

Nazareth Lodge Limited

Nazareth Lodge

Inspection report

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Date of inspection visit:
06 March 2018
08 March 2018

Date of publication:
13 August 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Nazareth Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Nazareth Lodge can accommodate up to 24 older people. Nazareth Lodge has people living with dementia and has cared for people requiring end of life care. At the time of the inspection there were 22 older people living at the home.

People had meaningful relationships with the staff and were treated with respect and dignity. Providing dignified care was a fundamental aim of the provider and staff understood how to support people needs. Staff were observed to be very kind, caring and compassionate towards people they were supporting.

People were treated with respect, and empowered to have a voice in regards their care and told us they felt listened to. The provider told us, "If you have no voice you cannot exercise choice and control over your life". People were involved in supporting the management team to employ staff through their recruitment process. People also received the support of volunteers who had been matched through mutual interests. One volunteer told us, "The contribution I gave and also received has made me feel very valued. It is so lovely to give one to one support to people, I have had all sorts of adventures being a volunteer here, it has been an amazing experience for me and I hope I gave something back".

Staff were highly motivated, worked well as a team and shared a common ethos of providing high quality, compassionate care with regard to people's individual wishes and support needs. Staff were valued, well supported and supervised by the management team. Staff rotas were flexible and regularly amended to ensure people were able to be supported by the staff they knew and trusted. An example was shared where people and their relatives voted for a member of staff who they believed they had received exceptional care and support from. One relative told us "The carers are excellent. When we have to make a choice for voting for one of them I just can't."

Staff understood the provider's safeguarding procedures and could explain how they would protect people and who to contact if they had any concerns. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns. Staff were also aware of the risks that people faced and understood their role in managing these to ensure people received safe care.

The service worked very well with other organisations. People, visitors, staff and health and social care professionals spoke highly of the registered manager; they told us they found them to be committed, supportive and approachable. One health and social care professional told us, "We have no concerns here,

and are confident people are receiving effective care and support by staff who have the right attitude and skills."

People were aware of the complaints procedure and told us they were confident if they made a complaint it would be dealt with appropriately. Systems were in place to support people who had communication needs such as a computer with a large keyboard.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. Staff were well trained, received continued professional development and had the quality of their performance regularly reviewed.

People were encouraged to make choices about their food and people's nutritional intake was monitored where needed.

People living at Nazareth Lodge were able to access the community with support or independently. The provider encouraged community involvement and links with other providers which ensured that people felt involved in their local community. Other adult social care services and the wider community were able to meet together and build positive relationships.

People living at Nazareth Lodge had fortnightly access to a surgery based paramedic. The registered manager told us the benefit of these visits was people's health needs are reviewed and monitored on a fortnightly basis and any concerns highlighted to the GP.

The registered manager had built effective relationships with external health and social care organisations and people's health was regularly monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Nazareth Lodge was responsive in enabling people and their families to engage with their religious beliefs and preferences in regards end of life care.

Effective end of life support was available should people require it. People who were nearing the end of their lives had care plans in place to show the care and support they would like to receive. Staff ensured people were comfortable and their wishes were being followed. One visiting health professional told us, "They are very responsive to people who are nearing end of life."

The registered manager provided strong leadership. They led by example were open and honest and accessible to staff people living at the home and their representatives. They told us the key to getting it right was, "Listening and good partnership working".

Following our last inspection, a new initiative had been to set up a group with other providers in collaboration with Care England. The initiative was for more experienced manager to befriend newer manager in different geographical areas over a 12-week period to share knowledge and best practice in regards getting an overall rating of outstanding in their CQC inspection report. The registered manager told us, "This demonstrates our continued commitment to share and disseminate information to others working in this field."

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service remains Outstanding

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Outstanding ☆

The service remains Outstanding

Nazareth Lodge

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 was a comprehensive inspection and took place on 6 and 8 March 2018 and was unannounced.

Our inspection was completed by one adult social care inspector, an adult social care assistant inspector, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had knowledge of supporting older people.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information during the inspection.

During the inspection we spoke with seven people who used the service and spoke with relatives. We also spoke with eight members of staff, the registered manager, provider and deputy manager. We spoke with two visiting health professionals who had knowledge of the service. Some people were unable to fully share their views with us due to their physical and mental health. We used the Short Observational Framework for the inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a range of records during the inspection, these included four care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety

records, policies, risk assessments, meeting minutes and staff training records. We looked at four staff files, the recruitment process, complaints, and training and supervision records.

