Pilgrims' Friend Society

Lady Anne Treves Memorial 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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Lady Anne Treves Memorial Home is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lady Anne Treves Memorial Home provides accommodation, care and support for up to 21 people. Accommodation is arranged over three floors with stairs and a passenger lift linking each floor. The provider, Pilgrim's Friend Society, is a Christian charitable organisation. The ethos of the organisation is to provide support for older Protestant Christians of any denomination. One of the provider's stated aims is to provide people with every opportunity to pursue their Christian life.

This inspection was undertaken on 22 January 2018 and was unannounced. On the day of the inspection there were 18 people living at the home. The home had a registered manager who was present throughout the inspection on 22 January 2018. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This was the first inspection since the home was registered with CQC on 21December 2016.

People and their relatives told us they felt safe at the home and that there were enough suitable staff on duty. One person said, "I use my bell quite a lot, the staff are pretty sharp answering it." Another person told us, "I definitely feel safe here, the staff are wonderful." People were receiving the medicines they needed safely and staff understood their responsibilities with regard to keeping people safe. Risks were identified and managed effectively and any incidents and accidents were monitored to inform practice and make improvements to the service.

Staff had received the training and support they needed to be effective in their roles. One staff member said, "The manager and the seniors are very approachable for anything." People said they had confidence in the staff and one relative told us, "All the staff are good, and some have a real gift." People had enough to eat and drink and they told us that they enjoyed the food on offer. One person said, "It's just the same as I would have at home." People were offered choices and their preferences were respected. Risks associated with nutritional needs were identified and managed and people received the support they needed to eat and drink.

People were supported to access health care services when they needed to. One person said, "If I needed the doctor the staff would arrange it." Staff described positive working relationship with health care professionals. A visiting health care professional told us that staff made appropriate referrals and were knowledgeable about people's needs. People's needs had been assessed using accredited tools in line with current good practice. Staff understood their responsibilities with regard to the Mental Capacity Act and people said that staff always asked them before providing care or support. Staff were using technology

effectively to ensure that people's needs were met in a timely way. Refurbishment work was being undertaken in the main lounge and dining area on the day of the inspection. Staff had taken steps to ensure that people were not caused distress during the building work.

People and relatives spoke highly of the caring nature of the staff. Throughout the inspection we observed staff treating people kindly. One person said, "We are very blessed that we have some very thoughtful people looking after us." Staff knew people well and treated them with respect. One relative told us, "You only have to look at my relation's face when the staff talk to her to know that she likes them." People were included in decisions about their care and support as much as possible and where appropriate their family or representatives were also included. Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept securely.

Staff understood how to provide care in a personalised way and people's choices and preferences were considered. Where people had difficulties with communicating their needs staff had used technology to support them. People told us that the Christian focus of the home was important for them and they enjoyed being supported to follow their religion, for example, with daily devotion services. One person said, "I wanted to come here because of the religious aspect." Another person told us, "I like the services in the morning." Staff had time to spend with people, supporting them to follow their interests and to maintain contact with people who were important to them. People were supported to plan for care at the end of their life. A relative told us that staff had been supportive to them as well as showing compassion for their relation.

People knew how to complain and felt confident that any issues would be addressed. There was a complaints system in place to record any concerns and the actions that were taken. The registered manager used complaints information to drive improvements at the service.

There was a clear management structure at the home and staff understood their roles and responsibilities. Staff had a firm understanding of the ethos of the home to provide care and support in line with the Christian values of the provider. Staff understood the provider's equality policy and supported people with their diverse needs. Staff described being well supported and spoke highly of management at the home. Governance arrangements were embedded within practice and regular audits identified any shortfalls in standards of care. Action plans showed how learning from incidents and accidents was also used to drive improvements at the home. People, their relatives and staff were included in planning developments at the home.

Staff had made links with the local community and volunteers and ministers from local churches visited the home regularly. Staff described positive working relationships with a number of health and care professionals. One visiting professional told us that they had experienced good communication with staff who they described as knowledgeable about the people they were caring for. Staff were using technology to provide up to date information to health care professionals.

The registered manager had informed the CQC of significant events in a timely way. They were committed to keeping up to date with best practice and updates in health and social care and told us about plans to develop a more dementia friendly environment to benefit people living at the home.

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.

Risks to people were identified and managed, staff understood their responsibilities with regard to safeguarding people from harm and abuse.

There were enough suitable staff to care for people safely. Incidents and accidents were monitored to inform improvements in the service.

The home was hygienic and people were protected from risks of infection. People were supported to have their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

People were included in the assessment and review of their needs and choices. The adaptation and design of the building met people's individual needs.

Staff were supported and received the training they needed to be effective in their roles. Staff understood their responsibilities with regard to the Mental Capacity Act 2005.

People received the food and drink they needed and were supported to access health care services. Staff worked effectively and communicated well with staff from other organisations.

