# St Vincent's Hospital

# St Vincent's Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Good** |
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Outstanding |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

The inspection was carried out on 20 and 21 August 2015 and the first day was unannounced. The last inspection took place on 18 March 2014 and the provider was compliant with the regulations we checked.

St Vincent's Nursing Home provides accommodation for a maximum of 60 people. The service has four units each of which accommodates 15 people in single rooms each with en suite facilities. Each has communal dining, sitting rooms and bathing facilities.

The service is required to have a registered manager in post, and there is a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were very happy with the service and we received positive feedback from people, relatives and visiting

# Summary of findings

healthcare professionals, all of whom praised the service and the high quality of care it provided. Staff showed respect for people, listening to them and supporting them in a caring and gentle way.

Risk assessments had been completed to reflect the risk to individuals and the care and support they required to minimise these. Systems and equipment were being maintained to keep them in good working order and infection control procedures were in place and being followed. The environment was well maintained and provided a clean, homely place for people to live.

Staff recruitment procedures were in place and these were followed to ensure only suitable staff were employed at the service. The service had a long serving and stable staff team, providing good continuity of care.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report any suspicions of abuse. Complaints procedures were in place and people and relatives were positively encouraged to express any issues so they could be addressed.

People received their medicines safely and as prescribed, however current medicines good practice guidance was not always followed. The registered manager responded promptly to implement good practice improvements. Input from the GP and other healthcare professionals was available to address any health concerns.

Staff received regular training and updates and had a good understanding of people's individual choices and needs and how to meet them.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). DoLS are in place to ensure that people's freedom is not unduly restricted.

Care records reflected people's individual needs, interests and wishes and staff demonstrated a good understanding of these and provided person-centred care. People's religious and social needs were identified, respected and were being met. People's wishes in respect of their end of life care were discussed and recorded so these were known and could be met.

The registered manager was experienced and provided good leadership for the service, promoting good practice and effective communication with people, relatives and staff. Feedback was encouraged and action taken to respond to any points raised, to improve the service provision.

Systems were in place for monitoring the service and these were effective so action could be taken promptly to address any issues identified.

# Summary of findings

## 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 and relatives we spoke with were very happy with the service provided and felt people were kept safe. The provider had appropriate arrangements in place to safeguard people against the risk of abuse.

Risk assessments were in place for any identified areas of risk and records were reviewed periodically to keep them up to date. Maintenance and cleaning processes were in place and being followed to maintain a high quality environment.

Staff recruitment procedures were in place and being followed. There were enough staff to meet people's needs and there were contingencies to provide cover for holidays and short notice absences.

People received their medicines safely and as prescribed, however current medicines good practice guidance was not always followed. The registered manager responded promptly to implement good practice improvements.

**Is the service effective?**

Good

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively and worked well as a team.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff acted in people's best interests to ensure their freedom was not unduly restricted.

People's individual dietary needs were identified and the service offered extensive food choices and people's dietary preferences were being met.

People's healthcare needs were monitored and they were referred to the GP and other healthcare professionals if needed.

**Is the service caring?**

Outstanding

The service was extremely caring. Staff demonstrated a high level of care and compassion and people were very happy with the care they received. Staff listened to people, communicated well with them and provided help and support in a gentle and professional manner.

People were involved with making choices and decisions about their care. Care was provided at all times in a person-centred way and to an extremely high standard. Staff treated people with dignity and respect and understood the care and support each person required.

People's wishes in respect of end of life care were identified, discussed and planned for so staff understood the care and support people wanted to receive. Staff had the skills and knowledge to meet people's end of life care needs in accordance with their wishes.

# Summary of findings

**Is the service responsive?**

Good

The service was responsive. Care plans were in place and were kept up to date so staff had the information they required to provide the care and support people needed.

Hobbies and interests were identified and activities and events planned to meet these. Religious and cultural needs were being met and equality and diversity was promoted within the service.

People and their relatives knew how to raise any concerns and said they were listened to and felt any issues raised were appropriately addressed.

**Is the service well-led?**

Good

The service was well-led. The service had a registered manager who was open and approachable and communicated effectively with people, relatives and staff.

People, relatives and staff were provided with opportunities to express their views about the service and action taken to address any areas they identified for improvement.

