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St Stephens Nursing Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection visit at St Stephens Nursing Home was undertaken on 19 April 2017 and was unannounced.

St Stephens provides nursing care and support for a maximum of 31 people, some of whom have dementia or physical disabilities. At the time of our inspection, the home was fully occupied. St Stephens Nursing Home is situated in a residential area of Blackpool close to the promenade. It offers 27 single room accommodation in addition to two double rooms with lift access to all floors.
There is a conservatory to the rear providing people with space for privacy and solitude.

At the last inspection on 14 October 2015, the service was rated as good in all five key areas and overall. The service met the requirements of the regulations.

During this inspection, a relative told us, "By a country mile this place is unbelievable." Staff said they were exceptionally trained to undertake their duties. We found Investors in People (IIP) had recently awarded St Stephens with their Gold Standard for the provider's excellent commitment to workforce development. This enabled staff to underpin their learning and practice to give people the best possible care. Another relative said, "The staff are very well trained."

People and their relatives told us they found meals and their nutritional support were of a very high standard. The provider installed innovative systems to manage risks of malnutrition and swallowing difficulties to maintain their safety. For example, the management team recognised local issues meant people had to await access to specialist nutritional services. They overcame this with the latest information technology.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible. They demonstrated an excellent knowledge of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Care records detailed people's consent to their care and each area of their support contained decision specific, individual DoLS care plans.

We found the registered manager was exceptionally kind and understood the importance of high standards of care to give people meaningful lives. They inspired their workface to ensure quality of service provision was provided as a team. One staff member said, "To help someone eat, to do activities, to have a wash, to go out shopping, I love that. I also love that the residents love that." Staff and the management team were acutely aware of the need to gain as much information about the person to provide highly personalised support. One relative said, "They know [my relative] very well because they checked with me and I know him very well."

The registered manager's main aim of care planning and support provision centred upon maintaining the person's independence, whilst respecting their culture, diversity and human rights. We observed staff assisted people to be in as much control of their lives as possible. We found care records flowed extremely

well, gave an in-depth picture of the person and were meaningful and comprehensive. The registered manager introduced highly innovative approaches to improve people's self-confidence and independence.

We observed the registered manager enabled staff to have time to sit and chat with each person and provide activities for long periods throughout the day. People and families we spoke with said this was an exceptional part of care provision at the home.

The excellent leadership approach assessed, implemented and evaluated service provision and whether this maintained high standards in people's welfare. The management team completed multiple, proactive and very in-depth quality assurance systems and we found evidence they acted upon any concerns. Satisfaction surveys were provided for staff, visitors and people who lived at the home. We saw responses were highly complementary of St Stephens.

We saw the management team had systems to manage accidents and incidents to reduce the potential risk to people's safety. Care and environmental risk assessments were available to guide staff to reduce the risks of harm or injury. Staff were knowledgeable about reporting procedures if they suspected people were at risk from harm or poor practice.

Systems to aid people's safety were underpinned by exceptional staffing levels and skill mixes deployed at St Stephens. One person who lived at the home told us, "How can you not feel safe here with the amount of staff on." We saw evidence to confirm the management team checked staff backgrounds prior to their recruitment to ensure their suitability.

The registered manager and nurses had clear processes to manage people's medicines safely. They explained to each person what their medication was for and continually reassured them. Staff received appropriate training and competency testing to ensure their medicines knowledge was up-to-date.

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.

Staff received training to safeguard people from harm or abuse. The management team had systems to protect them from potential environmental hazards.

We found staffing levels were exceptional to meet people's requirements. The management team followed safe recruitment procedures.

We observed medicines were administered safely and securely.

Is the service effective?

Outstanding

The service was highly effective.

The registered manager implemented a number of creative systems to maintain people's general and nutritional requirements.

Care and treatment was based around excellent communication processes and staff training provision.

Fluid process rapidly assessed people's changing memory conditions in order to match agreed support to their needs. Staff received training in relation to the MCA and DoLS.

Is the service caring?

Outstanding

The service was exceptionally caring.

Staff were empathic in their approach, understanding their feelings without patronising them. Those who lived at the home said staff had an extremely caring attitude.

We found people and, where applicable, their family and friends were at the heart of their care planning.

The management team members were role models of excellence in end of life care and we saw they instilled this ethos in the home's workforce.

Is the service responsive?

Outstanding ☆

The service was highly responsive.

The management team viewed people's care planning as necessarily being proactive and responsive to their changing requirements.

The registered manager and staff maximised people's welfare and individuality because they established a personalised response that excelled in care provision.

The workforce did not see activities as tasks that had to be completed. The management team were constantly looking for different ways to stimulate people's minds.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

We found there was an extremely calm, relaxed, warm and welcoming atmosphere throughout St Stephens. People, staff and visitors we spoke with said the home had outstanding leadership and was well organised.

Excellent quality assurance systems monitored everyone's safety and welfare on a continuous basis.

The management team completed an extensive range of audits, which included separate surveys for staff, visitors and people who lived at St Stephens.

St Stephens Nursing Home

Detailed findings

Background to this inspection

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

The inspection team consisted of two adult social care inspectors and a specialist advisor, with clinical experience of supporting people who lived with dementia.

Prior to our unannounced inspection on 19 April 2017, we reviewed the information we held about St Stephens. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home.