Is the service caring?

Good

The service was caring.

Staff were kind and treated people with respect. Staff knew people well and supported them to remain independent and to promote their dignity.

People's privacy was respected and staff kept their personal information confidential.

People were supported to express their views and to be actively involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were receiving personalised care. Staff were proactive in identifying changes in people's needs and adjusting their care plans accordingly.

People told us they had enough to do and their social and cultural needs were supported. Complaints were listened to and acted upon.

People were supported to make plans for the end of their life and their wishes and choices were supported. Staff supported people and their families in a compassionate way.

Is the service well-led?

Good

The service was well- led

There was clear leadership and staff understood their roles and responsibilities and felt well supported.

Governance systems were effective in identifying shortfalls and managing risks. Technology was used to monitor and improve the service.

The service worked effectively with other agencies, and staff and people were involved in developments.

Lady Anne Treves Memorial 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.

This inspection took place on 22 January 2018 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service including any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We spoke to ten people who use the service and three relatives. We spoke with eight members of staff and the registered manager. We observed the staff handover and spent time observing staff interacting with people. We looked at a range of documents including policies and procedures, care records for seven people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's information systems.

This was the first inspection since the home was registered with CQC on 21December 2016.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe at the home. One person said, "I ring the bell when I need help." Another person said, "I definitely feel safe here, the staff are wonderful."

Staff demonstrated a firm understanding of how to keep people safe. One staff member described the measures that had been put in place to support a person who had specific risks. They told us, "We follow the care plan and that reduces risks and helps us to keep people safe."

Risk assessments were in place to identify specific risks to people. For example, some people had been assessed as being at high risk of falls. One person's mobility was unpredictable and a manual movement risk assessment included details to guide staff in how to help them to move around safely. Another person had been assessed as having a low risk of falls and their care plan included guidance for staff about the level of support they required to remain independent when moving around. This included use of specific equipment to help prevent falls. We observed that staff were following the guidance in care plans when supporting people.

Staff used validated tools to assess specific risks for example, to people's skin integrity. One person was assessed as being at high risk of developing pressure sores. Their care plan included the use of pressure relieving equipment and guided staff to help the person to change position within a specified time frame. Records showed that staff were regularly monitoring identified pressure areas. A visiting health care professional told us that they were monitoring a person whose skin was vulnerable to pressure sores. They spoke highly of staff member's understanding with regard to pressure care and said that staff included their advice in people's care plans and followed their guidance in the prevention and treatment of pressure areas.

Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in the home. A fire risk assessment had been completed and records showed that staff undertook regular checks to ensure that systems such as fire alarms and emergency lighting were maintained. Fire drills were regularly recorded and people's ability to evacuate the building in the event of a fire had been considered. Each person had a personal emergency evacuation plan (PEEP) in place. This ensured that specific risks were known about and could be managed in the event of an emergency.

A staff member was responsible for maintenance in the home. They were knowledgeable about the service and knew the fabric of the building well. Health and safety records were thorough and up to date. Arrangements were in place for servicing equipment and regular audits ensured that issues were identified and managed appropriately. People and staff told us that maintenance issues were attended to swiftly. One person said, "The place is very well maintained and it's always clean and fresh." All areas of the home that we observed were clean and hygienic. Staff had received training in the prevention and control of infection. We observed staff were using appropriate protective equipment such as gloves and aprons and housekeeping staff were cleaning people's room and communal areas throughout the inspection. One

person told us, "The cleaners are lovely and they are very, very thorough." Information was available for staff regarding the prevention and control of infection. For example, guidance produced by Public Health England on the management of Influenza was available in the staff duty office.

Staff had received training in how to safeguard people from abuse and staff members were able to describe their responsibilities in this regard. One staff member spoke knowledgeably about signs that might indicate abuse and their responsibility to report any concerns. People told us that they would tell someone if they did not feel safe. One person said, "I would tell my daughter." Another said, "There are certain staff members that I would talk to if I was worried." The provider had a safeguarding policy that included local authority arrangements, records showed that referrals had been in line with this policy. People were supported to express their preferences, for example, in relation to the gender of staff members who supported them with personal care. Some people had expressed particular preferences in relation to their religious beliefs, for example, some people requested time and space to pray independently. Staff members were aware of people's preferences and respected the choices they made, ensuring that their rights and dignity were respected and they were protected from harassment or discrimination.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. The provider had obtained proof of identity, employment references and employment histories.

