Little Sisters of the Poor

Little Sisters of the Poor - St Peters Residence

Inspection report

St Peters Residence
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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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Little Sisters of the Poor – St Peters Residence is a residential care home that provides accommodation and personal care to up to 56 older people, including people living with dementia. There were 52 people using the service at the time of this unannounced inspection. The facilities available within the service included private bedrooms with en-suite, communal living areas including sitting rooms, dining rooms, chapel, library, an activities room, art and craft room, reminiscence room, hair dressing saloon, shop, physiotherapy room, clinic rooms and well maintained gardens.

At the last inspection on 7 February 2015 the service was meeting all the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, inspected at that time. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Little Sisters of the Poor – St Peter Residence' on our website at www.cqc.org.uk.

The service had a registered manager supported by unit team leaders. 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 and associated Regulations about how the service is run.

People, relatives, staff and professionals told us the service was managed well. The service operated in a way that demonstrated there was an open and transparent culture at the service. Staff told us they were happy working at the service and they felt valued and appreciated as a member of the team at Little Sisters of the Poor – St Peters Residence. The registered manager was visible and approachable, enabled and empowered staff to seek advice from her. The registered manager had worked at the service for a number of years so knew staff and people well. There were regular meetings and team building events where staff shared significant information and experiences together. Staff told us they received the leadership and direction they needed. Regular checks and audits of the quality of care were carried out to improve on service delivery.

The registered provider had systems and processes in place to protect people from harm People knew and were empowered to report any concern or abuse. Staff also had knowledge and understanding of the various types of abuse. They knew how to report an allegation of abuse and felt confident that any concerns they raised will be thoroughly investigated and addressed. Staff knew how to whistle blow if need be. Staff demonstrated that the protected people from harm and abuse while promoting their Human Rights.

Risks to people were managed in a way that promoted their health, well-being, individuality and independence. Staff knew the risks associated with people's health and well-being and actions to take to manage them. The registered provider had innovative systems in place and guidance for staff to manage those risks safely. Positive risk taking was encouraged so people could live an independently as able.

People received their medicines according to instructions. Only trained and competent staff administered

medicines to people. Medicines administrations records were correctly completed. Staff undertook regular checks to ensure people received their medicines as prescribed. Medicines were stored safely.

People received support from a sufficient number of staff with suitable skills and experience to meet their needs. Staff told us they had sufficient time to enable them to meet people's needs safely. Appropriate recruitment procedures were followed to recruit staff to ensure only suitable applicants worked with people.

People had access to a range of healthcare services and to maintain their well-being and good health. Staff acted on recommendations of professionals to meet people health needs. This helped to improve of maintain people's health. The service had close working partnerships with healthcare professionals and with external agencies.

People received care from staff who were effectively trained, supported, supervised and appraised in their role. Staff received regular supervisions both formally and informally. Training and developmental needs were reviewed with staff to identify gaps in their knowledge and experience and these were appropriately addressed.

People's care was delivered in line with the requirements of the Mental Capacity Act 2005 (MCA). People were asked for their consent before care was provided and staff respected their decisions. Relatives and healthcare professionals were involved in the best interest process to support people who were unable to make decisions about their care. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People enjoyed their freedoms in line with the restrictions placed on them by the Deprivation of Liberty Safeguards (DoLS).

People enjoyed the food provided at the service. They told us they had plenty to eat and drink to support their nutritional and dietary requirements. Staff supported people who required support to eat their meal. Dieticians were involved where required to maintain people's nutritional needs. People had access to drinks, fruits and snacks available if they wanted throughout the day.

People who used the service commended the excellent quality of care they received. People, their relatives and professionals told us staff were kind, compassionate and extremely caring. People told us they felt comfortable with staff. We saw positive interactions existed between people and staff.
The atmosphere within the service was friendly and peaceful. People were involved in their day to day decisions. People were supported to maintain relationships which mattered to them. Staff celebrated people's lives in a unique way that made them feel extra special. Their cultural, social and religious were maintained and respected. They were supported to attend events and meetings which promoted their beliefs and values. Staff understood the importance of respecting people's dignity and privacy.

End of life care at the service was excellent People were given the end of life care they wanted. Their wishes were respected. Staff cared for people well and ensured they were comfortable and their pain managed as much as possible. The care people received at the end of their lives was exemplary. Staff displayed care, compassionate and empathy that showed all people who lived and died at the service mattered.

People's needs were assessed with their involvement and that of their relatives and healthcare professionals when appropriate. Care plans were developed from information gathered during assessments and reflected people's individual needs and preferences. People received individualised care in a manner that achieved the best possible outcomes for them. Staff knew people well and understood their needs, likes, dislikes and

preferences.

People were engaged in activities they enjoyed. Activities were of wide range, tailored to reflect people's interests and therapeutic needs. This demonstrated diversity and social inclusion. People visited a variety of community groups and organisations who volunteered at the service and delivered activities.

People knew how to make a complaint. Complaints were resolved in line with the registered provider's procedures. People's feedback were obtained and used to plan and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient staff to meet the needs of people safely.

Innovative assisted technology was used to manage identified risks for people. Staff encouraged positive risk taking for people as a way that promoted their individuality and increased their independence.

People told us they felt safe living in the service. Staff were knowledgeable on signs to recognise abuse and how to report their concerns. Staff took effective action to keep people safe from hare and abuse. They also knew how to whistle blow to external agencies if need be.

Medicines were managed and stored in a safe way.