The registered manager attended meetings and events for the care sector to discuss new ideas and good practice that could be introduced to the service to improve any aspects of the service provision.

Systems were in place to monitor the quality of the service, so areas for improvements could be identified and addressed.

# St Vincent's Nursing Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection was carried out on 20 and 21 August 2015 and the first day was unannounced. The inspection was carried out by four inspectors including two pharmacist inspectors plus an expert by experience with experience of care services for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service including notifications received. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including eight people's care records, three staff files, medicines and medicine administration record charts for thirty one people, servicing and maintenance records for equipment and the premises, staff training information, risk assessments, audit reports, meeting minutes and policies and procedures. We used the Short Observational Framework for Inspection (SOFI) on one unit during the lunchtime on the second day. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed interaction between people using the service and staff throughout the inspection.

We spoke with eleven people using the service, four relatives, two visitors, two volunteers, one student on work experience, the registered manager, the deputy manager, four registered nurses, eleven care staff, the chef, the housekeeper, the activities coordinator, the entertainment organiser, one maintenance person, two receptionists and two healthcare professionals, these being a GP and a chiropodist.

Good

# Is the service safe?

## Our findings

People we asked said they felt safe at the service. One person told us, "Yes, I feel very safe here. I have a nice room and my window looks out into the garden – it's all nice." Another said, "I've never had any concerns here and there's never any neglect." A relative told us, "Yes, it's all OK here – staff are friendly. I think [relative] is very safe here." One person we asked told us they felt 'very safe' and showed us their call bell. They said, "I've never used it" so we agreed together to give it a test and the response from staff was an immediate knock on the door to check all was well.

People were being protected from the risk of abuse. Staff told us they had been trained in safeguarding and were able to give us definitions of different forms of abuse. They were aware the service had policies and procedures for safeguarding and whistleblowing in place and we saw these were available and up to date. Staff knew to report any concerns to their line manager. They understood whistleblowing procedures and knew the outside agencies they could report concerns to including the local authority and the Care Quality Commission (CQC). Contact numbers for the local authority safeguarding team were displayed on noticeboards in the service so they were accessible. Staff confirmed they had never had any cause for concern with regard to the safety or well-being of people living at the service.

Risks were assessed so action could be taken to minimise them and keep people safe. Care records contained an assessment of needs and risks for different aspects of care, including environmental risks, physical risks, behavioural risks and risks related to medical conditions. This included risks of isolation and there were clear measures in place to address these risks which reflected people's individual needs. There was a long term assessment of care completed on admission and a support plan for daily living which identified risks. In addition there was a range of assessments including risk of falls, skin integrity and nutritional status, which were updated on a monthly basis so any changes could be identified and addressed. Where appropriate there were assessments for the use of bed rails or wheelchair lap belts in place. Each risk assessment identified the possible hazard or risk, along with the action required to minimise the risk. Body maps were seen in care files to record wounds and bruises and these had been completed correctly and dated clearly, identifying any concerns so they could be addressed.

Risk assessments for the premises, equipment and safe working practices were in place and had been reviewed periodically to keep them up to date. Maintenance and servicing records were up to date and we saw systems and equipment including gas safety, hoists, fire alarm, lifts and profiling beds were being serviced at required intervals. Where any faults were identified we saw repairs had been carried out promptly to maintain systems and equipment in good working order. The maintenance person told us any new equipment was demonstrated so staff understood how to use it. For example, we saw staff transporting people in wheelchairs, which they did correctly and safely. Accidents and incidents were recorded and this information was monitored to look for any trends or areas where people's safety could be improved.

There were fire evacuation plans available on each unit at the nurse's station so the support and assistance people required in the event of fire was known and appropriate action could be taken to meet them. These identified each person's individual mobility needs in the event of an emergency evacuation, any equipment required and the number of staff needed to assist them along with relevant contact numbers and alternative locations. Fire alarms were tested weekly and this was recorded along with any remedial actions that were identified and taken to keep it in good working order. Day and night fire drills were carried out and a record of the response from staff maintained, so action could be taken to address any shortfalls. For example, during one drill staff response had been slow and we saw fire safety training sessions had been carried out shortly after this to refresh staff knowledge of procedures to be followed. The deputy manager said there had been an improvement in staff response and further training in fire drill and evacuation was being planned.