People and their relatives told us that there were enough staff to care for them safely. One person said, "There's always staff around." Another person said, "I use my bell quite a lot, the staff are pretty sharp answering it." A third person told us, "If I need to go down stairs, they (staff) do come quickly." A relative told us, "It would be nice to have more staff but there have been no problems. Staffing is fine as far as I'm concerned." Throughout the inspection our observations were that there were enough staff to care for people and to respond to their needs in a timely way. Staff told us that there were enough staff on duty. One staff member said, "Staffing is not an issue here. We have time just to be with people. Staff numbers are increased when necessary." Another staff member described how staffing had been increased to accommodate the needs of people. They said that staff numbers were always sufficient and explained, "The number of staff varies depending on how much work there is." The registered manager confirmed that staffing levels were determined according to people's needs and that this was regularly reviewed to ensure there were enough staff on duty. Records showed that staffing levels were consistently maintained with some use of agency staff. A staff member told us that the same agency staff were used regularly to ensure that there were 'familiar faces,' for people living at the home. An agency staff member confirmed that they were regularly offered work at the home and this meant that they had got to know people well.

People were receiving their medicines safely. One person told us, "I get my medicines from the staff twice a day. I've had no problems." Systems for ordering and receiving medicines into the home were effective. Medicines were stored securely. Records showed that temperatures were consistently monitored to ensure that medicines were stored within the required temperature range to protect their efficacy. Medication Administration Record (MAR) charts were consistently completed to provide accurate records. Some people were receiving PRN (as required) medicines. There were PRN protocols in place to guide staff in when these medicines should be given. Only those staff who had been trained in administering medicines were able to support people with their medicines. Records confirmed that assessments had been completed regularly to ensure staff remained competent to administer medicines. We observed a staff member administering medicines to people. They demonstrated that they were knowledgeable about the medicines people were prescribed and confident in following the provider's medicines policy. The staff member approached people

sensitively and took time to explain about their medicines.

Staff were able to describe the process they would follow to ensure that decisions about administering medicines covertly (without the person's knowledge) were in the person's best interest in line with the Mental Capacity Act 2005 (MCA). However there was no use of covert medicines at the time of the inspection. Staff were also able to describe the process they followed when a person wished to manage their medicines independently. This showed that staff had a good awareness of the provider's policy and knew how to manage medicines safely. Regular medicine audits were undertaken to ensure that any shortfalls in practice were identified. Action plans showed how improvements were made and demonstrated learning from mistakes.

Incidents and accidents were recorded and monitored. The registered manager explained that staff used an electronic system for logging any incidents or accidents. The system generated an electronic message to alert the registered manager of these events. They described how this system provided them with oversight and enabled them to ensure that actions were taken to investigate incidents and accidents and to learn from any mistakes. For example, a person who was living with dementia had not rung their bell to summon staff when they needed assistance and they had fallen as a result. An investigation had led to a review of the person's care plan and the introduction of electronic equipment that would alert staff when the person got out of bed during the night. This had helped to reduce the risk of the person falling again. A staff member told us that team meetings included discussions about practice and how learning from mistakes could lead to improved care. They explained, "We have team meetings once a month and they are focussed on how we can improve."

Good

Is the service effective?

Our findings

People and their relatives told us that they had confidence in the skills and knowledge of the staff. One person said, "The staff know what they are doing, they are very good." A relative told us, "All the staff are good and some have a real gift." A visiting health care professional told us, "The staff have been well trained."

Staff told us that they received the training they needed to be effective in their roles. One staff member described the provision of staff training as 'well organised and effective.' They described training in subjects that were appropriate for the needs of people they were supporting including dementia awareness, pressure care, manual movement and how to support people with behaviour that could be challenging to others.

Staff described the induction that they received when they first came to work at the home. One staff member said, "I had a mixture of on-line and face to face training." They described shadowing experienced staff to enable them to build their confidence. Staff were supported to undertake the Care Certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were supported to maintain and update their knowledge and skills with access to regular training. There were effective systems in place to identify when staff were due to refresh their knowledge and records showed that managers were proactive in reminding staff to complete training when it was due.

Staff reported being well supported in their roles and described having supervision meetings. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records showed that staff were receiving supervision but there had been some slippage in the planned timetable of supervisions for some staff. The registered manager was aware of this and confirmed that there was a plan for more regular meetings. They explained that staff were aware that they could speak with the registered manager at any time. Staff we spoke with confirmed that they felt confident that they could access the support they needed. One staff member said, "The manager and the seniors are very approachable for anything." Another staff member said, "You don't have to wait for supervision, they (manager and seniors) are continuously available." A third staff member told us that they had received regular supervision, they said, "It's very supportive, it's nice to have that time out and to get things out in the open if necessary."

The provider is a Christian charitable organisation with a stated aim to provide every opportunity for people to pursue their Christian life. The registered manager explained that the home specialised in providing support for 'Older Protestant Christians of any denomination. ' People's needs and choices were assessed prior to coming to live at the home. The registered manager told us that the religious ethos of the home was discussed with people prior to their admission to ensure that this was compatible with their needs and beliefs. They told us, "We involve people, and where appropriate, their relatives in the assessment before they come here to be sure we can meet their needs. People choose to come here because they want to live

with other Christians. We continue to assess them upon admission and to involve them through regular reviews. " Assessments were holistic and included people's physical and mental health, and their social needs. Staff used validated tools to help with the assessment and review process in line with good practice. Assessments were used to develop care plans that were person centred and took account of people's diverse needs, including their religion, ethnicity, disabilities and aspects of their life that were important to them. This was reflected within people's care plans. For example, one person's care plan described the importance for them of attending devotional services regularly. Another care plan identified that a person wished to be supported to attend their own church services on a weekly basis.