Is the service effective?

Good

The service was effective.

People's rights were protected in line with the MCA. People consented to their care and support before they were delivered. People who lacked capacity to consent to care were protected in accordance with legal requirements.

Staff were well trained, supported and supervised in the job. They had the skills and experience to support people appropriately.

People's needs were met by a range of healthcare professionals. Professionals told us that staff liaised effectively with them and followed recommendations given.

People's nutritional and dietary needs were met. People told us they enjoyed the food provided by the service and had access to food and drinks throughout the day

Is the service caring?

Good

The service was caring.

People and their relatives spoke favourably of the excellent care they receive from staff. Professionals also commended staff on their caring nature.

Dignity was protected at the service. Staff understood the importance of this. People's choices and preferences were promoted.

People were supported to maintain relationships important to them. People had the privacy they wanted.

End of life care was provided to a high standard. People's wishes during the final stages of their life were respected. They were supported to have the comfort, dignified death they wished. People's memories were celebrated.

Is the service responsive?

Good

The service provided personalised care to people.

Care was planned and delivered in a way that addressed people's specific needs and requirements. The service responded to people's changing needs in a way that promoted their individual well-being and circumstances.

People were kept occupied with a range of interesting activities they enjoyed. People were supported to maintain their independence and fulfil their potential.

People's cultural, social and religious needs were addressed and tailored to their individual specifications.

People knew and were encouraged to make complaints and raise concerns. These were used as an opportunity to improve the service.

Is the service well-led?

Good

The service was well led.

People, their relatives, staff and professionals told us the leadership was exceptional. People and their relatives was the centre of service delivered. They were involved in the running of the services and their views were acted upon. The culture of the service was open and transparent.

Staff told us they were supported by the registered manager.

They said they were listened to and valued. Staff were well trained and supported to pursue their career aspirations.

The service worked in partnership with other external organisations to develop and meet the needs of service. The service promoted diversity and inclusion and was part of the local community.

The management demonstrated commitment to continuously develop the service. Robust systems were in place to monitor the quality of the service

Little Sisters of the Poor - St Peters Residence

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 31 May 2017 and was unannounced. The inspection team consisted of one inspector and one 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.

Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 15 people who used the service, five relatives who were visiting the service, two volunteers who were coordinating activities, four unit team leaders, 10 care staff, a member of the human resource team, the registered manager, two nurses and two community nurses visiting the service . We carried out observations to see how staff were supporting people throughout the service and during lunch time. We reviewed medicine administration records for 30 people and care records for 10 people to see how their care was planned and delivered. We checked 10 staff records to pertaining to their recruitment, training and support and supervision. We also looked at other records relating to the management and administration of the service including health and safety, complaint and quality assurance systems.

After the inspection, we received feedback from two healthcare professionals involved in the care and treatment of people living at the service.

Good

Is the service safe?

Our findings

The service continued to sustain practices that kept people safe. People and their relatives spoke about the service and staff with unreserved keenness and enthusiasm. They told us they felt safe and protected at the service. One person told us, "I feel safe and comfortable here night and day. I don't have to worry about my safety or anything." Another person said, "The main thing is you feel safe. There's no need for cameras here…" and a third person said, "…You can leave your things around here and they don't disappear. No one steals them."

The service had embedded systems, policies and procedures in their day to day practices to safeguard people from abuse. People knew their rights and to be protected from any form of abuse and harassment. Staff felt confident to challenge bad practice and report any concern to the management or external agencies. One person said, "I know my rights. Nobody treats me badly here. I have to tell someone at the top if I experience any ill treatment. They [management] will not take it easy on the person, I bet you." Another person told us, "I would speak to the person in charge. I would feel comfortable talking to her if I had any concerns. They always tell us to report any concern. Nothing is too big a problem for her." Staff also told us they were strongly encouraged and empowered to raise concerns to the registered manager or to external agencies as appropriate. One staff member said, "Safeguarding vulnerable people is our responsibility. We have an obligation to protect residents from any harm or abuse. They [the managers] discuss it [safeguarding] with us always. We are told if you don't report it you are part of it." Another staff member told us, "I have done safeguarding training and refreshers too. They [registered manager] emphasise we have a duty to protect people." And a third member of staff told us, "I would report any concern to the registered manager. Trust me those nuns don't cover things up. They deal with every situation seriously. I am happy to whistle blow if necessary. We have frequent trainings and updates on abuse." There were posters around the home giving people information about types of abuse, signs to recognise them and how to report it. Records showed the service had addressed previous safeguarding allegations appropriately in line with their procedures.

Risks to people's health, well-being and safety continued to be managed well. The service had qualified nursing staff with the skills, abilities and competence in assessing risks to people and in the deterioration in their health. Risks were assessed on admission and an on-going basis to ensure avoidable harm to people was identified and managed appropriately. Assessments covered areas such as risks to people's mental health, behaviour, mobility, malnutrition, falls and pressure sores. Risk assessments were detailed and gave staff clear information of any identified risk and explicit guidance on how people should be supported to reduce harm. Staff routinely monitored people's skin for the development of pressure ulcers. For example, pressure relieving cushions and mattresses and regular repositioning were put in place for people at risk of developing pressure ulcers. District nursing teams were involved in caring for people who had pressure ulcers and monitoring people's skin integrity. Steps for staff to follow to safely move and transfer people were in place. Staff had suitable equipment to enable safe transfers for people. Staff confirmed they had been trained appropriately and understood the procedures for using transferring equipment such as a hoist.