There was a board in the reception area and on each unit with photos, names and designation of the members of staff who worked in each area. Staff wore name badges so that they could be easily identified by people and visitors. Each care file contained a recent photograph and a physical description of each person, along with a brief overview of their communication abilities, so information was available should someone go missing from the service.

Good

# Is the service safe?

CCTV was installed and aimed at all the exit points and external areas. Monitors were situated discreetly in the service so the exterior of the building was being monitored for security purposes. The garden was well maintained and paths were level and obstruction free, providing a safe and pleasant environment for people to walk and sit out in.

Employment checks were carried out to ensure only suitable staff were being employed at the service. Completed application forms included full training and employment histories. A medical fitness declaration form was in place along with pre-employment checks including references from previous employers, a Disclosure and Barring Service (DBS) check, proof of identity including a photograph and evidence of people's right to work in the UK. Spoken and written English checks were carried out as part of the recruitment process and registered nurses undertook a medicines administration competency test. This indicated the service ensured staff would be able to communicate with people and if additional training was needed this could then be arranged.

There were enough staff on duty to attend to people's needs and we saw staff responded swiftly at all times when people asked for help or needed support. Call bells were answered promptly and staff were always available to help people to move around the service and assist those who required help and support, for example, at mealtimes. Staff and people confirmed they considered the staffing levels were adequate at all times. The staff rota was up to date and the registered manager explained they used their own staff to cover any staff shortages, whilst ensuring staff did not work excessive hours, and had not needed to use agency staff. People were therefore being cared for by staff who knew them and understood their needs.

We looked at medicines storage, medicines care plans and medicines records for people. Medicines administration records showed people were receiving their medicines regularly, and as prescribed, except for two medicines where we noted discrepancies between supplies of medicines and entries on medicines records. Some people were supported to keep and manage their own medicines to retain their independence. When we looked at medicines prescribed for agitation, we saw that people's behaviour was not controlled by excessive or inappropriate use of these medicines. There were effective systems in place to order medicines for people. All prescribed medicines were available and were stored securely, including controlled drugs. Medicines rooms were clean and well organised. We spoke with nursing staff on each of the four units, and they were able to clearly explain what medicines had been prescribed for, and recent changes to people's medicines. A medicines communication log was in use, where staff recorded medicines issues which had occurred on their shift, to handover to staff on the next shift.

Monitoring was carried out for people on high-risk medicines such as insulin. Nursing staff told us that there was input about medicines from other health professionals, such as the local anticoagulant and diabetes services, and a specialist Parkinson's nurse. A recent patient safety alert on the storage of food thickeners had been actioned.

There was a weekly GP visit to the home, and there was evidence that people's medicines were changed when needed, although people's care plans did not identify how often they should have a medicines review. Some risks related to medicines were identified, such as the increased risk of falls due to certain medicines. Some people were supported to self-administer their medicines; this was risk-assessed to check that people were able to do this safely.

Some people on one unit were prescribed sedating medicines for when required, or "PRN" use. We saw that these were not overused, however there were no PRN protocols in place, as required by current national medicines guidance from NICE Managing Medicines in Care Homes March 2014. This had already been identified during a recent audit by the pharmacy, a PRN protocol template had been obtained, and the registered manager told us that these would be put in place. The nurse on this unit told us there was input from the local community mental health team, although this input was not always recorded in people's care plans and was to be added.

We noted some minor issues with record-keeping for medicines which we discussed with the Registered Manager on the first day of the inspection, for example records were not kept to confirm that the patch site of a controlled drugs pain patch had been rotated, and the medicines refrigerator records showed that medicines were not always stored at the correct temperatures. The Registered Manager told us that all the points we had identified would be addressed immediately and we saw work being done on these during the inspection.

Good

# Is the service safe?

Regular medicines audits were carried out. Nursing staff carried out daily medicines records audits, there was a more comprehensive internal medicines audit, last carried out on March 2015, and external audits had been carried out by the pharmacy in December 2014 and May 2015. We saw that the home took action following on from these audits.