Where appropriate, technology and equipment was identified in the assessment and care planning process to support people in achieving good outcomes. For example, one person who was living with dementia, needed adapted crockery and cutlery to help them to eat independently. Another person required equipment to help them to move around safely. A third person was assessed as being at high risk of falls but they were no longer able to use their call bell for assistance. Sensor equipment was identified which alerted staff when the person moved around in their room. This ensured that staff could attend and support the person to reduce their risk of falling.

People were supported to have enough to eat and drink. They spoke highly of the food provided at the home. One person told us, "The food is good. I like the roasts and fish and chips." Another person said, "There's lots of food, too much for me." A third person told us, "The food is lovely, always nicely presented."

We observed the lunch time meal. The main dining area was not available on the day of the inspection as refurbishment work was taking place. Instead two smaller rooms were set for meal times and people were given a choice about which area they wished to use. One person told us, "I have my main meals in the dining room and I like to have breakfast in my room." People were assisted to sit where they wanted to and staff were on hand throughout to ensure people had the help they needed. Some people had chosen to eat in their rooms and staff were aware of people's preferences. Some people who were living with dementia were unsettled by the change in routine and staff were seen explaining and offering reassurance to people. People had chosen their meal the day before and staff were heard reminding people of what they had chosen and checking that they were still happy with their choice. Some people had sensory loss affecting their sight. Staff we heard describing the meal and explaining where food was positioned on their plate.

People were offered alternatives if they did not want the food that was on offer. One person said, "There's a nice variety of food, it's very satisfying. I'm not sure you would ever need seconds." The food looked appetising and was freshly cooked. One person told us, "It's just the same as I would have at home." The chef was provided with information about people's dietary preferences and needs. They told us, "I've been here so long that I know what people like." Staff told us that people were asked about their likes and dislikes and any cultural or religious needs associated with food and drink. This information was included within people's care plans. For example, one care plan specified that a person did not want to drink alcohol.

Staff told us that people could have snacks and drinks whenever they felt hungry. During the morning we heard one person asking a staff member when it would be lunchtime. The staff member told them lunch would be in an hour or so but asked if they would like something to eat straight away. The person accepted their offer and the staff member immediately brought them some tea and toast as requested. Throughout the day we observed staff offering people drinks. One staff member was observed offering to refresh a person's fruit juice and we saw that people had hot and cold drinks within their reach in their bedrooms.

Some people had risks associated with nutritional needs. For example, one person had been assessed as being at risk of choking. A referral had been made to a Speech and Language Therapist (SALT) and their

advice for a soft diet had been included in the person's care plan. Another person had been identified as being at high risk of malnutrition. Their care plan included guidance for staff in how to support the person with eating and drinking. SALT advice for the person included the need for thickened fluids and pureed food and we observed that staff were aware of this and followed the care plan. The person's weight was regularly monitored and we saw that they had gained some weight. This showed that staff were consistently following the person's eating and drinking care plan and risks were being effectively managed.

A visiting health care professional commented that staff understood the importance of maintaining nutrition and hydration for people who were at risk of developing pressure sores. They also told us about one person who had been at risk of malnutrition. They said that they had noticed the person's weight had increased as a result of staff providing consistent support and encouraging the person to eat and drink.

People and their relatives told us that they had access to the health care services that they needed. One person said, "If I needed the doctor the staff would arrange it." During the inspection a GP and a district nurse were visiting people. Records showed that people were supported to attend regular health care appointments. A range of health care professionals were involved including, SALT, physiotherapist, chiropodist, dentist and community psychiatric nurse. A relative told us, "The doctor has been into see my relation today, a staff member has just informed me." Another relative told us that their relation had seen their GP, dentist and chiropodist regularly since being at the home. A visiting health care professional told us, "The staff are quick to inform us of any changes, they make appropriate referrals and follow instructions."

Staff told us that communication was effective in the home and with other organisations. One staff member said, "There's always a good handover when you come on shift." Another staff member said, "Communication is very good." They described how information was passed between staff in a number of ways, through a handover meeting that happened when staff came on duty, within staff meetings and with changes to documents such as updated care plans. One staff member explained how electronic systems had improved communication within the home. They said that staff could make changes and update care plans in a timely way using a computerised care plan system. One staff member said, "We are all involved in completing charts and adding progress notes to care plans. We have access to laptops to add and receive information." The registered manager explained that use of the electronic system had improved communication ensuring the flow of information was more effective with fewer gaps. They explained that staff were able to record more quickly and this enabled better access to information. Another benefit of the electronic system was that when staff entered their details into the computer system and automatic message alerted them to particular changes, for example if a person had been prescribed a different medicine. This enabled staff to keep up to date with changes that affected people's care.

