issues he needed to be told of.
- We saw there was an open-door policy for all staff, residents and families. The registered manager had a highly visible presence across the home.
- Staff said, "The service is well led; we have good team work, good communication and everyone is happy"; "Yes we are very well led. Along with the residents, management treat staff very well" and, "The service is well led as there is good communication, proper rules and regulations in place and mostly, a homely environment."
- All staff told us they felt important to the registered manager and provider and felt all managers were approachable. One staff member described how nice it was that they were told "thank you and see you soon." Another staff member said, "We have a very approachable and understanding manager, who is always able to listen to any concerns."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was Quality Certificate ISO9001 accredited which meant they had external quality assurance credit. ISO 9001 is defined as the international standard that specifies requirements for a quality management system (QMS). Organisations use the standard to demonstrate the ability to consistently provide products and services that meet customer and regulatory requirements.
- The whole staff team embraced this inspection as an opportunity to showcase their work and to see if there were any improvements they could make to the service they were providing to people.
- The registered manager was very well informed about developments and research in care delivery and ensured the service stayed up to date in all aspects of care. They were reflective on the care of people living with dementia that challenged where other services had not then been able to offer ongoing care. This meant the approach used by staff at Princess Christian was informed by this learning.
- The quality assurance was very robust, with a weekly report being submitted to the Operations Manager on a Monday, and a monthly auditing scheme which encompassed all aspects of care and service delivery. Every audit was then scrutinised for any learning points.
- The checks on the service ensured the values of caring, compassion, communication, competence, commitment and courage were central to how the service was being measured.
- The registered manager had an empowering leadership style that saw the importance of and benefit in equipping his staff to excel, describing this as investing in the best outcomes for people.
- The positive leadership was commented on by other managers. For example, a manager said, "I always feel special and supported by my manager, and I am doing the same with my staff I am supervising in my department."
- All staff knew their roles and responsibilities and how they were contributing to the service as a whole. All staff also spoke about how they were involved in and had fed back to them outcomes of audits and quality checks.
- A staff member said, "There are lots of guidelines, procedures in place. There are internal audits and inspections. The outcomes are always discussed, and an action planned carried out."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were fully involved in driving how the service was developed. A GP stated, "Ideas are listened to and trialled frequently."
- Relatives said, "The registered manager is in overall charge and is very approachable. [All leadership staff

listed] are happy to speak to me if I have any queries or concerns"; "If required we can make suggestions and they are always acted on"; "Suggestions are made and are discussed" and, "We have monthly meetings all together to air views, to encourage inclusion and to prevent rather than react".

- One family member said they fed back to the service and as a result, "They took action to change a care need. That is, helping better with a bath and showering." They added, "To my relief, I have found the service to be excellent in its professionalism. It has been a pleasure to come and see my [relative] so relaxed and valued."
- A staff member said, "All aspects of a resident's needs are considered. The manager will regularly have discussions with families. Checks are done, and outcomes reported." Another staff member said, "Feedback or negative comments are a real picture of where we are and where is the area we can improve".
- There were many opportunities for people, relatives, professionals and staff to give their feedback. Formal questionnaires were sent out, meetings held and informal chats to ensure all was well.
- Staff meetings were held with all staff including agency staff. Agency staff had their own meeting with the registered manager to ensure their requirements were being met.
- A staff member said, "There is a meeting every month with the representatives of family. There are lots of possibility for suggestions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager had systems in place to ensure the duty of candour (DoC) was adhered too.
- All events were notified to us as required by law and the local authority as required.
- The service's drive to learn from events and reflect on practice meant, all staff were included in the DoC process.