People were being protected against the risk of infection. Policies and procedures for infection control were in place and being followed. We saw risk assessments were also in place for infection control, for example, to minimise the infection risk from certain illnesses known to spread easily. We saw all areas of the service were clean and fresh and cleaning staff were working steadily throughout the inspection. All bedrooms had en suite facilities and all those viewed were clean. Staff wore protective aprons and gloves when delivering personal care and when serving food. Domestic staff were observed using colour coded cleaning equipment and were able to explain how this was used for different areas of the service. We visited the kitchen and all areas of the were clean and well organised. Records of daily safety checks for fridge and freezer as well as food temperatures were up to date. There was a cleaning schedule clearly displayed in the kitchen and associated cleaning records were up to date.

Good

# Is the service effective?

## Our findings

People confirmed the staff understood the care and support they needed, and they were encouraged to maintain their independence. One person said, "I feel blessed here. When I came, I had to use two sticks to get around, now I can go anywhere with my walker – I have two, one for inside, and one when I go into the garden. Where I used to live, I felt locked in – there was nowhere to go – but here it's wonderful, I can go anywhere I like." Other comments we received included, "The staff here have been very kind and very supportive at helping me keep my independence, which is so important to me" and "I can walk out on my own and I get the bus to the station and walk back."

Staff received the training and supervision they needed to carry out their roles effectively. Staff received induction training when they started at the service and spend time shadowing other staff to learn about caring for people and meeting people's individual needs. We saw in meeting minutes the new Care Certificate induction programme had been discussed and two staff were currently working towards achieving this. Staff said they received regular training and updates in all relevant aspects of their work. Staff were able to explain how to support specific people and it was clear that they were familiar with people's differing needs and characteristics. The activities coordinator told us recognised training had been provided by the service for activities staff to improve their knowledge and skills when planning activities.

Staff reported they were encouraged to undertake additional training and obtain further qualifications. Staff training records confirmed the training people had received in a wide range of topics including moving and handling, fire safety, first aid, safeguarding and medicines management. Staff demonstrated a good knowledge of their understanding of people's individual needs. For example, staff told us they had received training in how to care for people living with dementia and people who were unable to make decisions for themselves. From our observations staff demonstrated a good level of understanding of these needs and how best to manage them for each person. Kitchen staff were up to date with food safety training and opportunities for additional training had been provided so they could further their knowledge and skills. Staff supervision took place every 2 months and annual appraisals were also carried out. Staff confirmed they felt supported in their work and were able to discuss any training needs and action was taken to address these.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people's freedom was not unduly restricted. Where restrictions have been put in place for a person's safety or if it has been deemed in their best interests, then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person. We observed people making decisions for themselves and they were able to move freely around the service and the garden. People could go out of the service if they so wished and where for safety and in someone's best interest they would need to be accompanied, this had been identified. Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the importance of acting in a person's best interests. We saw DoLs applications were made to the local authority when it was considered necessary to restrict someone's choices.

Care records were signed and dated to indicate consent to care and treatment. Signed consent was also seen for other aspects of care such as use of bed rails, lap restraints and to reflect advanced decisions such as admissions to hospital and resuscitation wishes. If a person had been assessed as being unable to make decisions for themselves and a relative had appropriate power of attorney, then they had been able to sign their agreement to the care records. The registered manager and registered nurses understood the process to be followed if someone was identified as being at risk of harm due to lack of capacity. Appropriate staff and professionals had been involved in DoLS assessments and staff demonstrated a good understanding of anticipating people's behaviours and supporting them in a calm and respectful manner.

People's nutritional needs were being identified, monitored and met. The admission details at the front of each person's care file highlighted any allergies and any special dietary requirements, such as a diabetic diet. People's nutritional status was assessed on admission and this was reviewed and updated monthly so it was being monitored. Any risks and nutritional requirements, for example, difficulty with swallowing or the need for a soft or pureed

Good

# Is the service effective?

diet were identified and planned for. Care plans identified people's eating and drinking needs and included information about individual preferences and meal time routines. This was well documented and demonstrated a good level of personalised detail. For example, one person's care plan specified the use of a particular type of crockery and cutlery to increase their interest in food and encourage them to eat. Another person's care plan noted that they liked to be served small portions of food with a hot drink served after meals. We observed mealtimes and saw staff understood people's individual needs and ensured these were being met.