Staff told us that they had developed effective working relationships with staff from other organisations including local health services. One visiting health care professional told us that they had been impressed with the ability of staff to provide them with up to date relevant information about people. They gave an example saying, "They communicate with us very well and recognise significant changes. If they are concerned they ring us for advice or to request a visit." The registered manager told us that the electronic system enabled staff to access data reports that were helpful when communicating with other organisations. For example, accidents and incident records contained information that could be useful for identifying trends or patterns. This meant that if a person had a number of falls staff would make a referral to the falls team for specialist advice about how to support the person and prevent further falls. Staff were able to access specific data to provide to the falls team such as, the number of falls and when and where these had happened within a specified period. This enabled better analysis to determine the most appropriate action which would provide the best outcome for the person.

The provider had identified that the main lounge and dining area in the home were in need of refurbishment and this was in progress on the day of the inspection. Staff had been preparing people for the disruption that this would cause and had taken action to minimise any distress or discomfort for people living at the home. For example, people had been consulted about changes in their routines such as where they would like to eat their meals. Other areas of the home had been made available to provide temporary dining space and communal lounge space. During the day drilling was taking place and this was loud and disturbing for some people. Staff were quick to recognise any distress and took action to support people to move to quieter parts of the building. One staff member was liaising with the builders to ensure that people had some protected quiet time during the day when no drilling was happening. One person told us this was important for them as they liked to spend time each day for quiet contemplation.

Staff told us that people were able to bring their own furniture and decorate their rooms as they wanted. We observed that people had personalised their rooms. We heard a staff member offering to put up some framed pictures for one person. Some people had pictures on their doors to help them to recognise their rooms. The registered manager told us that the provider had consulted with their dementia specialist about the interior design for the refurbished lounge and dining area. They explained that this was to support the needs of people at the home who were living with dementia.

People were able to access all areas of the home with the use of a passenger lift. One person told us that they enjoyed using the garden when the weather was nice and said that they were able to access it independently. Staff told us that some people needed support to go out in the garden and staff were able to go with them when they wanted to. People had access to an adapted bathroom with a Jacuzzi bath and we noted that equipment was available to help people to move around including electronic hoists. Grip rails were located around the home to support people to maintain their independence when moving around.

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 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 or authorisations to deprive a person of their liberty were being met.

Staff had received training in the MCA. They were able to demonstrate their understanding of the legislation and their responsibilities. For example, one staff member told us about a person who was living with dementia and described how staff continued to offer choices but understood when it was necessary to make best interest decisions. People told us that staff checked with them before providing care or support. One person said, "They always ask before they do anything." We observed that staff were asking people for example, "Can I help you with that," and, "Would you like to move?" When one person refused help the staff member accepted their response saying, "That's absolutely fine, I can come back later." Records showed that staff had considered people's capacity to make specific decisions and where appropriate had included relatives in making decisions in their best interest. Where relatives had the legal authority to make decisions on behalf of people this was recorded within their care plans and copies of the legal documents were checked. One relative told us, "We had a review of the care plan and the DoLS, they communicate and include me very well." Mental capacity assessments had been undertaken and where appropriate applications had been made to the local authority for DoLS. A system was in place to ensure that DoLS authorisations remained within date.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the caring nature of the staff. One person said, "We are very blessed that we have some very thoughtful people looking after us." Another person said, "I am nicely looked after here." A third person told us, "The staff are wonderful, they make sure you have everything you need and that you are loved." A relative told us, "The staff are very caring and they know the residents and their quirks which is what you wish for."

Staff had developed positive relationships with people and knew them well. We observed a staff handover meeting and heard staff talking about each person individually in a respectful and compassionate way. For example, one staff member described how a person had refused support with their personal care, they spoke about how they had managed the situation so that the person didn't feel offended or pressured and described helping the person to maintain their dignity and to feel in control. Another staff member described small signs that they had noticed which might indicate that a person was disturbed and disorientated by the building work in the lounge area. This showed that staff knew people well and were concerned for their well-being.

People told us that staff were respectful and polite. One person said, "All the staff are very pleasant, courteous and kind." Another person said, "They treat people with respect and make you feel like you matter." A third person said, "I wouldn't want to be anywhere else." Throughout the inspection we observed positive interactions between staff and people. When people were distressed staff were quick to offer comfort and support. For example, one person was concerned about a friend and staff were heard offering them a cup of tea and talking to them quietly to distract and reassure them. A relative told us that their relation, who was living with dementia, could become agitated at times. They explained that staff would spend time reading to them and this helped to calm the person. They said, "The staff are very kind and know what helps and what doesn't." Another relative told us that staff knew their relation well saying, "They have got to know what she likes best." People appeared comfortable in the company of staff, there was a relaxed atmosphere and staff had time to sit and chat to people in a companionable way. One relative told us, "You only have to look at my relation's face when the staff talk to her to know that she likes them."