We found people who lived at St. Stephens used a variety of different ways to communicate. During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We undertook two SOFI observations at different times of the day to check consistency of the approach to care.

We walked around the home and spent time observing the interactions between people, visitors and staff. We spoke with a range of people about St Stephens. They included eight people who lived at the home, seven relatives, the provider, registered manager and eleven staff members. We further discussed the service with one visiting healthcare professional. We did this to gain an overview of what people experienced whilst living at St Stephens.

We looked around the building to check environmental safety and cleanliness. We also spent time looking at records and checked documents in relation to five people who lived at St Stephens and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

This service was rated as Good for safe following our last inspection. People, family members and friends said they felt St Stephens continued to be a safe, comfortable place to live. One person who lived at the home told us they felt safe because the amount of staff on duty was 'unbelievable.' They added, "I would say it's nearly one-to-one. You won't get that anywhere else." A relative commented, "[My relative's] really safe. This has absolutely taken the pressure of me." Another relative stated, "I know [my relative's] safe and well looked after in their very capable hands." A third relative said, "I was worried with care homes, but no need to be because it is wonderful here. I feel [my relative] is safe."

Care files contained risk assessments to guide staff to reduce the risks of unsafe or inappropriate care. They covered, where applicable, the person's behaviour that challenged, self-neglect, infection control, personal care, fire and environmental safety, mobility, falls and medication. The management team documented these in detail and covered the level of risk and control measures to manage potential hazards. We noted one person's records showed their behaviour that challenged could potentially place others at risk. We observed staff supported this individual in ways that matched this, such as 1: 1 care when they were in communal areas. The nurses reviewed risk assessments on a monthly basis or more frequently when changes developed. Consequently, the registered manager had assisted staff to maintain people's safety and welfare.

We found the registered manager had suitable arrangements to address accidents and incidents in the management of people's safety. Records we looked at included details about accidents, any outcomes and actions taken to manage them. For example, the registered manager reviewed one incident that involved an injury caused by bedrails. They updated the person's risk assessment and the related policy and procedures. Staff were provided with guidance, which they were required to sign to evidence their awareness. The management team checked systems regularly to ensure their efficiency, such as completing an audit and analysing incidents for any themes or patterns. Where incidents had occurred, the management team reviewed them in order to reduce the potential of reoccurrence.

Hot, running water was available and delivered within health and safety guidelines. We saw the registered manager kept records to evidence this, such as hot water temperatures. We observed windows were secured with restrictors to limit their opening and prevent potential harm or injury to those who lived at the home. The service's gas, electrical, legionella and fire safety checks were up-to-date. This showed health and safety systems were maintained to reduce potential hazards.

The provider was continuously reviewing how the environment could be improved for people's wellbeing and safety. For example, they had blocked off the old lift shaft and built a new one, which was much wider and more modern. This gave staff greater space, to support people's comfort and to assist them to move around safely, such as with lifting aids and wheelchairs.

We checked staff awareness of protecting vulnerable adults from potential poor practice. Training records we looked at contained documented evidence staff had received safeguarding training. We discussed

safeguarding with staff and found they had a very good understanding of reporting procedures. One staff member told us, "If it is anything of concern I go straight to the manager, CQC and the local authority, no doubts about that." The management team had guided staff to recognise signs of poor care or abuse and protect people from potential harm or abuse.

We reviewed staffing rotas and found very high levels of staff and skill mixes were deployed to maintain people's safety. Staff were constantly available to support those who became anxious and monitored individuals walking around communal areas. They were also present to provide ad hoc activities and chat with people at any time. We observed staff were patient and unhurried in their duties. The registered manager ensured there were up to 25 staff on duty during the day for 31 people. They and their relatives confirmed staffing levels were exceptional. One relative said, "There's loads of staff in. It's always like that." Another relative added, "[My relative's] seen to immediately. There's always the staff to do that." A third relative told us, "The amount of staff to care for people is staggering." Staff confirmed the numbers and skill mix of employees meant people's needs were met in a timely way. A staff member stated, "Staffing is good, we can get everything done."

Three staff files we looked at evidenced the management team followed safe recruitment procedures. Records included references and criminal record checks obtained from the Disclosure and Barring Service. The registered manager reviewed gaps in employment and, where required, ensured staff had a current professional registration in order to practice. Risk assessments were in place to protect people from the employment of unsuitable staff. People we spoke with said they felt staff employment was good because they had confidence in newly recruited personnel.

We observed medicines were administered safely and securely. The process was completed by a discreet approach and the nurses explained medication to people and continually reassured them. A relative said, "[My relative] was on lots of medication, but when we arrived they immediately got a GP review of them. He's on far less than he used to and comes across the better for it. That's been fantastic." Staff told us they had good levels of training to underpin their roles and worked well with the local pharmacy. A nurse commented, "The local pharmacy is a great support to us. We never have problems in ordering or changing medication."

Staff followed robust procedures for the delivery, storage, administration and disposal of medication and we saw all equipment and storage areas were clean and tidy. We found medicines documentation was fully completed in-line with National Institute for Health and Care Excellence (NICE) guidelines on medication recordkeeping. For example, staff signed charts after the administration of medicines to confirm individuals had taken them and all records were up-to-date. The registered manager undertook regular audits to assess their systems for the management of people's medication were safe.