One person whose behaviour challenged staff and others had risk assessment completed and management plan devised to keep them and others safe. The plan had been devised with the involvement of a behavioural psychologist. Staff used the Antecedent-Behaviour-Consequence (ABC) chart to keep record of events that triggered the person's behaviour and the reactions following it. An ABC Chart is a direct observation tool that can be used to collect information about the events that are occurring within a person's environment. This helped staff understand what caused the person to behave in the way they did and how to support them appropriately. For example, staff would provide reassurance when the person felt they had lost their personal belongings and engage them in topics of interest. Staff also explored other conditions that might contribute to their behaviour such as infection. They conducted urine test to eliminate this factor or to take appropriate actions such treatment. This showed that the service had a proactive and positive approach to managing risks that promoted the individuality in people and their circumstances.

People were supported to take sensible risks to remain as independent as possible. People benefitted from the use of innovative systems such as assistive technology and the involvement of professionals to manage risks so as to allow people continue to maintain an active life whilst keeping them safe from harm. One person told us "I attend Falls Group once a week where we do exercises to improve our balance…. a physiotherapist comes in on Saturday morning too to help improve our mobility." Another person said, "I always wear an alarm when I'm outside and I can call for help if I need it." and a third person said, "Anyone at risk has a pendant alarm so you can call for help quickly. I can walk independently with my frame in the garden but if I don't feel right [a member of staff] will walk with me." After assessment of risk and if deemed suitable, necessary consent was obtained and appropriate assistive technology were installed such as fall detectors, pendant alarms and sensor mats. These devices alerts staff when a person may have had a fall or in danger. They were installed for people at risk of falls, cardiac conditions, wandering and breathing difficulties. This way people were able to maintain their independence in a safe and none intrusive way but received immediate help from staff when needed. Health and social care professionals commented they felt risk to people was managed well and the service learns from incidents to improve.

People were protected from unforeseen emergencies. People had individual emergency evacuation plan in place in the event of fire. This detailed each person's medical, cognitive and mobility needs and ability. One person's evacuation plan stated, "Unable to mobilise independently. Uses wheelchair. Use wheelchair to evacuate to a place of safety." Staff had received fire training and participated on regular fire drills. There was equipment such as torch lights around the home in the event of power cut. Staff knew of the procedure to follow if a person was feeling unwell. If it was a non urgent, they called on the nurses to assess them and if need be they called the ambulance to take the person to the hospital. Staff were skilled and knowledgeable to support people in a medical emergency. For example, a nurse had used their experience and skills to identify potential case of septic shock. They had intervened quickly by calling paramedics. All staff were trained to administer first aid.

The environment of the service continued to be safe and well maintained. Health and safety checks and routine maintenance were carried out by the maintenance person. One person said, "They keep it spotless; if I make a mess on the floor they come and clean it." Another person told us, "Everywhere is so clean." There were no obstacles and hazards that could pose risk of falls or trips to people and visitors. The home was free from odour or unpleasant smells. All areas of the home were clean and well decorated. Risks had been assessed in relation to management of infection control, clinical waste, gas safety, electrical portable appliance and fire safety. Portable appliances and health and safety equipment were tested annually to ensure they were safe to use. Staff had been trained on infection control and they were provided with personal protective equipment to use to manage risks of infection.

The service continued to manage and administer medicines in a safe way. People received their medicines

safely as prescribed by their GP. One person told us, " I always get my tablets correctly. If I am in a lot of pain. I certainly get all [the pain control] I need…." Another person said, "They [staff] always tell me what medicines and I am taking and what they are for. I get my medicines at the right time every day." Medicines were kept in a locked trolley which is then stored in the office only accessible by staff. Only trained staff who had been assessed as competent were allowed to administer medicine to people. The medicine administration records (MAR) were correctly and clearly completed. Controlled drugs were managed with strict protocols. Controlled drugs were kept securely in a locked cabinet with additional safety measures. Controlled drugs were administered and signed by two members of staff. Regular medicines audits took place by staff to ensure medicines were administered and accurately accounted for. The local pharmacy also completed a medicine audit to scrutinise and identify unsafe practices and errors. During the inspection we looked at the management of medicines at the service. Random medicine checks we completed showed medicines were accounted for.

The service continued to maintain safe recruitment practices. Recruitment records we reviewed showed that prospective applicants completed their full employment histories as part of the recruitment process. Interviews were conducted to check applicants' knowledge and skills. References and criminal record checks were completed before staff were appointed and allowed to start work in the service.

The service continued to ensure people's needs were met safely by maintaining adequate staffing levels. People told us there were sufficient numbers of staff on duty each day to support them. One person said, "I know that if I press that alarm, someone will come straight away. If they [staff] are busy they [staff] may ask if it's urgent and come back later if it's not…" Another person told us, "They come immediately when you ring the bell and they don't make you feel a nuisance." Staff told us they were enough on duty to support people with their needs. One staff member said, "Staffing level is not a problem at all. We are enough surely. Another said, "Definitely we are enough. We are not rushed. We are able to attend to the residents when they call." And a third staff told us, " We are not rushed or stressed. We have time to chat with the residents and to one another about work and things going on." Professionals we contacted told us staff were always available to assist them and answer their queries when they visited. We observed staff responded to people's call for help quickly. Staff had time to chat with people and exchange pleasantries. Staff did not seem rushed. They had time to support people appropriately. The service had pool of bank staff who were used to cover planned and unplanned absences. The human resources assistant explained that this worked well for the service and they had not experienced any major difficulties. The human resource assistant also told us they carried out periodic recruitment, that way they always had staff available to cover vacancies.