Is the service safe?

Our findings

People continued to receive a safe service.

People and their visitors told us Nazareth Lodge was a safe place to live. Comments included. "I feel perfectly safe. The way you are treated makes you aware of their [staff] demand for safety." "I can walk with my stick and am encouraged to go out. I have a card supplied with the address of the home on that I carry with me." All people had access to a call bell system and were observed to have call bells in reach when in their rooms, they told us if they pressed the call bell they, "Did not have to wait too long."

The provider assessed the risks to people and made sure action was taken to minimise identified risks. Care plans included risk assessments which people confirmed they had been involved in developing. These included a risk assessment for pressure areas, nutrition and mobility. Care plans also set out the medicines prescribed to people and any specific requirements or risks which staff needed to be aware of when administering their medicines. For example, medicines which needed to be administered before meals, storage of medicines risks in regards people's capacity to take their medicines.

There were robust systems in place to ensure proper and safe use of medicines. Audits and stock checks were completed. We reviewed Medicine Administration Records (MAR). People's medicines were signed as given and absent from the medicine packages indicating that they had been administered. We found that records were legible and complete. Medicines were stored securely and keys to medicine storage were held by authorised staff. Where medicines needed additional storage, the provider had secure arrangements in place to ensure compliance with their medicine policy. New medication was checked in by a responsible person with experience of doing this task. Peoples care files included details about their drug allergies and sensitivities. This prevented them being given something that would cause an adverse reaction.

The registered manager told us staff were monitored through weekly medication count audits and spot checks. They informed us they had been alerted by a number of missed signatures on Medication Administration Records [MAR] regarding the application of topical creams. They told us, "We recognised this was an area we needed to improve practice on". In response to the concerns a new medicine audit was in place which recorded staff performance over management of medicines. They said, "If we identify any missed signatures we follow it through with the staff member." Medicines were only administered by trained staff who had been assessed as competent. However, it was noted during our inspection staff did not have their medication competencies reviewed annually. Before the end of the inspection, the deputy manager had put a new plan of action in place to begin annual competency monitoring of all medication trained staff.

Emergencies were planned for, such as each person having a personal evacuation plan. Accident and incident reports were signed off by the registered manager and any actions needed to review ways of working to risks were shared with the staff team. Fire procedures were in place with clear guidance for staff to follow in the event of an emergency. The registered manager told us all staff carried cards that reminded them what to do in the event of a fire. They told us there were different instruction for day and night staff due

to the lower staffing levels at night. Staff were clear about the process to follow, however one member of staff seemed unsure of the fire procedures or where the grab bag would be located in the event of a fire. The registered manager informed us staff received regular training and scenarios on what to do in the event of a fire. Any concerns would be addressed with immediate effect.

The facilities of Nazareth Lodge were cleaned and well maintained with clinical waste bins and access to hand washing facilities and hand gels. Staff confirmed they received infection control training and used appropriate Personal Protective Equipment (PPE). Staff informed us that there were different types of mops to use for different areas of the home. They were distinguishable by their colour, one colour to be used for the bedrooms and a different colour to be used for toilet areas. However, we observed one member of staff using the wrong coloured mop with an incorrect bucket. The registered manager informed us this would have been an isolated incident and felt confident staff adhered to the infection control policy because of regular audits and spot checks.

Accident and incident records were all read by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned and shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. Staff spoken with were confident any issues raised would be taken seriously and investigated to make sure people were kept safe. Where concerns had been brought to the registered manager's and provider's attention they had co-operated fully with relevant authorities to ensure people were protected.

Staff understood their responsibilities to raise concerns, record safety incidents, abuse and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager and provider would listen and take suitable action. We saw that safeguarding alerts had been made to the local authority where appropriate and this information has also been sent as required to CQC. The registered manager told us that any outcomes of investigations were shared with staff through supervisions.

Recruitment at the service was safe with appropriate pre-employment checks in place. Staff files included references from previous employers, identification checks and application forms. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people. The provider told us they were a small service and did not use agency staff. People their relatives and staff told us they felt there were sufficient staff including weekends. One relative said, "It is quieter at the weekends but still staff about if you need anything". Other comments included, "Always staff about if you need them." "The staff are very loyal. Most have been here a long time."