Outstanding ☆

Is the service effective?

Our findings

People and their relatives told us they found meals and their nutritional support were of a very high standard. One person who lived at St Stephens said, "Lunch was exceptional, absolutely lovely." Another person stated, "There's always plenty of choice and snacks and drinks served all day." A relative added, "My [family member] is not easy to please, but they really try hard with her food. She always looks well fed."

We found the chef had maintained the kitchen to a high standard and had good levels of training. This included a specific nutrition course at the local hospice. The chef told us the provider recently purchased specialist equipment for pureed meals that was evidence-based to improve people's nutrition. Consequently, we saw the presentation of such meals was improved. The moulds made pureed food to resemble, for example, carrots, sausages, chicken, peas, broccoli and fish. The proactive system helped people enjoy their food much more because of the attractive presentation of their meals. The chef said, "I go out of the kitchen and check the residents are enjoying their food. If the plates aren't empty I need to know why."

When a person expressed dislike of a meal, staff checked what alternatives they wanted and immediately brought a fresh meal of their choice. We saw evidence of the registered manager and chef addressing issues identified from people and relative's feedback. For example, meals people did not like were removed from the menu. We also saw a beautifully presented afternoon tea served to people who lived at the home. It consisted of homemade cakes, biscuits and fresh fruit for people's enjoyment. One person who lived at St Stephens said, "The food is very good. Nothing is too much for the cooks." A relative told us, "The food is excellent."

Care records we checked contained current, in-depth and personalised information about risks and control measures to minimise the risk of malnutrition. This included person-centred care planning, regular weights and fluid/food monitoring charts. The registered manager and staff quickly identified issues in order to meet people's changing nutritional health or risks. For instance, they introduced proactive systems, which were proven to be highly effective, when they recognised difficulties accessing healthcare services. Due to high local needs, the Speech and Language Therapy (SALT) team had long waiting lists and the provider implemented a system called 'Teleswallowing.' Staff received computer equipment and training to establish videoconferencing between them, the person who lived at St Stephens and a hospital SALT professional. This advanced system assessed people's swallowing difficulties, which enabled the registered manager to introduce immediate support where this was identified.

Additionally, staff worked with other healthcare professionals in the highly effective management and monitoring of people's general and ongoing health needs. For example, they detected long waiting lists to access physiotherapy to improve the mobility of those who lived at the home. The registered manager introduced training and specialist equipment in the inventive resolution of this issue. This included videoconferencing between a staff member, a person who experienced poor mobility and an external, qualified physiotherapist. They then prescribed exercises to instantly enhance the person's movement. The registered manager said, "It's new, but already it's working really well and had a massive impact. This has

helped one resident to be able to walk again."

The provider had self-funded staff to complete training in intravenous fluid and antibiotic therapy. This was proactive in the effective management of treatment because no other provider offered this in the locality. This meant people continued to be supported at St Stephens, with its familiar staff and living environment. A visiting healthcare professional told us it was paramount to the person's safety that they could trust the nurse's related skills. They added they were confident and always left St Stephens knowing highly effective and well-trained staff supported people.

We found staff updated and implemented outcomes from professional visits, videoconferences and appointments in the person's care records and support planning. This also included multi-professional joint working with, for instance, GPs, community and hospital services, social workers and district nurses. A staff member explained they immediately reported any changes to the nurse so action could be taken straight away. They added, "We do not want people to get pressure sores or poor health. We want them to be as well as possible." People and their relatives told us they were kept informed with any changes in health or support needs. One relative said, "[My relative] got an infection one time and they rang me straight away whilst getting the doctor out."

Care and treatment was based around excellent communication processes and we observed very good lines of responsibility were in place at St Stephens. Everyone was clear about their roles, as well as being very adaptive to the changing needs of those who lived at St Stephens. A wide range of communication systems kept staff up-to-date, which they had to sign to acknowledge their understanding. This included the weekly handover sheet, which informed staff about people's current progress, activities, risks, food/fluid intake and ongoing care planning. Meetings were held throughout the day to explore each person's ongoing health needs and discuss further measures to support them. This was a highly effective communication approach to ensure staff and the management team maintained the highest level in meeting people's requirements. A relative told us, "First class communication between myself and the management."

The management team introduced a variety of evidence-based, best practice tools, and related training, to maximise staff skills and knowledge. For instance, staff utilised the Rating Anxiety in Dementia (RAID) process, which measured people's anxiety symptoms. This gave staff oversight of actions that were very successful in meeting each person's needs. Another tool actively used was the Cornell Scale for depression, designed to evaluate depression levels in older people who lived with dementia. The tools guided staff to provide highly effective care that matched people's requirements, the outcome of which had had a huge impact upon people who lived at the home. A relative told us their family member had improved since moving to St Stephens, as a direct result of their effective care. They added, "[My relative's mixing now, which is incredible. That's a massive improvement in him."

We found Investors in People (IIP) had recently awarded St Stephens with their Gold Standard for the provider's commitment to workforce development. IIP is an external organisation that checks how services manage their staff against set standards. Their accreditation programme looks at the leadership, support and management of employees. The IIP report found areas of outstanding practice. This was because 'a wide range of innovative and flexible strategies had been deployed to deliver learning needs in a cost effective manner.' We were able to confirm this when we looked at associated records and discussed training with staff. One staff member said, "I've been in a few care homes. This is much better because they try to get the best out of you."