Good

Is the service effective?

Our findings

People continued to be cared for by staff who were well-trained to deliver effective care. One person told us, "Staff are well trained in so far as his needs are concerned as they always know what to do and how to do it" Another person, "We are well looked after by staff. They [Staff] all do a good job. They [Staff] must been very well taught." Staff told us and training records confirmed that they had completed mandatory courses to equip them with the knowledge and skills to meet people needs. One staff member told us, "There are frequent trainings and updates. I have just finished NVQ 3. Since I came here I am constantly studying. They help us improve." Another said, "Sometimes I think it's too much. We are constantly doing training. It's good. Its positive as it helps us do the job better and better" and a third staff said, "We have many trainings here. This place is very good with providing training. I find the trainings useful and interesting." Training completed included safeguarding of adults, manual handling, infection control, food hygiene, dementia awareness, safe administration of medicines, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had also completed courses in specific areas such as diabetes, palliative care, and catheter and pressure sore management. These enabled staff develop skills to care for people with specific conditions. Staff had ongoing refresher trainings to update their knowledge and skills. Comments from professionals we contacted included, "The staff seem appropriately trained on the whole." "The staff are brilliant at the job."

New staff continued to be well supported and supervised in their roles. New staff completed an induction programme and assessed as competent to work. They learnt the organisations values and statement of purpose, policies and procedure. The induction also a period of shadowing an experienced staff member to gain practical experience and skills in the job. One staff told us, "The induction helped me know what the job and organisation is about."

Staff continued to be supported by their manager in their role. Staff told us they had regular supervisions and annual appraisals where they could discuss their work, reflected on their performance, concerns about people and any other matter. One staff said, "Supervisions and appraisals are always a two way discussion. I find issues I bring to the manager always get addressed and resolved. The meetings also help you review yourself. Sometimes you don't see who you really are" Another said, "We have regular supervisions. It gives you a chance to discuss any concerns about your residents or work. We also talk about any concern about residents during handovers." Records showed there was always a strong emphasis on training and development. Staff told us they also had regular informal support and supervisions from their line managers. This included on spot training and supervision where poor practices were discussed and addressed immediately. Staff told us it enabled them continually learn and improve on their practices. Nursing staff were supported with their revalidation process and to regularly update their practice through reflective sessions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood their responsibilities under the MCA and DoLS. The registered manager had made DoLS applications as necessary and ensured the conditions were maintained. People were supported to go out and return to the service as they wished. People were also able to access all areas of the service without undue restrictions.

People consented to care and treatment and enjoyed their freedom and rights. One person told us, "They [staff] always inform me what is going on and let me decide." Another person said, "They [staff] speak to me and sometimes involve my relatives in discussions and decisions." Staff understood people's rights to consent to their care and support. One staff member told us, "It is their life. We encourage them to decide what they want and how they want it. You have to respect their decision even if you think it is unwise. We all make unwise decisions every day." Another member of staff said, "You assume everyone can make their decision unless the person has been assessed. You have to respect their decisions. Be patient. If you have concerns let the manager know." Mental capacity assessments were carried out where there were doubts about a person's capability to make decisions. People, their relatives, GP's and relevant healthcare professionals held best interest meetings to support a person who was deemed unable to make a specific decision about their care and support. Where necessary, Independent Advocates were arranged to support people in making decisions. For example, we saw an advocate had been involved to decide the person's move to the service. The service had a checklist they followed to ensure people had not been deprived of their liberty in anyway. It covered how people came to decide to live in the home, use of bedrails and involvement in care planning. This showed people were control of their lives without unlawful deprivation of their liberty.

People had access to a range of healthcare services to meet their needs and to keep them well. These included regular visits, monitoring, and medical reviews from the GP, district nurses, and palliative are team, mental health team, community dentist, pharmacist, audiologist, optician, chiropodist and podiatrist. The service employed a physiotherapist who was available on part-time basis to help people improve their mobility and strength to reduce falls. The service also employed qualified registered nurses who take a lead role in assessing any risks to people's people health and well-being, liaising with appropriate professionals, monitoring and management of conditions and treatment plans. People and their relatives told us that they always had a health professional available to attend to their healthcare needs. One person said, "The oculist [optician] is here today and a chiropodist comes every week, and the GP at least once a week. There are a lot of us deaf here and an audiologist comes." Care records noted visits from professionals, recommendations made and outcome. Healthcare professionals reported that staff were skilled in recognising changes in people's conditions and liaising with them promptly and acting on instructions given. They also told us that the service provided excellent service and impressed with staff experience and knowledge. One professional said, "Staff seem to communicate well with residents and understand their needs, and provide support. Staff have good communications with the practice as needed through the week on the phone, and they are good at collating questions and concerns for the weekly clinic which runs smoothly. Another said, "I have never had a problem with them. If I make a recommendation, for example request for blood test they always get it done. Most times even before I ask they have already done it."

The service had good facilities available to healthcare professionals to run regular clinics for people. This included treatment and consultation rooms. Professionals we contacted told us the availability of a designated space for consultation and treatment enabled them carry out necessary investigations on people and embark on a treatment or follow next course of actions rapidly. Thereby, managing symptoms better and improving the health and well-being of people.