People were weighed each month or more frequently if identified as being at nutritional risk or if weight loss had been identified. We saw records of regular weight monitoring and these were up to date. We were told food and fluid intake was recorded when a person needed closer monitoring but no-one required this at the time of our inspection and the records we viewed showed people's weights were stable. There was a four week menu plan which offered a varied and balanced selection of meals. There were choices available at all meals and these included vegetarian options. The chef told us diets to meet any ethnic or cultural requirements would be accommodated if required. Meal choices were selected the previous day for planning purposes but people could change their minds on the day if they so wished. Kitchen staff maintained a file with a record of each person's dietary requirements and any specific needs such as pureed food, a diabetic or vegetarian diet. This was also specified on the menu choices each day for each person.

Hot and cold drinks and snacks were available at all times. There were trays of fresh fruit available and a water dispenser on each wing and people could help themselves. There was also a kitchenette available in the dining rooms of each wing for people to use to prepare drinks or food if they wished, to help maintain their independence.

People's healthcare needs were being identified and met. People were registered with a local GP practice and a GP visited the home on a weekly basis and more frequently if required, for consultations or to conduct general health or medication reviews. People were identified to see the GP and a designated book to record issues and outcomes of visits was used. In addition there was a section in people's care files to record visits from health care professionals such as the GP, opticians, dieticians, and physiotherapists. Visits were dated and signed with relevant information and comments so the information was kept up to date. There was a transfer form in each person's care file with relevant details of medical conditions, contact numbers and any allergies that could be used in the event of admission to hospital.

We spoke with the GP who was very positive about the quality of care and support provided at the service. She told us communication with the staff was excellent and that they responded quickly and efficiently to any health concerns and always sought appropriate advice and input from other health professionals when needed. We spoke with a chiropodist. It was their first visit to the service and they said first impressions were good, with clear documentation and communication from staff.

People lived in an environment that was well maintained and met their needs. The premises were of a high standard and suitably adapted for the needs and comfort of people living there. All areas had good quality floor coverings, furnishings, fixtures and fittings. Communal areas, bathrooms and bedrooms were well appointed and all bedrooms had en suite facilities which were easy for people to access. Doorways, corridors, lifts and other access points were wide and easy to navigate for those with walking aids, wheelchairs or with limited mobility. There was a chapel on the ground floor which held daily services. Services from the chapel were relayed to televisions in the individual bedrooms for those wanting to participate but who were unable to attend the chapel. The service was in the process of installing broadband so wireless internet access would be available in all rooms for people to use, and people were looking forward to this. There was a large, well maintained and secure landscaped garden with wide, level pathways that could be used by wheelchairs, with ramps from doors into the garden, and a variety of good quality seating areas throughout the grounds. We saw people enjoyed accessing the garden and were able to do so independently or with support from staff.

Outstanding ☆

# Is the service caring?

## Our findings

People living at the service were all very positive about the care provided and the attitude of the staff. Comments we received from people included, "Everything is excellent here – I can't find anything wrong. It's so clean, and the staff are excellent." "The staff do whatever they can to please you here. They are very, very good, they talk to people, joke a lot – its first class" and "It's always very, very clean here. I go to bed when I want, get up when I want – I would give it 10 out of 10." Relatives were also very happy with the service and comments included, "I feel like this is an extension of my own home." and "This is like a home, I could not be happier." The GP told us, "The care here is superb. The staff are extremely caring, the home is very efficient, they're very good at picking up any problems and very good at communicating with us and involving relatives when needed." One volunteer told us, "This home is beautifully run – the people are lovely."

Care records contained information outlining the daily routine for each person, including details on sleeping, waking and mealtime routines, personal care preferences and the activities and hobbies they enjoyed. These documents were well completed and gave a clear picture of each person's daily routine and preferences. Personal care preferences were recorded along with any wishes with regard to the gender of staff providing personal care. This meant that daily care could be tailored to each individual, to suit their needs and wishes. Staff were able to tell us about people's preferences and were respectful in the way they described people's rights and choices. The majority of care records also contained 'life history' information provided by the person or their next of kin to give staff information about people's backgrounds, their work and family and interests.