The registered manager had an extensive training programme for staff to support them in their roles and responsibilities. This included guidance in mental capacity, movement and handling, communication, the

'right approaches to care,' behaviour that challenges and infection control. Staff were taught good practice in the workplace on a daily basis. One staff member told us, "They make sure we have all the training and that we are refreshed every year." They added they would rate training highly because of its detail and the support they gained from the management team. Another staff member stated, "The training is very good. It really helps me in my role." An example of the provider going above and beyond in training provision related to their employment of staff whose first language was not English. They assessed their communication skills and, where required, funded them to complete external courses in English Language.

Additionally, the provider had an advanced preceptorship programme in place as a proactive approach to the nurses meeting the requirements of their registration. This included support for them with their portfolios and practice hours. The nurse and a member of the management team worked together over the course of the year. They created an action plan around training, self-reflection and other activities, such as undertaking case studies. This was an excellent, proactive approach to support nurses in their role and responsibilities. A relative said, "[My relative] is cared for by extremely kind and skilled people who know what they are doing."

The registered manager checked staff implemented their learning in their care practice through competency testing and supervision. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. One staff member told us, "[The management team] encourage us to ask if we want specific supervision or training. We get this regularly, but it means we can go to them any time for support." Another staff member commented, "There's always someone to go to if I'm stuck." A further measure of outstanding staff training provision involved them being given paid study days and reflective time. This enabled staff to underpin their learning and practice, which ultimately gave people at St Stephens excellent care.

Care records we looked at held evidence of people's consent to their care. Where the person was unable to, their representative discussed their support needs and signed their agreement. This included decision-specific consent to, for example, care and treatment, support plans, risk assessments and best interest decisions. The management team were proactive in involving advocacy services to ensure people had a voice. Whenever amendments in treatment and support occurred, the registered manager discussed this with those who lived at St Stephens and their relatives. Following this, they acquired further recorded consent for the new or additional support. We observed staff fully explained tasks and constantly checked for people's agreement before supporting them. Where individuals demonstrated they had not understood staff used pictorial tools or simple signals to help them make their own decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us 20 people benefited from a DoLS in order to safeguard them. Care records we reviewed held evidence of clear, in-depth decision-making processes. Documentation demonstrated the person's journey and showed DoLS processes were current and under constant review so that staff only ever used least restrictive practices. This commenced on staff recognition of changes in mental health, regular mental capacity and other relevant assessments and initial best interest meetings. Staff further completed the evidenced-based Abbreviated Mental Test score. This fluid process rapidly assessed people's changing memory conditions in order to match support to their needs.

Each person and their representatives, including their advocates, were fully involved in all decisions. Throughout the application, and once legal authorisation for a DoLS was processed, people had specific

MCA/DoLS care plans to strengthen their support. This provided staff with detailed information about what they were lawfully able to do in assisting with every area of the person's care. Staff had separate, detailed MCA and DoLS training to underpin their skills and demonstrated a good level of awareness about related principles. One staff member said, "I'm well trained and know how to help someone with dementia. I put myself in their shoes. Even though we know their usual preferences, we still offer a choice."

Outstanding ☆

Is the service caring?

Our findings

Without exception, people and their relatives told us staff provided outstanding care. A person who lived at the home said, "Oh yes, the staff are truly caring people with only one thing in mind, which is making sure we are looked after. Fantastic." A relative added, "Every time I come I find my [relative] is very well looked after. He is immaculate and it is so reassuring that he's cared for in an exceptional way." Another relative stated, "It's a lovely home and it's a very friendly atmosphere." A third relative commented, "I'd give St Stephens ten out of ten." A fourth relative told us, "A truly wonderful, invigorating place. The residents are cared for by fantastic people." A visiting professional said they found staff were amazingly caring and fully respected the residents.

We discussed care with staff who demonstrated a very compassionate and kind attitude. They consistently spoke with individuals in a meaningful way, kneeling down to maintain eye contact and using appropriate use of touch. Staff were empathetic in their approach, assisting people by understanding their feelings without patronising them. One staff member told us, "Good care is about putting the resident first at all times." Another staff member added, "I love it here. To get a 'thank you' or a smile touches my heart because I know I've helped that person." It was obvious the management team and staff treated individuals who lived at St Stephens as their family members, demonstrating warmth and fondness appropriately. They always spoke in a soft, loving voice and regularly held hands and hugged people. A visiting professional said they found staff were beyond caring and helped people as if they were their own relative. When we discussed staff attitude with one relative, they told us, "I go in every day and always see [my relative] and the other residents are the same. They're immaculate, very relaxed and comfortable."

Staff were highly familiar with people, their life histories, who they were and the best way to support them. They and the management team went to great lengths to understand who each person was. We found care records contained people's detailed backgrounds, which matched information in their bedrooms. Display boards were discreetly placed out of sight on bedroom walls. These held an outline of the person's medical, health and social needs, including what they liked and disliked. It was clear the registered manager had an incredible desire to ensure care was focused upon the individual. The management team and staff were fully committed to providing outstanding care that was personalised to each individual.