People were supported to express their views and to make choices about their care and support. The registered manager told us, "Residents are asked if they wish to oversee their care planning or if they wish a family member or representative to help them." One person told us, "They are very obliging; I am offered choices about more or less everything. I would recommend it here." Another person told us, "I was at a loss when I first came here, it was all very strange, but they have made me feel at home." A third person told us that they had been unsettled when they arrived at the home and staff had helped them to settle in with a routine of their choosing. People's care records showed that they had been included in developing plans for their care. For example, one person's care plan included their preferred daily routine including the time they wanted to wake up and that they also wanted the option to go back to bed later in the day.

Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate relatives or advocates were included in the decision making process. An advocate is

someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. A relative told us, "The staff keep us informed and answer any questions we have."

People were supported to remain as independent at possible. We saw staff encouraging people to do things for themselves in a patient and friendly way. For example, one member of staff was observed supporting a person to walk with a mobility aid rather than using their wheelchair. The staff member was heard using encouraging language and giving the person directions to support them when mobilising. This was in line with guidance in the person's care plan to ensure they were walking small distances. A staff member explained the importance of taking time to support people with their mobility saying, "It's obviously quicker and easier to use a wheelchair but people need to keep as mobile as possible- it's a case of use it or lose it."

Another person was highly anxious about having a fall when mobilising. Staff were heard discussing strategies in their handover meeting, to distract the person and reduce their anxiety. Later we observed staff using distraction techniques to good effect with the person who appeared noticeably less anxious when walking to the dining area. This showed that staff were sensitive to the person's distress and took appropriate and timely actions to support them to maintain their independence and dignity.

A relative told us that staff were proactive in supporting people to remain independent. They explained, "The physiotherapist showed staff what to do, and they have continued to encourage my relation." They told us that their relation had not been mobile when they first came to the home but they were now able to mobilise with support from the staff.

Staff demonstrated a firm understanding of how to maintain people's privacy. Throughout the inspection we observed that staff were knocking on people's doors and waiting for a response before entering. One person told us, "They always knock before they come in." When staff needed to discuss something with people or their relatives they did so discreetly ensuring the person's privacy was maintained.

Staff understood their responsibilities with regard to maintaining people's confidential information. People's personal papers were kept securely. Care records were kept electronically and access to information was limited to those staff who needed to see it. The registered manager explained that the electronic records system had a facility that enabled information to be locked so that it was only available to people who should see it. This meant that when someone wanted to view their own care plan they could see the information without having access to anyone else's private information. The registered manager explained that this facility was also used to enable visiting health care professionals to have limited access to information when they needed it.

People told us that their visitors were welcomed at the home and their relatives confirmed this. One person said, "The staff always offer people a drink, we can have visitors at any time." A relative told us that staff were always welcoming and helpful.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person said, "I couldn't ask for more, the staff do whatever is needed." A relative told us how staff had helped their relation to settle at the home and said, "I'm sure they are happy here now."

People's care plans were personalised to include their preferences and wishes. For example, one care plan guided staff to only use a small amount of milk on one person's cereal as they preferred it not to be soggy. Another care plan described the particular publications that the person enjoyed reading including the particular newspaper and magazine that they preferred. A third care plan described a particular type of music that the person enjoyed and noted the cultural significance of this music for the person. Throughout the inspection our observations confirmed that staff knew people well and demonstrated their awareness of personal details reflected within people's care plans. For example, care plans included details of people's personal history including their previous employment and information about things that were important to them. One person enjoyed singing and staff told us that their preference for particular songs related to the person's previous occupation. A staff member told us about how they delivered care in a person centred way, describing what was important to particular people. They told us, "Families help us to know about people and their previous lives. It's important to give people continuity from the past to the present." They went on to describe a photo book that staff had helped to build for one person, who was living with dementia, to help them to communicate with the use of photographs that were familiar to the person.

People and their relatives told us that the religious aspects of the home were important to them. One person said, "I wanted to come here because of the religious aspect." Another person said, "I like the services in the morning." A relative said that their relation, "Likes to sing along with the hymns." People told us that they were supported to retain contact with their church community. One person said, "I can attend services here but I like to go to the Sunday service at my own church whenever I can." A visiting minister from a local church told us that people from the home attended church services and people from the congregation were regular visitors to the home. A staff member explained that some volunteers were used to support religious aspects at the home, including providing ceremonies and spending time with people individually.