Is the service effective?

Our findings

People continued to receive effective care.

People's needs were assessed, and care and support was delivered in line with these assessments. One health professional told us, "We have no concerns here, and are confident people are receiving effective care and support by staff who have the right attitude and skills." People told us and relatives confirmed their needs were consistently met by competent staff.

Some of the people living at Nazareth Lodge were living with dementia. Staff had completed training for this recently. One member of staff seemed unsure of the best approach to use if someone was showing signs of distress due to dementia. We discussed our concerns with the provider and registered manager who informed us steps were being taken to meet the changing needs of some people, for example pictures on doors for easy identification. Within the PIR the provider told us, "Our deputy manager will be taking up the role of Dementia Champion this will of course help all staff have better understanding of this subject". We spoke with the deputy manager who was able to demonstrate skills and knowledge in supporting people living with dementia.

People were supported by staff who had access to support and training which made sure they had the up to date knowledge and skills to care for people effectively. Staff told us they felt supported in their roles and through their induction and probation periods. One member of staff told us, "Training opportunities are very good, I have recently completed some training which has made me rethink my practice. I wasn't doing it wrong but felt I could do better". They gave examples of supporting people with oral care. Another member of staff said, "I have been fully supported to learn there is always someone around to ask if I am not sure." The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. Staff also undertook training in subjects considered essential. These included fire safety, food hygiene, dementia, nutrition and hydration and first aid. Staff told us that if they identified further development needs they were supported to undertake these. Some staff were involved in obtaining national qualifications in health and social care.

Technology was used to support the effective delivery of care and support. For example, pressure mats and chair mats which alerted staff when a person was up and about in their room if they were at risk of falling. We saw where these were in place, decisions had been made with people wherever possible. People unable to make these decisions had been assessed in line with the Mental Capacity Act and best interest's process had been followed. Other initiatives were also used in regards experiences. For example, the registered manager told us, "We obtained in house training from the Royal National Institute of Blind [RNIB] for our carers. During the training, they wore special glasses to experience what it is like to have sight problems, such as cataracts and macular degeneration. This has increased staff's level of understanding in and around visual impairment. Afterward, we also implemented the RNIB's suggestion of upgrading our light bulbs to provide a better type of light (daylight bulbs) and this has been met with favourable comments by many of our residents and visitors."

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 were given choices about what they wanted to do and where they wanted to spend their time. A number of people were unable to make some choices and staff gave evidence that they worked in accordance with the principles of the MCA to make sure people's rights were protected. Staff told us if people were not able to make a decision they would speak to relatives or other professionals to help them make a decision that they felt was in the person's best interests. They said they also used their knowledge of a person to help to make day to day decisions. For example, by offering food and drink which they knew the person enjoyed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate referrals for people to be deprived of their liberty.

People had their nutritional needs assessed to make sure they received meals in accordance with their needs and wishes. Where concerns about a person's weight or nutritional intake were raised staff sought advice from professionals to ensure their needs were met. Some people required physical assistance to eat and at lunch time we saw staff sat with people to help them. Staff chatted to people whilst supporting them which made it a social experience. Where people needed encouragement, or prompting to eat staff provided this in a discreet manner. Effective monitoring charts were in place to monitor intake when it was identified a person was not drinking enough fluids.

People were able to eat their meals in the dining areas which contained small tables which were laid with condiments, napkins and mats. At the back of the menus there was a daily quiz, the provider told us, "This promotes conversations, it might just be which country does this flag come from, or which person sang this song. It aids memory as well." We observed people chatting on their small tables and with others at the lunch, with the cook asking people how their lunch was and if they wished to have an alternative such as soup. This made for a relaxed atmosphere. The provider used local suppliers and products and ensured they informed people where their food came from. The cook told us, "I always check people are enjoying their meals once I have finished serving. Food is sourced from local suppliers and we make sure the menus are varied. I am consulted if there are any changes with people's dietary needs".

Staff monitored people's healthcare needs and made sure people had access to professionals to meet on-going health conditions and to respond to acute illnesses. One person told us, "I go to the surgery and my daughter comes with me or if she can't, a member of staff comes. I let the staff or my daughter knows I want to see the doctor and someone makes the appointment." The registered manager informed us, Residents who have capacity and who like to arrange their own appointments are supported to do so if needed. "Our surgery is a short walk from home".