We found people and, where applicable, their family and friends were at the heart of their care planning. For example, they had signed consent to every area of their care and staff established goals with them. Staff and the management team were acutely aware of the need to gain as much information about the person to provide highly personalised support. They obtained details about people's life histories and experiences before admission and throughout their lives at St Stephens. The registered manager held frequent meetings and ad hoc discussions with relatives to add to the person's support on an ongoing basis. Care records contained a form where staff recorded all meetings, visits or telephone calls to family members and friends. This included health changes and any comments made by relatives and we saw, where applicable, care planning was updated in line with this. Consequently, staff had a fluid approach to people's care, which relatives we spoke with confirmed. A relative said, "They're always talking to me about [my relative's] care plan, like if there's been any changes or if they could try something different."

The management team and staff worked extremely hard at maintaining people's dignity, self-respect and privacy. A staff member told us, "I really understand what it means to respect someone and keep their dignity. I'm always mindful of that." The provider's serious commitment included designating three staff as dignity champions. The registered manager said, "This gives better scope to obtain information, training and best practice." These employees received in-depth training and set up a useful display board containing information for staff. We saw details included the meaning and principles of dignity in care, along with pictures and descriptions about the provision of good, dignified support. Staff were required to complete reflective practice on the principles of dignity and its importance in people's care.

Furthermore, the registered manager placed discreet signage around the home as gentle reminders to staff about what constituted excellence in care. To underpin this, large words were spread across walls and corridors, such as 'kindness,' 'dignity' and 'compassion.' They did not detract from the décor and relatives told us they were highly reassuring to them. This was because the wording showed the importance the provider placed upon dignity at St Stephens. A staff member told us, "They are so effective because it might be towards the end of a busy shift when I might be flagging, but the words just stand out and remind us that the residents always come first."

The exceptional deployment of staff ensured those who lived at the home had their needs attended to in an immediate way. We never saw people waiting to have their requirements met and staff were very caring in their approach. One relative confirmed, "I've never seen the staff sitting around. They're constantly on the go helping people. They're not rushed, it's just that they're fantastic." We noticed staff were proactive in managing behaviour that challenged the service because they took instant action to de-escalate situations. This quickly reduced people's anxiety and the extremely caring attitude of staff ensured they were comforted and relaxed. Relatives told us the high staffing levels meant staff had the time to provide compassionate, patient care. One relative said, "This place is fantastic. They care for [our family member] so well. Nothing is too much to ask."

The management team members were role models of excellence in end of life care and we saw they instilled this ethos in the home's workforce. There was a genuine community spirit about remembering those who reached the end of their lives, returned home or moved on to other services. For example, the registered manager established a memory tree on a lounge wall. The leaves of the tree contained photographs of those currently at St Stephens, with their consent, whilst the clouds showed those who died. A house at the bottom had pictures of people who stayed on respite and then returned to their own home. One staff member told us, "I think it's a wonderful thing. It helps the residents to belong somewhere, remember those who've passed away and celebrate those who have moved on." A visiting professional said they were amazed at how staff became tearful when a person was heading towards the end of their life. They added it was very apparent staff felt genuine love for those in their care. Another staff member stated, "I really want to make sure they have the best possible end of life care. It's the little things that matter the most to keeping residents happy and comfortable, like playing their favourite music."

Staff and the management team worked with the National Gold Standards Framework (GSF) in the provision of effective end of life care. This is an external organisation supporting providers to develop evidence-based approaches to optimise care and treatment for people. The rigorous accreditation process focuses on 20 key standards that must be achieved and against which services are measured. This includes advance care planning, end of life support, training, collaborating with other healthcare organisations, communication systems and quality auditing. The GSF had awarded St Stephens with the commended status. This is their second highest accolade for gold standards of care for people nearing the end of life. We found the registered manager underpinned their accreditation with in-depth staff training to enhance their awareness and skills. Additionally, care planning was built around the person's associated needs, such as nutrition,

pain management and related treatments. Each file we looked at held people's up-to-date preferred priorities of care and advanced life decisions. This showed the provider monitored and updated people's support to optimise their end of life experiences.

The registered manager encouraged people and their relatives to bring personal items from home that were familiar to them. For example, one person's bedroom walls were covered in flags, maps and landmarks of France. A staff member told us these were important to the individual because they had frequently gone to the country for holidays. This staff member demonstrated a great deal of 'on-the-spot' awareness of this person and others who lived at St Stephens. For example, another individual had an old photograph of a hair salon. The staff member said, "[The person] owned two hair salons. It was her life and she very much enjoyed it. Now she has dementia, but when she becomes agitated she has a doll with long hair, which she brushes and it helps her to settle." This showed staff had excellent knowledge of people and utilised this to provide the best possible care and give meaning to their lives. A relative stated, "Can I just say this place is fantastic. The care is top notch and all the staff are wonderful towards my [relative]."

The registered manager provided evidence-based research for staff to support people who lived with dementia and maintain their human rights. This included a detailed file that outlined how the person might experience their life, visibility to others and not being excluded. Other information covered death and dying, communication and respect. Staff had a good awareness of the Human Rights Act 1998 and implemented this in their practice. For instance, one staff member told us their aim of treatment was not to rely on solely medication. This valued people's rights because the ethos of the home was for people to be in as much control of their lives as possible. The staff member added, "Yes, pharmacological input is important to their conditions, but it must be about their care and how we support the residents' wellbeing." This showed the registered manager fostered a philosophy of care around each person that optimised their welfare and respected their human rights.