People's nutritional, dietary and hydration needs were met as they received sufficient food and drink to nourish them and maintain their health and well-being. Nutritional assessments were carried out for people at risk of malnutrition. Where necessary, people's food and fluid intake was recorded to ensure they received adequate amount of food and drink. People had fortified food and drinks as recommended by dieticians to ensure they had the correct nutrients, vitamins and calories.

We observed people during lunch time. The atmosphere was relaxed, sociable and friendly. Staff were knowledgeable about people's needs and dietary requirements. Staff assisted people as required to cut their food in smaller pieces, to pour drinks and to dish out food from a serving tray. People were offered extra portions if they needed it. The menu consisted of three course meal and had two options which people could choose from. People had access to fresh fruits and hot and cold desserts. People told us, "Our lunch here is a 5 star treatment. We get three course meals every day of the week. It can't be better." Another person said, "It's nice food; I couldn't wish for better… I am on a gluten free diet and they always make sure I get that." A third person said "We get an enormous choice [of food] every day. We're very lucky." "Breakfast is at 8:00; you can have breakfast up here in your dressing gown if you want to…. Food is well presented and nicely cooked. There's always a choice and alternatives are available, within reason." We saw that people had access to snacks, fruits and drinks both hot and cold throughout the day.

Good

Is the service caring?

Our findings

People received care that was considered exceptional by them and their relatives. Staff were praised on the good standard of care they provided. One person told us, "I'm so pleased to have been able to come here – it's lovely. The staff are kind to each other as well as to us…" Another said, "I'm very comfortable [living here]. I don't have any arguments with anybody; they're all very friendly…… I don't think you could improve on it. It can't be better." And a third told us, "I think [the carers] are handpicked. They are absolutely brilliant. We're very well cared for." Relatives also commented. One said, "The care is outstanding. My relative is so well looked after. She is so happy here." Another said, "The treatment is first class. Everything goes so well here. Every person you meet here is so nice and helpful... I could come live here myself. You don't have to worry about your relative here. You can sleep or go on holiday and you are rest assured that they are in good hands." Professional were also very complementary of the service too. Comments included "The staff are very caring, friendly and helpful", A second health care professional said, "The residents are very well care for by staff." A volunteer at the service told us, "I find the carers behave like family to people."

We conducted the mum's test and all the staff and two professionals we asked told us they would be happy to place their loved ones in the home and they would be happy to live in the home too. One staff member said, "I will put my mum here without a shadow of doubt. It is most definitely a very good place to work and live." Another staff said "The residents are so well cared for. It is always a five stars treatment. They have everything they need here. They are so well pampered. I could book a room here to live if it were possible." A professional said, "of course, I could put my mum or a loved one here."

People were supported by staff who understood their needs, likes and dislikes and preferences. People were involved in planning their care and making decisions about their day-to-day care. Relatives and healthcare professionals where appropriate also contributed to care planning. Care records contained information about what people liked to be called, time they preferred to go to bed, things they could do and how they liked to be supported with their personal care. Staff demonstrated they understood the individual needs of the people they cared for. We randomly checked the knowledge of staff about the needs of people they supported. They were able to describe the people's needs, their likes and dislikes. One staff member said, "[Person's name] likes a cup of tea about 6am before any other than in the morning." Another staff said, "[Person's name] likes to get washed and dressed quite early. They can wash themselves. You just need to make sure you are around to help them where they need help." These matched the detailed noted in the people's care plans and what people told us. People were allocated keyworker's who was responsible for organising their day to day care. Keyworkers developed close working relationship with people and coordinated the person's needs were met. Staff told us they were regularly updated about changes in people's needs and situations by keyworkers. Handover meetings were also used to discuss, and update on people's needs and situations. This ensured care delivered to people met their requirements and needs.

Staff understood the needs of people living with dementia and other cognitive conditions. Staff told us and training record confirmed that staff received dementia and person centred care training. One staff told us, "...The dementia training helped me learn to communicate with people with dementia better. You have to be patient and observe the behaviour." We observed good interactions between people and staff that

indicated they had good knowledge and skills in communicating with people including those with dementia. We saw staff supporting a person who was getting agitated and anxious. Staff were patient and relaxed using positive body language and facial expressions. They gave the person time and held their hands providing reassurance. They engaged the person in discussion of interest that way they managed to comfort the person in a professional and caring manner. This approach had a positive impact on people's lives as they knew staff understood them and cared for their emotional needs too. The atmosphere was friendly and peaceful. People and staff shared jokes and laughter.

People's privacy and dignity were respected by staff. People had their self-contained rooms which afforded them the privacy they needed. They told us they chose to stay in their rooms anytime and nobody would bother them. It also meant that they had their personal care without fear of interruption or anyone intruding. People had keys to theirs rooms too. We saw people lock their rooms as they left. We also saw staff on various occasions knock on people's doors and waited for response before they entered. Staff had all received training in dignity in care and demonstrated good knowledge and skills in putting it in practice. They gave different examples of how they promoted people's dignity. One staff member said, "One person is very conscious about how they eat. So I support them to sit in the corner where they feel comfortable to and it helped their self-esteem." Another said, "dignity also means speaking to people using the right language. Your tone of voice. You have to think about how you support people generally." We observed that staff spoke to people and about people appropriately. Staff attended to people's needs in a dignified manner. For example, "We saw ask people discreetly if they needed bibs to protect their clothes from spills and stains during lunch time. They provided an ordinary napkin held up neatly over their clothes. This was much more dignified than blue plastic aprons. We also saw a staff assisting a person who was unable to feed themselves. They maintained eye contact and communicated with the person while supporting them. The space was appropriate allowing the person time to chew and swallow each bite/scoop. These indicated that staff understood and promoted people's dignity.