We observed a high level of sympathetic and gentle care and support and there was a peaceful and calm atmosphere throughout the service at all times. One member of staff said, "The most important thing is people's happiness and following their choices. This work is my passion." Staff demonstrated they understood people's individual needs well and knew how best to communicate with and support them. Staff had a kind and unhurried approach, making eye contact with people when talking with them, offering choices and taking time to listen to what they wanted. If people wished to be left alone this was respected. We saw people were offered drinks or something to eat when they wanted and were helped to move around the service as they wished. Staff were attentive and supported people with patience and good humour at all times and we saw people were given the opportunity to change their minds about what they wanted to do at any time. We observed medicines rounds on all units and there were positive, caring interactions between staff and people using the service. Staff on all units were able to discuss people's health and medicines needs without needing to refer to their care plans, demonstrating a good knowledge about each person. Staff took time to talk to people during the medicines rounds, and these were person-centred as people were given their medicines at a time which suited them. Some people were supported to self-administer some of their medicines to promote their independence.

We observed the lunchtime experience on all the units. One person pointed to their meal and told us, "It's great!" Staff ensured people were served the meal of their choice and if someone changed their mind this was accommodated easily. Staff were available to assist people and did so in a gentle and caring way, understanding people's individual support needs. For example, a member of staff sat down with a person who seemed quite withdrawn. The member of staff initiated conversation on a topic that clearly interested the person, who then became animated and interacted well. In another instance, when a person entered the dining room and sat down, staff noted this and immediately served them their meal. When we asked about this after the meal, staff explained the person tended to leave the dining room quickly without eating, so it was important to serve them promptly when they attended. People had a choice of drinks offered and were encouraged to serve themselves with condiments, so they could choose how much they wanted. The lunchtime experience was sociable and people were enjoying their meals and the company.

Staff engaged and interacted with people in a friendly and appropriate manner and took steps to provide a comforting and homely environment. For example, a 'Doris Day' film was shown on one day after lunch but the activities staff made sure that people approved of this choice and explained what the film was about. On another day soft classical music was playing after lunch as several people chose to have a rest or a sleep. Relatives and

# Is the service caring?

visitors were made welcome and there was a positive and friendly relationship with staff. Information about advocacy services was displayed in the service so people could access this if they needed to.

Although this was a service catering for those of the Catholic faith, people of other religious beliefs and secular lifestyles were welcomed and accommodated. There was a chapel within the service with a daily Catholic Mass for those who wanted to attend, but there were also activities sessions at this time for those who did not want to participate, so people's individual wishes were catered for. Staff policies included those for diversity, equality and human rights and religion and beliefs. Staff said the registered manager promoted equality and diversity and that there was a 'multinational and multicultural feel' to the service. Bedrooms were personalised with individual belongings and pictures. In the dining rooms people had personalised napkin rings at their individual place settings.

We observed people's privacy and dignity was respected and staff ensured that bedroom and bathroom doors were closed when delivering personal care. Staff always knocked on bedroom doors before entering. Staff described the methods they used to ensure that they respected people's privacy and dignity such as closing doors and curtains and always offering choices before assisting people. Maintenance and domestic staff explained they always checked with people to make sure if they needed to access a bedroom they did so at a time that was convenient. One told us, "I clean when people are in the chapel, or when they're having lunch so that I don't disturb them in their rooms." We saw when they vacuumed the corridor they closed the doors leading to the lounge and dining room where people were seated, so as not to disturb them. People were well dressed and we saw that care and attention had been paid to hair grooming and choice of clothes for those less able to manage their own personal care. A hairdresser attended the home regularly and there was a well-equipped hairdressing salon where people could book appointments as they wished. Visitors confirmed they were able to visit at any time and were made welcome at the service, so people could keep in contact with family and friends.

We saw care plans which recorded people's wishes and hopes for their end of life care. In addition to this there was a separate system of care booklets for those nearing the end of their lives which was more detailed and specific to their changing needs and wishes. These care plans were designed to supplement and replace other care plans at the appropriate time, with a focus on maximising comfort and spiritual support, while providing nutrition, hydration and pain relief as required. We reviewed two of these end of life plans and saw they were sensitively written and individualised, with clear directions on how to best support each person during this time, so their needs and wishes would be met. Each person had an advance decision form to stipulate their future wishes in the event of hospital admission, resuscitation needs and medical support. These were completed and signed by a senior staff member and the person or the person with power of attorney if they lacked capacity to sign.