A welcome file, provided for those who lived at St Stephens and their relatives, contained information about advocacy services. Consequently, people could access advocacy if they required support to have an independent voice. Care documentation included the use of affirmation and encouragement of people's intimate needs and wishes. For example, we saw staff recorded the use of 'positive reinforcement of behaviour and validation techniques' to support one person's expression of their sexuality. Staff attitudes were very open and positive in ensuring people's personal and intimate needs and expression of their sexuality was

We observed staff welcomed friends and relatives when they visited people who lived at the home. For example, they engaged in a friendly manner, provided drinks and encouraged them to visit at any time. A relative told us, "I'm always made to feel welcome, like I got a drink when I came to look at the home the first time. From the time my [relative] came in I always get a quick catch up when I visit, along with a cuppa and a friendly chat with the staff."

Outstanding ☆

Is the service responsive?

Our findings

People and their relatives told us they felt staff were highly responsive to their requirements. A relative said, "My [relative's] coping very, very well because St Stephens is very impressive." Another relative commented, "[My relative's] settled in really well." A third relative stated, "St Stephens is really doing the best job for [my relative]." A visiting professional told us staff were exceptionally attentive to one person they currently treated. They added the individual had progressed from being medically frail and at the end of their life to getting up and about. The professional said this was incredible and as a direct result of how the staff supported the person.

The management team completed detailed assessments of people's needs before admission and we saw evidence they checked if they could meet their requirements. The registered manager endeavoured to ensure failed placements did not occur at St Stephens. They achieved this by having a very good awareness of how to support individuals. Additionally, they put in place, for example, equipment and furnishing known to benefit them, before the person arrived. This, along with care continuity and fluid approach to review, meant people settled very quickly and had the best possible care from the start. Pre-admission assessments included thorough checks of, for example, mental capacity, physical and social requirements, medical history, medication, nutrition, strengths, life history and communication.

The registered manager introduced a highly personalised system developed from the initial assessment. We observed care records flowed extremely well, gave an in-depth picture of the person and were meaningful and comprehensive. Support plans gave staff meticulous instruction in the individual's needs, abilities, preferences and expected outcomes. A relative said, "[My family member] has come on so much since coming here. That's down to the fantastic care and support given to him." A member of staff told us they worked in ways that matched the person's preferences, which included comprehensive, responsive support. They added, "Even though we know their usual preferences we still offer choice. If they can't make a decision then then we will, based on everything we know about that person and their family."

Care planning processes were extremely detailed without detracting from the importance of not overwhelming staff with information. Subsequently, they had accurate direction to the person-centred requirements of people who lived at the home. A relative stated, "They were very keen to know what [my relative] is like, what he's interested in and all about his life and when he was well." We observed staff followed this in practice with a holistic, compassionate and dynamic approach. One staff member said, "I love my job because I can see I make a difference." The management team were dedicated to helping people to maintain their independence and achieved this through strong, sensitive care planning. All areas of the person's records held documented consideration of how best to assist them to achieve their self-reliance.

One example of this was a new computer programme the provider had recently purchased to develop and improve people's communication. Staff were trained to work with each person with acquired brain injury and we observed them achieving this collaboratively, patiently and respectfully. They assessed the individual's level of speech and the areas of the programme that would enhance this. This meant the

programme was very flexible because it was geared to match the person's individual requirements. Its main purpose was to sound out sets of words for individuals to understand and repeat, thereby enhancing their confidence to engage with others. Relatives we spoke with said, although it was still early days, they found communication between them and their family member was starting to improve. This showed the provider introduced a highly innovative approach to develop people's self-confidence and independence.

The management team viewed people's care planning as necessarily being highly adaptive and responsive to their changing requirements. For example, nurses carried out a regular check to monitor support was meeting each person's needs. We saw where assistance was not as efficient at maintaining high standards of their physical, mental and social health, alternative methods were employed. These were introduced immediately after issues were identified to give an extremely smooth approach to people's care. We found very robust recordkeeping in place related to the personalised support of people with behaviour that challenged the service. Staff demonstrated a very proficient and skilled use of a 'traffic light' model. The fluid approach helped them to manage people's changing anxiety and agitation in ways that matched known, care planned methods of assistance. If these failed, then staff adapted and applied additional support mechanisms. We observed these processes in practice and found people settled very quickly.

The provider implemented multiple information leaflets they created for people and their relatives to gain an understanding of their care. One was entitled 'Your Oral Hygiene Care,' which described why this was important and good methods of teeth brushing and denture care. People and their families told us the leaflets were very educational. This was a very good way of increasing the responsiveness of care as well as aiding self-support and keeping people informed.

In order to gain the best possible understanding of each person the provider introduced a new dementia mapping system. Its purpose was about giving staff an extremely detailed and personalised awareness of people's requirements, preferences, behaviour patterns and communication styles. The provider was working with a university in undertaking an innovative programme to carry out their own observational framework processes. Staff had training in this and completed unobtrusive observation of the individual's expressions, exchanges, mannerisms and body language. The registered manager gave an example of one person who frequently became anxious and agitated when supported with personal care. They completed an observation activity, which identified a need to change the individual's care plan and support provision. The registered manager told us, "This helped us to support her in a different way and since then she's more settled." This showed the management team and staff maximised people's welfare and individuality because they established a personalised response that excelled in care provision.