People's personal information and records were protected. Records including care plans were locked securely to maintain confidentiality. Staff shared information about people privately.

People were actively supported to maintain links with the family, friends and social networks. One person told us, "…One of my friends is an occupational therapist and when she comes here she says she feels at home here. Your friends are most important and when they are here they have the freedom to make hot drinks for themselves…" Another said, "They [staff] help me call my daughter anytime I want." Relatives told us, "The staff are always very friendly and welcoming anytime we visit or phone." "You can phone here anytime and they will answer your questions. And if [our relative] is feeling a bit down they ring us and we talk to her… The greeting you get from reception when you arrive! They always laugh and joke with us… We can make our own tea and coffee in the kitchen…" The service had a guest room available to book for overnight stay if relatives or friends wanted to spend the night. We saw visitors with their relatives sitting in the garden outside chatting. Some others were taking a walk around the home. This allowed people to enjoy valuable time and company with people who mattered to them.

People were supported to practice and maintain their religious, cultural beliefs and values. There are a number of people living in the service who were retired from active clergy duties but was important for them to continue to take part in their religious practices. The service gave them that opportunity to participate and lead services. One person said, "We appreciate there being a Mass every morning…I say Mass several mornings. It's important for me to be able to continue doing this." Another person said, "One person told us, "Mass is celebrated every day and there's an Anglican service every two weeks. It's your choice if want to attend or not" a third person said, "I go to Mass at 10:30, but I am not forced to." The service also liaised with ministers of various faith groups to visit and conduct for people if required. For example, staff told us that

there had been visits from rabbi in the past to attend to the spiritual need of a person living at the service at the time. People took part in various religious and cultural celebrations. People were also provided food to meet their cultural requirements. Staff had received training in equality and diversity and understood the importance of promoting equality and diversity.

People received the end of life care of their choice and that which met their religious, cultural and ethical beliefs and requirements. People had recorded l their wishes for when they approached the final stages of their life. These were cleared stated in their care plans and staff had knowledge of individual preferences. Evidence showed that people and their relatives and relevant professionals where necessary had been involved in plan. The plan included people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status. Their decision as to where they wanted to die and how pain was to be managed.

Staff from the palliative care team, the GPs and nurses were involved in developing plans and caring for people to ensure they had the right level of care they needed to reduce their pain, keep them comfortable and maintain their dignity. Colour coded flow charts were in place to show the stage people where at, including behaviour they may present and what actions to take. The nursing team supported staff and provided them with guidance to follow. Staff knew who to contact if they needed help or further guidance. A relative told us, "The care is exceptional. [Relative] was living here previously. They lived for six years here after they had been given only a week to live… The staff are really good; caring and compassionate." A healthcare professional said, "Residents are treated with dignity. In particular there is a very constructive attitude to supporting residents to die in the home without inappropriate investigations or treatments."

People who had died at the service were remembered and celebrated. The home held memorial service to commemorate the life of people who had died. The registered manager told us that this afforded staff, friends and family of the person to celebrate the person's life in a supportive environment where they could express their emotions in words and feelings. We saw a board which displayed photographs, names and funeral details of people who had died recently. Newsletters also mentioned and remembered people that had died. Relatives of people who had passed on were allowed to visit and spend time in the service. One relative of a person who had passed told us, "They gave me very good support when [relative] died. The staff were really understanding and compassionate." The home had received an award from St Christopher's End of life care in 2016 for sustaining 'The Steps to Success' Programme'. They had also received an award from the Modernisation Initiative End of life Programme.

Good

Is the service responsive?

Our findings

People continued to receive care personalised to meet their individual needs and requirements. One person told us, "… I've got my pictures and furniture from home. I am a bit independent and go round by myself in the afternoon. I like to sit outside the front door after lunch. They [staff] help me with my personal care and anything I need help with." Another person said, "We couldn't be better looked after…..Once or twice in the night I have asked the staff to bring me hot milk and there's no argument….I like my door open and they know that and leave it open…. One of the senior staff comes with the new ones to show them what to do so they know what my needs are." A third person said, "These trees are lovely; they shade me from the sun. I'm lucky to be here.… [The staff] do all they humanly, possibly can for you… They help me wash when I get up in the morning. I get washed sitting on the loo, which is a very clever way of doing it. I dress myself; I have to do that so I don't lose that ability…"

People's needs were assessed prior to moving in. They were also encouraged to visit the service to meet the staff, people and check the environment so they had the information to decide if wanted to live at the service. The assessment ascertained if the service could meet people's needs. People's likes, dislikes, backgrounds, histories, preferences, medical, mental, social, religious, behavioural and functional abilities were recorded. People's rooms were personalised to reflect themselves. Photographs of their families, important events of their life were displayed. People brought some of their own furniture, ornaments and other objects to decorate their rooms. This helped people become familiar with the environment, thereby, helping settle in their new home quickly. Staff also supported people to settle in their new home when they first moved in and gave them awareness of where they were initially by giving them a tour of the home, reminding of times of activities, and checking on them regularly.

People and their relatives told us they were involved planning and developing care plans. Care plans were devised based on people's assessed needs, their preferences and requirements and staff observation of people's behaviours and patterns. For example, people's choices as to when to wake up, how they preferred their care delivered. Care plans were comprehensive and covered various areas of people's needs and how staff were to support them.