People told us that they had enough to do at the home. An activity co-ordinator was employed to develop and organise activities at the home. They described about people's interests and how organised activities were arranged according to people's needs and preferences. We observed that people were being encouraged to pursue their interests. For example, one person told us they enjoyed knitting and we observed staff chatting to them about what they were making. A list of planned activities and religious services was available on a noticeboard and people told us they referred to the list to check what was happening each day. One person said, "There are always things to join in with if you want to." Another person said, "I like the devotions, we have lovely people come in and talk to us." A third person said, "I know about the activities but I prefer to be quiet in my room."

We asked staff how people were prevented from becoming socially isolated at the home. One staff member told us, "We have time to spend with people in their rooms, just chatting or helping them with something

specific. If they want to join in activities they are always offered support if they need it." We observed that staff were spending time with people who were in their rooms. For example, a staff member was looking through a scrap book with a person who was living with dementia. Later the person was alone in their room but staff had made sure they had access to a box filled with colourful, textured items, designed to stimulate the person's senses. One person who was living with dementia had particular challenges with communication. A staff member had been allocated time to spend with them to try and support them to come out of their room to socialise. A staff member explained, "Offering time and space with a staff member they trust is very important." Staff told us that when people were not able to attend religious ceremonies at the home they could still be part of the service because an internal speaker system enabled people to listen from their bedrooms if they wanted to.

People's individual interests were supported by staff and by volunteers. For example, staff told us that some people enjoyed reading but were no longer able to do so due to sensory loss. Staff and volunteers had time to support people by reading to them or by talking about books or scriptures that were important to the person.

Staff recognised that some people had difficulties with communication and had put in places systems to support their needs. For example, one person had difficulties with communicating their needs because English was not their first language. Staff were using a number of ways to communicate with the person including using cards with key phrases translated into the person's first language. Staff were also using a translation application on a mobile phone to interpret phrases on a daily basis and to seek the person's consent when necessary. A translator had also been contacted to support the person when necessary, with more complex communication.

Some people had communication difficulties due to sensory loss. Records showed that staff supported people to attend regular checks for hearing loss and assessments of their vision. Care plans included guidance for staff in how to support people to maintain equipment such as hearing aids and prompted staff to check if people were using the aids they needed. For example, one person had sensory loss which meant they found it difficult to hear. Staff were aware that they needed to ensure that the person was wearing their hearing aid and to regularly check that the batteries were in place and operating effectively. Another person with hearing loss preferred not to wear their hearing aid and their care plan guided staff to gain the person's attention and to speak loudly and clearly. We observed staff positioning themselves in front of the person before speaking to ensure that they had their attention and using non- verbal clues to aid communication as well as speaking clearly. The registered manager was aware of the Accessible Information Standard and told us that staff were in the process of developing sensory profiles for people. They explained, "The sensory profiles guide staff in utilising alternative avenues to communicate and also helps prevent residents becoming isolated." This was described as work in progress and was a proactive way for staff to ensure that people's sensory and communication needs were considered thoroughly with appropriate care plans in place to support people.

Staff were using technology to ensure that people received timely care and support that was responsive to their needs. For example, people who were able to use call bells could use them to alert staff if they needed help. In addition to this, staff were using walky-talky devices to communicate with each other when in different areas of the building. This ensured that if someone needed support from more than one staff member this could be communicated quickly to enable a swift response. Where people were not able to use a call bell and were assessed as being at risk of falls, other technology was in place to support them. For example, pressure mats were being used in a range of ways to alert staff when people were moving around and needed support from staff to keep them safe. Staff told us that the electronic care planning system was easy to use and enabled them to update care plans in a timely way. The registered manager said that this

meant that staff had access to information and guidance about how to support people in a timely way. For example, we observed that staff had updated an electronic record for one person with information from a GP's visit as soon as it happened. This was noted in the staff handover and staff told us that any important changes were also communicated through an alert system on the electronic care record. One staff member said, "We keep up to date with changes more quickly now. As soon as something changes it's updated and we know about it."

The provider had a complaints system in place and any complaints were recorded with information about what actions were taken to resolve the concern. People and their relatives told us that they would feel comfortable to complain. One person said, "I would complain to the manager if I had any problems." Another person said, "I would share my concerns with a certain member of staff and see what they advise." A third person told us, "If I needed to complain I would but I've had no real issues so far." A relative told us that they had seen the complaints process in the home's brochure and they felt confident that any concerns would be addressed. Another relative said, " I am happy with the complaints procedure, it's an open door and (staff member) is very approachable." Records showed that complaints were dealt with in a timely way and the registered manager told us that all concerns were taken seriously and addressed as quickly as possible.