This was underpinned by 'Get to Know Me Boards' displayed in people's bedrooms. This informative system guided staff, including those newly recruited and unfamiliar with people who lived at the home, to their personalised needs. Details included each person's background, life histories, personalities and interests. Further information outlined what was important to the individual in the past and currently. For instant, changes in smoking habits, 'my life at the moment,' 'my appearance is important to me' and 'what makes me happy/unhappy.'

Staff completed a 'progression list' as one of a wide range of systems to monitor the continuity of people's care. The record reviewed the person's development from before admission and on an ongoing basis since. The management team analysed this to show how successful people's care planning was to their requirements. We saw evidence where one person's safety was affected by the deterioration in their mental health. Without limiting their freedom, new systems were introduced such as increased observation and different behaviour management techniques. We found people and their representatives were highly involved in the review and update of all systems associated with their treatment. For instance, care records

contained robust evidence of discussions and meetings between them and the management team. The registered manager regularly completed a 'care plan update matrix' as part of their quality assurance. This showed their passionate commitment to providing a service to people that flowed very well and continuously adjusted to their changing needs.

The registered manager maintained very high staffing levels and excellent skill mixes. We observed this meant staff had the time to sit and chat with people and provide activities for long periods throughout the day. People and families we spoke with said this was an exceptional part of care provision at the home. We observed multiple examples of unplanned activities whenever people showed an interest or started to withdraw. This included games, drawing and colouring in, dominos, card games and staff reading books together with those individuals who chose to read. Simple activities, so as not to overwhelm people, were provided throughout the day in groups or on a one-to-one basis. Staff utilised a wide range of sensory equipment to stimulate people who lived with dementia. For instance, sensory sleeves, dolls and other items were available and offered in a personalised way. A person had a doll with long hair, which they were fully occupied with brushing and styling it. This was highly important to the individual because it was relevant to their work history.

Furthermore, the registered manager and staff assisted people who lived at St Stephens to be a part of the local community. For example, they organised regular trips out to local cafés, activity centres and entertainment venues. Whenever individuals wanted to go out for walks along the promenade staff arranged this straight away. This showed the provider was very keen to ensure people also had a life outside the home. One relative told us, "The staff took him to the zoo, how great is that? It might not mean a lot, but he's not been to something like that for years, so it means so much. The activities are brilliant."

The lounge had a large board entitled 'The Happy Board,' which held pictorial information about available and planned activities. A staff member said, "We call it the happy board because we want our activities to make residents feel happy." They added the workforce did not see activities as tasks that had to be completed. Another staff member stated, "I love doing the activities. If I'm fun and happy I hope I can help them have fun and be happy." The activities co-ordinator told us the registered manager had an exceptional awareness of the importance of varied activities to people's welfare. They stated, "[The management team] are always asking me about new activity ideas and they'll get anything I suggest." When we discussed this with the management team, they said they were constantly looking for different ways to stimulate people's minds. They told us, "We have set up a choir now with the residents. It's going well and they are really enjoying it."

Staff utilised the Pool Activity Level (PAL) framework for providing activity-based care for people with cognitive impairment, including dementia. This helped them to understand activities they enjoyed. There were two activity co-ordinators on duty who ensured a high level of entertainment was constantly available. A relative commented, "The amount of activities and attention given to people is staggering." A visiting professional told us whenever they came to St Stephens they found people were involved in activities and always looked happy.

The registered manager stated St Stephens had not received any complaints in the last 12 months. A welcome file, provided for those who lived at St Stephens and their relatives, contained information about how they could comment about their experiences. A relative told us, "I've never had any concerns, which says a lot when my [relative] has been there so long. If I did have any, I would be reassured the staff would deal with them straight away."

Outstanding ☆

Is the service well-led?

Our findings

A registered manager was in place. 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.

We found there was an extremely calm, relaxed, warm and welcoming atmosphere throughout St Stephens. People, staff and visitors we spoke with said the home had outstanding leadership and was well organised. A relative told us, "The home is managed extremely well. It's a really well-run ship." A staff member stated, "The managers really, really do care about the residents."

The provider told us they had measured and increased staffing levels at night because people's needs had become more complex. They added, "We also now have two nurses during the day instead of one. This helps [the registered manager] to fully focus on her role and to look at new ways of working to improve the service." This excellent leadership approach assessed, implemented and evaluated service provision. This resulted in better maintenance of high standards in people's welfare because more staff were available to immediately assist them. A nurse confirmed, "It's fantastic having two nurses on now. It means I can focus on duties like medication, while the other nurse can deal with emergencies or difficult situations."

The registered manager had multiple processes to provide opportunities for visitors, healthcare professionals, relatives and people who lived at the home to give feedback. This included separate surveys for professionals the home worked with, such as GPs, district nurses, social workers and other community and hospital services. Other surveys were provided for relatives and those who lived at the home. We noted feedback was overwhelmingly positive, and covered areas such as activities, the environment, staff care and attitude, cleanliness and dignity. People commented, for example, "I'm well satisfied," and, "I think every member of the staff are extremely kind and caring to my [relative]." Other statements included, "The one to one care is excellent. Very patient carers," "I couldn't be happier with the care," and, "Treat residents (and their relatives) as if they are 'family'."