People's needs were responded to and met appropriately. A healthcare professional we spoke with told us, "The service is very responsive to the needs of residents. Nurses and carers are in good contact with relatives, and patients regarding particular needs." we saw that people could eat in their rooms. One person said, "You can have breakfast up here in your dressing gown if you want to…." We saw that people who had specific conditions such as diabetes, heart problems received care tailored to their needs. We saw evidence that demonstrated people's diabetes was well controlled and managed as an outcome of the care they received. One person with type 2 diabetes received support with food intake management. Their plan stated support person with choices of a wide range of healthy balanced food options. Staff also checked their sugar levels weekly and encouraged them to join in exercises. Signs for staff recognise when the person was having high and low sugar levels was detailed in their care plan too. We saw that the person's blood sugar levels were maintain and remained stable as a result of the plan being followed. Another person with heart condition was supported to manage their condition and maintain their well-being. The service had involved

chest specialist in developing the plan. Staff know to monitor the person's fluid intake, provide low salt diet, and see that they don't take part in any activity that requires physical exertion so as to avoid breathlessness. Following the plan has enabled the person maintain their health and well-being.

People were encouraged to be as independent as possible. For example, one care plan informed staff, "[Name] can wash and dress herself. Requires assistance to put on compressor socks." We saw people go out shopping on their own. People mobilising independently around the home. One person was propelling themselves around the home in their wheelchair with their feet. They told us that was how they got around independently and seemed to be quite pleased that they had this element of independence. They said, "I go around the garden this way, someone helps me up the steps…I am happy that I still able to do this." Another person told us, "They let you do what you can do yourselves." They told us that there is a laundrette that residents can use and they use it to wash small personal items by themselves. We saw people helping set the table during lunchtime. People had adapted cutlery to enable feed themselves. Bathrooms appropriate equipment such as grab rails and shower chairs to help people. People told us they wanted to maintain their independence as much as possible and staff allowed them continue to do the things they can do for themselves.

People were actively encouraged to participate in meaningful activities of their interest that promoted their health and mental well-being. One person told us, "They have music and bingo and all sorts of games. I have just been downstairs doing exercises. The days go quickly….They are terrific on parties." Another person said, "This afternoon there will be activities in the little dining room and at 4:30 there is a rosary. The day is quite occupied, if you want that… We go out on trips sometimes. We have exercises too. Visitors are always welcome." Another person said, "I like to play bingo once a fortnight, and we have quizzes… I go outside in a wheelchair when it's fine."

We observed activities taking place on the day of our inspection. A volunteer activity coordinator who was demonstrated good knowledge of people's backgrounds, needs and preferences as regards to participation in activities. They actively engaged everyone in the games and the conversation. After the games they read some poetry and proverbs to people and they all showed they enjoyed it. We saw a very well stocked arts and crafts room and library. There were detailed descriptions and pictures of important activities recorded in annual albums. People told us of the various activities they had enjoyed. One person told us, "We have activities every morning at 11:30 and in the afternoons too. This afternoon it's Bingo and Board games and on Thursday afternoon there's a Birthday party for residents with a birthday in the month…. Now and again there's a trip somewhere; we went to the Imperial War Museum not long ago. I used a wheelchair instead of my walker for that. We've been to the British Museum, and Buckingham Palace. There's a minibus with space for about nine people." Staff and volunteers engaged people who preferred to stay in their rooms or were unable to take part in group activities of their choice. Some of the activities they regularly took part in included, pat a dog, reading session, reminiscence, music, games and puzzles and beauty therapy. One relative told us how staff succeeded in engaging with their relative who had refused to participate in activities after they lost their spouse. They were pleased with the effort made and told us their relative's outlook and mental well-being had improved.

The service collaborated with a various organisations to deliver broader range activities that inclusive, diverse and improved the experiences of people. For example, people shared their recent experience watch the hatching of ducklings. The service had worked with an eggs farm. The farm had brought in a duck and people watched the duck hatched six ducklings and people looked after the duckling for ten days. The experience became a platform for people to talk with people, visitors, volunteers and staff. The service also welcomed local schools to visits and sing, read and conduct concerts for people.

People's views and feedback were sought and used to develop and plan the service. The registered manager held meetings with people regularly where they were consulted about the activities they wanted and in deciding the menu. They also discussed any concerns they had about the service. They told us their ideas were acted on. For example, the menu was being revised based on feedback from people. One person said, "There's a residents meeting once a month. [Registered manager] asks for suggestions or things we are not happy with." Another person told us, "[Registered manager] has monthly meetings where we can express what we want to but I've never had anything to grumble at." They gave examples of issues they had brought to meetings and the outcomes. They said issues always got resolved with positive outcome.

People knew how to raise concerns and complain if they were unhappy with the service. They told us the registered manager always encouraged them to voice their concerns if they had any. One person said, "If I had any concerns I would talk to the person in charge." Another person said, "If I had concerns, you have somebody in charge of your area and I would talk to them or [registered manager] we have a meeting each month with her and we can raise concerns then too." There were no complaints recorded in the last 12 months.

Good

Is the service well-led?