People were being supported to make plans for the end of their life. People were offered the opportunity to make advanced care plans to express their preferences and wishes for their care. Records showed that some people had chosen not to complete these care plans. Other people had asked their families to make decisions for them. Staff told us that they had developed good working relationships with district nurses and the GP to ensure that they could access support for people with end of life care. One staff member explained that they would ask the district nurse to come and make an assessment for example, for mouth care, and would request that the GP provide a prescription for anticipatory medicines. This was good practice because it ensured that people could access the medicines they needed even if there was a rapid change in their condition. Relatives told us that staff were supportive of them as well as their relation. One relative, who lived some distance from the home, told us that staff had offered them the option to use a flat within the home so that they could remain near to their relation if they wished to.

Good

Is the service well-led?

Our findings

People and their relatives spoke highly of the management of the home. They described the registered manager as having a visible presence in the home and said they were approachable. One person said, "The manager is lovely, a very nice person. They are always around and very easy to talk to." A relative told us, "I can always ask the manager for advice. There is good communication between us." Staff also spoke highly of the management at the home. One staff member said, "All the seniors and the manager are supportive of the staff here. It's a community feeling."

There were systems in place to monitor the quality of care and to use this information to drive improvements at the home. For example, quality assurance questionnaires were sent to people, their relatives, staff and visiting health care professionals. This enabled the provider to receive feedback about the quality of the service and people's experience of care provided. The registered manager used this information to develop an action plan to address any identified shortfalls and to make improvements. People's comments and complaints were also used as a tool for continuous improvement at the home. For example, the time of the morning devotion service had been changed in response to requests from people who wanted more time to prepare in the morning.

Various audits were undertaken to check standards of care. This information was used to improve standards. For example, a regular audit of the procedures for administering medicines had identified the need to implement a regular stock check and a cleaning schedule. This had resulted in improvements in standards and a tightening of procedures to ensure the safe administration and storage of medicines.

An audit of the building had identified that some areas of the home were in need of refurbishment. A plan was put in place to update the main lounge and dining area and this work was in progress during the inspection. The registered manager also told us about further development plans to improve the environment for people who were living with dementia. An audit of staff training records had identified some slippage in specific training. A plan was in place to ensure that staff could update their skills and knowledge in the coming weeks.

Technology was being used to improve people's experiences and to aid partnership working. For example, incidents and accidents were being monitored using an electronic system which enabled data to be collated easily for analysis of trends and patterns. In addition, individual records were updated by care staff as soon as changes happened, enabling health care professionals to receive the most recent information.

There was a clear management structure and staff were clear about their roles and responsibilities. Senior staff provided clear guidance and leadership for staff. For example, during the staff handover meeting when staff came on duty, the senior staff member gave clear directions about who each staff member would be supporting during the shift. Information about people's needs was discussed and staff were advised about actions to take regarding specific situations. The senior staff member was supportive saying, "Just come and find me if there's a problem."

Staff were well motivated and spoke with pride about their roles. One staff member said, "It's a lovely atmosphere here," another said, "We have time to spend with people." A third staff member described person- centred care as being the main strength of the home, saying, "We have time to just be with people and to meet their preferences and wishes." Staff understood the Christian ethos of the home and described the importance of the devotional services to people. One staff member said, "It's an important aspect of this home, to provide support for people's individual wishes about their Christian beliefs and activities." A staff member told us that staff were recruited from all backgrounds but that they understood they may be called upon from time to time to support the religious activities in the home. For example, one staff member said, "When a speaker couldn't come, people wanted a staff member to read psalms from the Bible instead." The provider had clear equality policies and staff had received training in how to support people's diverse needs.

Staff told us that they could contribute to the development of the service and their ideas were welcomed. Notes from staff meetings showed that staff had made suggestions about improvements that could be made and contributed to discussions about planned developments at the home. Notes from residents' meetings also showed that staff sought people's views about the home, for example, people had identified places in the local community that they would like to visit for a group outing. Another meeting was held for residents to be involved in choosing food for a new menu and ideas for group activities including films for a cinema experience.

The registered manager described plans to develop a more dementia friendly environment for people and spoke about the vision for the home to become even more personalised and less institutional. They described some aspects of the plan that had already been implemented including an activity room where people could be supported in a calm space with sensory lighting and tactile items for people to hold. A staff member told us that they had been involved in developing this space and spoke positively of the impact it was having for people. For example, they described how it was helpful during the night for people who were feeling agitated or anxious to be able to spend time there with a staff member.

The registered manager said that staff had made connections with the local community. Staff described positive working relationships with GPs and pharmacist and other health and care professionals. A number of volunteers visited people at the home regularly to spend time befriending people and sometime to be involved in devotional services. Ministers from local churches also visited regularly. One visiting minister told us that staff were proactive in supporting people to stay connected with their church. They described always being welcomed and having been invited to attend social events at the home. A staff member told us that a number of local ministers were regular visitors to people at the home.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager was also aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017. They were committed to keeping up to date with best practice and updates in health and social care and told us about plans to develop a more dementia friendly environment to benefit people living at the home.