Staff had received training so they could provide subcutaneous hydration and administer prescribed medicines via a syringe driver to keep people hydrated and comfortable when they were no longer able to take fluids or medicines orally. Relatives told us discussions about end of life had been sensitively handled by staff. The registered manager told us the service was part of the 'No One Should Die Alone' volunteer's programme, so people at this stage of their lives were never left alone and had someone to provide company and support at all times. The service was registered with and working towards accreditation with the Gold Standards Framework, a recognised training programme to enable staff to provide a 'gold standard' of care to people nearing the end of their lives.

Good

# Is the service responsive?

## Our findings

People received care that was personalised and responded to their needs. People's needs were assessed on admission to the service each person and had an individual care file with a recent photograph, information about their needs, abilities, medical conditions and personal history. There was a form with admission details at the front of each file providing an overview of the person including a physical description, medical history, allergies, dietary needs and communication abilities. Care records contained person-centred care plans for different aspects of care and support including physical, psychological, medical, nutritional, social, spiritual, plus end of life needs where this had been discussed. Each care plan outlined needs and risks for that person, the goals and desired outcome of care and details of the care and support required. Care plans were well completed with a good level of detail of individual routines and personal preferences. Care staff told us they read the care plans to help them understand the needs of individuals. We observed the care and support provided by staff matched the recorded detail in the care plans, so people were supported according to their individual needs. For example, some people whose care plans stated they wished to have a rest after lunch were supported to do so. In other instances staff supported people appropriately with mobility needs, at mealtimes and if they were agitated.

Daily records and regular keyworker updates for each person were kept in a section of the care file and these were well completed, up to date and sufficiently detailed and recorded any changes in people's care needs. There were monthly evaluation sheets for each care plan which were completed by nursing staff to track progress and record any changes to care or support required. Monthly evaluation sheets were all up to date on the day of our visit but sometimes lacked detail. We fed this back to the registered manager who said this would be reviewed as part of the care plan auditing process being introduced. We did see some care reviews that showed evidence of changes to needs or required care and this had been documented in care plans. There was monthly monitoring of nutritional status, blood pressure, pulse and other aspects of care such as skin integrity so that any changes could be identified and addressed as required. Wound care documentation contained completed assessment charts and photographic records to monitor the progress of the wound, along with details of wound dressings and evidence of input from healthcare professionals, so wounds were appropriately managed.

A comprehensive activities programme was displayed throughout the service and the activities coordinator and entertainment organiser provided activities at the service seven days a week. We spoke with one who outlined the wide variety of activities on offer for people. This included activities and events which took place inside the service and outings and trips organised on a regular basis. The service had a minibus for outings and on the first day of inspection seven people went out on a boat trip, which they enjoyed. External entertainers such as opera singers and musicians visited the service and the registered manager led a poetry reading session on the second day of inspection. There was a large activities room with a wide variety of activity items. The activities coordinator was very positive about her work and had ideas for future improvements, for example, a sensory room for people living with dementia to use. She told us, "I feel supported by [the manager]. I can take my ideas to her and she listens." The service produced a monthly newsletter and this included information about events for the month, so people and relatives were kept informed. It also contained facts about the specific month and events in history from that month, which was interesting to read and provided topics for discussion.

The activities coordinator said there were one-to-one sessions for people who preferred to stay in their rooms and we saw this taking place during the inspection. Each care record contained an activity plan and evaluation form which noted the preferred activities and interests of the individual along with a daily record of participation in various activities or events. We were shown a new file which was being introduced to maintain more comprehensive details of social engagement, personal preferences and characteristics. Training from the National Activity Providers Association (NAPA) was provided for activities staff, to assist them with their work. Activities staff were supported by several volunteers who came to the service most days and spent time visiting people in their rooms. We talked to two of the volunteers who demonstrated they knew people well and knew how to best to support them.