Our findings

People, their relatives, professionals and staff were very complimentary of the service. When we asked how they would rate the service, we received comments such as "I will give this place gold stars in all areas" "of course they deserve top rating." One person said "Anyone who lands here is very lucky. If I were to award it star rating, I will gladly award them 7 stars, oh yes, I would definitely." Another said "I don't think it could be any better. Anything I've asked for, they haven't hesitated." I'm 99% happy here. The missing 1% of happiness is only because I cannot live in my own home anymore. I don't think I could have found anywhere better. Everything is so clean. I would definitely recommend it to a friend." Comments from relatives included, "They [management] are just so extraordinary" "Its one of its kind"

Feedback from professionals included "I have no concerns about management. I would rate the service as outstanding since they are so good at looking after frail elderly people, with a range of activities and services for them to enjoy and a proactive approach to care of the dying, such that the majority of patients say that they prefer to die at the home, and this is normally what happens, with a high standard of care compassionate care." Another health professional said, "I would rate them excellent. They really well organised. It is absolutely an amazing place to live, work and visit. It is definitely one of the best places I have been. They run the place brilliantly. People are so well looked after. I could live here and most definitely would love a close person stay here too."

The service had a registered manager as required by law and were supported by a senior nurse and a team of nurses who provided clinical leadership for the home. There was also human resource and training team onsite who provide support with coordinating staff training, recruitment, staff appraisals, and performance management. The registered manager understood and met their responsibilities to the CQC. Notifiable incidents and accidents were reported to CQC in a timely manner as required.

Staff understood theirs roles, responsibilities, the values and vision of the service and they worked to promote these through delivering high standard care to people. Staff showed positivity, enthusiasm and commitment in their jobs. They demonstrated these in the way they carried out their duties, their attitudes and their comments about the service. We saw that the turnover of staff was low. Most staff had worked in the service for several years. One staff said, "It's a good place to work." Staff were also very pleased with the management and standard of service provided. They commented, "I praise them for the high standard they have set and for the excellent care they give to the residents." "The nuns are excellent. They take things seriously. They don't tolerate bad practices. For them, the standard must be maintained at all times." "Management is very good. They are amazing. We are free to with them. They listen; we can chat with them about anything. They are very understanding and extremely supportive." "The standard of care is very high. We all work together to maintain it. We [staff] see that they give it all their best and it means everything to them that residents are well looked after. They expect us to do the same and we have to because it is a good thing." "The managers are brilliant. They do an excellent job amidst the challenges."

The values for the home included promoting individuality, respect for people and maintaining a family spirited atmosphere for people. A volunteer told us, "I find the carers behave like family to people." A visitor

told us, "People are treated with so much dignity. Its beautiful, calm and peaceful place. Residents here are seemed cheerful. The place is safe. You will find people live unusually long. The building, the gardens, the fittings and facilities are some of the best I have seen. There does not appear to be a shortage of anything, nor is there too much of anything." These comments matched our observations and findings. Staff showed they were interested in people and valued the uniqueness of each person. They understood people's backgrounds, histories and personal circumstances and how these influenced the person's day to day decisions and choices. For example, they talked about how important it was for a retired priest living at the service to celebrate and attend service daily. They said they made sure they supported this person to prepare and enabled them to continue to do so.

People, their relatives, staff and external agencies were involved in running the service. The management held regular meetings with people to obtain their views about the service. The registered manager told us that feedback was very important to them. They said, "If we don't know, we will not be able to fix it." Satisfaction surveys were obtained from people, relatives, staff and professionals and feedbacks received were used to improve the service. For example, people had requested for the menus to be reviewed and they had been involved in developing a new menu. The recent survey showed high level of satisfaction with the quality of care people received which matched our findings too. Staff told us they felt their managers were available and approachable and their concerns listened to. One staff said, "[managers] are always around. You can go to them for help." Staff also reported a high level of job satisfaction and they felt valued. We saw minutes of team meetings used to thank staff for their hard work and commitment in the job. A member of the nursing team told us they felt very supported and valued. They said, "The registered manager listens. She lets you make improvements needed. If you share an idea with her, she gives you the support and resources you need to implement it." For example, they told us how they had been supported to find and attend relevant trainings.

Staff were supported to improve their practice and keep abreast with changes in health and social care legislations. We saw that policies where regularly discussed at meetings and team briefings. For example, a document from ADASS (Association of Directors of Adult Social Services) was discussed and shared with staff. The document talked about tools to promote less restrictive practices in the way care is delivered in line with MCA. Staff also had access to a wide range of trainings within and outside the organisation. There were a number of staff members studying at different levels. They talked about their career plans and were confident that they would be supported to achieve their goals.

The service worked closely with other agencies such as Terrance Higgins Trust, St Christopher's Hospice, Mind, RNIB, and Alzheimer's Society. These organisations have been involved in developing and delivering training to staff, creating awareness on relevant issues and developing outstanding activities for people. For example, the RNIB had provided training to staff and resources such as talking books, accessible radios and wristwatches for blind and partially sighted people to improve their quality of life and improve their independence. The service also had good links with the local community, for example, students from local schools visited to engage people in activities. Different religious and community groups joined activities and were welcomed to volunteer at the service. This gave people opportunity to participate in a wide range of events and activities from a diverse group. Thereby, improving their experiences and promoting diversity and social inclusion.

The service was subjected to regular monitoring and checks. The provider audited areas such as health and safety systems, environment, care records, infection control processes, medication management, finance management systems and staff records. The audit also involves observation and speaking with people and staff. The report from the recent audit identified no concerns. The pharmacist involved in the service also completed audit of medicine systems. There was no action for follow up from their last visit.