Additional questionnaires included visitors who came to look around the home and post-bereavement surveys. We saw relatives responded with, "The staff are always at hand for me to talk about my [relative]," and, "The support given to myself and my [relative] was overwhelming and we thank you for your caring attitude."

The registered manager proactively sought external measures of the quality of its service by working with other agencies. For example, they participated with the local Clinical Commissioning Group's (CCG) Quality Innovation Productivity Project in the monitoring and oversight of St Stephens. It was evident from their reviews that the quality of care had a highly positive impact upon people's lives. They were very reassured the registered manager and staff provided effective support that was extremely responsive to each person's needs. This meant the CCG did not need to attend the home as regularly. We also saw the latest IIP report commented values were embedded throughout and staff, 'described how they were integral to how they

worked on a day-to-day basis.'

The registered manager further strengthened their care provision by working with other services to improve people's quality of care. For example, they worked with a University in developing and evaluating a unique programme that maximised their personalised approach to enhance people's care. This involved observing each person's behaviour to assess their different moods and tools that best supported them. This demonstrated the registered manager's acute awareness of the importance to meet the complex needs of those who lived at St Stephens. They were proactive in delivering a highly effective service and inspired staff to do the same.

Ground-breaking programmes were implemented by the registered manager to support people's nutritional and mobility requirements in an immediate and highly effective way. Nurses additionally had intravenous fluid therapy training to assist individuals to remain in their familiar surroundings for as long as possible. These practices demonstrated the management team were passionate about having innovative systems that optimised people's care and treatment. Relatives told us they were very confident their family members were able to lead meaningful lives. At the same time, they felt people were as independent as possible because of the quality of service provision.

The IIP Gold Standard was awarded to St Stephens in recognition of the management team's exceptional development of its workforce. When we discussed this with staff, they confirmed the provider and registered manager recognised their skills and encouraged them to progress. One staff member said, "They gave me challenges as part of when I wanted to progress. They said if I nailed it then I would get the promotion. I did it and it made me feel very proud of myself."

Staff told us they felt the registered manager led the home extremely well and worked with them to maintain high standards. One staff member stated, "[The management team] always motivates us to achieve the best we can so that we can experience the reward we get." Another staff member commented, "The management is very good. They are very supportive." We observed the registered manager had an excellent relationship with staff and service provision was very much a team effort where everyone was valued.

The registered manager held regular team meetings to support staff to raise concerns or ideas for improvement. Staff confirmed this and said the management team listened to them and were interested in their suggestions. One staff member commented, "[The management team] are always asking if there is anything they could do better or differently." Annual staff surveys were undertaken to check employees' experiences of working at the home. We saw the registered manager took on board any comments they received. For example, they stated, "Following our recent staff survey, we had feedback about not enough reading materials, so we introduced a load for the staff." Staff we spoke with also felt the registered manager had instilled the highly important aspect of teamwork in the provision of care. One staff member explained, "We have built very strong relationships as a team and we work really well together."

The management team completed an extensive range of audits on a regular basis as part of the home's quality assurance. These included monitoring of accidents, safeguarding incidents, infection control, environmental safety and medication. We found the registered manager acted upon identified issues, such as strengthening recruitment processes to ensure people's ongoing safety. Furthermore, separate care plan and risk assessment matrices were completed to keep them aware of when these were due for review. The documents contained other information, such as a record of any changes in need and control measures introduced or enhanced. A variety of further audits checked due dates for important events in people's care, such as DoLS, GSF coding and Do Not Resuscitate decisions. This was particularly important if the person was hospitalised and where changes in processes could have occurred. This showed the registered manager

assessed people's quality of care and living arrangements to maintain their welfare and safety.

An example of outstanding quality assurance monitoring the registered manager undertook related to an audit of each person who died at the home. This reviewed processes involved, such as symptom management, communication and recordkeeping. Events that impacted upon the person, such as hospitalisation in the previous six months, were also evaluated. Staff and the management team completed reflective practice to check if systems and approaches could have been improved. Related records we reviewed did not indicate any area required improvement, but the registered manager told us this was discussed at management meetings. If issues were identified then change would be explored, implemented and evaluated. This scrutiny resulted in the management team having exceptional oversight to ensure people had the best possible end of life experiences. Thank you cards we saw evidenced relatives felt their bereavement was less difficult as a consequence of the holistic care their family member received.

In addition, the registered manager had a wide range of systems contained in files specific for nurses and care staff. The nurse file held up-to-date weekly and monthly check sheets. This involved them monitoring and recording care files, documents and processes were in place and current. For example, a review of people's preferences, movement and handling, accidents/incidents, best interest meetings, diet plans and activity charts. Both files held an array of guidance and information to keep all staff up-to-date. This covered the MCA, medical conditions, management of behaviour that challenged, prevention of dehydration and other areas of personal care. Furthermore, multiple treatment pathways assisted staff to understand what actions should be taken if incidents happened at St Stephens.

We found the registered manager encouraged an honest, transparent ethos at the home. For instance, they displayed the home's 'Performance Review' in a prominent position. This covered the home's achievements, as well as news about the home, planned events and daily information, such as the number of staff on duty.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.