Good

# Is the service responsive?

The service encouraged people to give feedback so any issues could be promptly addressed. The service had not received any complaints in the last 12 months, and the registered manager felt this was because they encouraged people to feel confident to raise any points immediately, so they could be addressed. There was a complaints procedure available to people. People said they had never had any cause for complaint. They were confident that they could raise any concerns with any of the staff or the registered manager or deputy at any time. The heads of department attended the quarterly 'resident meetings' and people were encouraged to discuss any matters either positive or where they had a concern, so they could be addressed. For example, at one meeting someone had expressed a wish for crackling with their roast pork and at the next meeting they commented that this had been provided and they had been very pleased. Catering staff served the lunchtime meal and received had on-going feedback, requests and comments from individuals. A volunteer told us about one occasion where a person had commented about overcooked vegetables and the chef had immediately come to the dining room to discuss their concerns so they could be addressed.

Good

# Is the service well-led?

## Our findings

Staff enjoyed working at the service and were positive about the culture and atmosphere in the home which they felt was open, supportive and inclusive. Comments included, "It's really nice working here." "It's a really nice place to work, and I love walking in here every day." and "It's just a lovely place to work – the best!" Each unit had a 'champion' system, with different members of staff having particular responsibility for overseeing and promoting different aspects of care, including infection control, dementia and dignity. This encouraged staff involvement and input to the running of the home and on-going development. People and staff said the registered manager and deputy manager were very visible and were always approachable and sympathetic to any concerns or comments. Regular staff meetings took place to discuss the progress of the service, any events taking place and to report back on any points raised at previous meetings. Staff told us they were encouraged to participate and express their views, and the meeting minutes confirmed this.

Staff were encouraged and supported by the registered manager to continually improve their knowledge and skills to enable them to provide a high standard of care and support. Staff had regular supervision reviews and annual appraisals with the registered manager at which their performance and work load was discussed and training needs identified. Two staff explained how their different personal circumstances had been accommodated by the service and their working arrangements adapted to support them. Another told us how the registered manager had observed their interactions with people and identified their potential to undertake a caring role within the service. They had been supported to do this successfully and enjoyed their work. The service provided separate areas for staff including staff rooms and locker areas which staff could use undisturbed when on breaks or off duty. The registered manager had been in post since the service opened and many of the staff had worked at the service for several years, providing continuity for people using the service. Staff felt well supported by the management team and said they would feel confident to raise any issues or concerns with their line manager.

The registered manager said she attended events for up to date discussion and advice on care matters. These included meetings arranged by The Registered Nursing Homes Association. Local authority provider forums and the Charity Commission. There were also publications in the service that provided current information, for example, Caring Times, Nursing Older People and NAPA publications, providing updates and relevant news items for staff to read and learn from. The registered manager told us a representative from Age UK had attended a residents meeting to discuss what help and advice is available to people. They were also available to be contacted by individuals to answer any queries they have, for example, advice on selling a property. Policies and procedures had been reviewed in the last 12 months and we saw these incorporated relevant legislation, for example, the health and safety policy referred to health and safety legislation. Some amendments were needed to ensure references to the Care Quality Commission documents were up to date and the registered manager said she would action this. Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.

There were systems in place for monitoring the quality of the service provided, so action could be taken to address any areas for improvement. Annual satisfaction surveys were carried out and the 2015 survey was being conducted. Results for 2014 showed a high level of satisfaction with all aspects of the service and comparisons with 2013 showed people felt there was a consistent high level of service delivery. The service had an annual development plan in place, covering all aspects of the service. The Board of Trustees met quarterly and the registered manager presented a detailed report so they were being kept up to date with progress in the service. Members of the Board of Trustees carried out monitoring visits to the service, for example, one with a catering background audited the catering provision to maintain a high standard of food safety. At the last environmental health inspection the food hygiene rating for the service was 5, the highest score awarded by the Food Protection Agency, indicating food safety was being effectively monitored in the service. Other areas being audited included people's weight, falls and any pressure sores, to monitor and identify any trends so action could be taken to address them. The service had recently introduced a system of care plan audits and we viewed an example. The care record audit was comprehensive and contained detailed comments of omissions or required

Good

# Is the service well-led?

improvements. This system had been introduced to ensure that care planning was fit for purpose with good oversight and regular review and the registered manager said all the care records would be reviewed using this tool.