Residents are offered staff escort and the use of a wheelchair/car to attend their appointments, GP's come into the home as often as required. We will arrange GP telephone calls with residents if an actual visit is not deemed necessary". They told us links with the surgery were effective.

The provider told us, Nazareth Lodge believes strongly that the service is very much the home of the people who live there. The home was spacious with ample space for people who used wheelchairs or mobility aids. Communal areas were set out with easy chairs, televisions or radios were available for people to watch or

listen to. Signage was in place for people to navigate their way around the home, such as toilet signage and exits. People had personalised their rooms and they were decorated as they wished. People had access to attractive gardens.

People's care plans included 'grab' sheets which were designed to provide essential information about people if they required admission to hospital. Details included people's next of kin, GP, any allergies and relevant medical information. This ensured that relevant information was shared between services to ensure the person continued to receive effective support and that their individual needs were known.

Is the service caring?

Our findings

People continued to be cared for by staff who were highly motivated, exceptionally compassionate and kind.

Staff had the time to provide person centred care, which was led by people's interests and requests being met. For example, if staff were on route to do something we observed them stop and interact with people and support on the spot. One person was going to the lift and stopped to chat with staff and redirect them into coming into the lounge to see what they had been busy doing. Staff were observed spending time with people, just sitting chatting or walking through the garden, or knocking on doors checking people were, "Ok".

People and their relatives were able to tell us about their interest's likes and dislikes and how staff supported them to maintain these interests they felt it was because staff knew them well. Comments about staff included, "The junior staff are lovely. You can't get perfection but they are as near perfection as possible." "I enjoy living here we are wonderfully entertained, we had a ukulele band yesterday" "They find out what we like and then organise it." "They keep us all amused." Comments from health professionals included, "This is such a lovely home, it has a happy atmosphere and people are well cared for. I would use this service for a loved one." "I would have no hesitation in recommending Nazareth Lodge to anyone it provides outstanding care".

Where people were able, they were encouraged to continue to develop previous skills. For example, one person had been a keen gardener. Plans were being made to make an accessible vegetable plot for the person. The person was seen in the garden discussing the plot and what they wished to achieve with the provider. On their return the provider was heard telling staff they will have to ensure risk assessments were in place as the person had been a little unsteady on the uneven ground.

Staff were exceptionally aware of the people they were supporting. They responded to their personal preferences and personalities, for example knowing who liked to have fun but respecting other people wishes to have quieter support. Staff were seen to visit people who were choosing to stay in their rooms checking they needed any support. One member of staff told us, "We just pop in to see they are ok or if they needed anything". A relative told us, "[loved one] spent nine months not wishing to get dressed until they moved here. They seem so happy now and staff have been wonderful." Another person told us, "They always pop in and see me."

People and their relatives were encouraged to have a voice about the staff who supported them and voted on a monthly basis for the member of staff who they felt had gone above and beyond in their support. One relative told us, "The carers are excellent. When we have to make a choice for voting for one of them we just can't." Comments from people included, "It's absolutely first class, day and night. I have a red button to press and they come." "I can't fault the care I get from the staff. Just so lovely and helpful all the time."

People were supported and encouraged to express their views. The registered manager told us, during the

Brexit referendum, local members of parliament were invited to come along and discuss Brexit with people using the service. They informed us, people were "engaged" in the discussion and future events were being planned to discuss how Brexit is progressing. With this in mind we organised and wrote to three MP's to come in and discuss the Brexit referendum. One MP responded and this led to an interesting and lively debate between everyone present."

People were encouraged to explore past interests, or to speak with people outside the home if they did not have family and friends that visited through advocacy services and volunteers. Volunteers were recruited to work with people of similar interest or people at risk of social isolation.

The registered manager told us people were matched with the volunteers. They gave examples of how people's past and present lives had been revisited with some of the volunteers. One volunteer told us they went on a journey with one person to 'farming past and present' which had been the person previous interest and working life. They told us, "The contribution I gave and also received has made me feel very valued. It is so lovely to give one to one support to people, I have had all sorts of adventures being a volunteer here, it has been an amazing experience for me and I hope I gave something back. The provider told us, "Our volunteers are the life blood of the home." This meant people were building mutually beneficial relationships which enabled them to feel physically and emotionally valued with a sense of pride and enjoyment.

People living at Nazareth Lodge continued to receive the support of outside professionals such as hairdressing, and visits from members of the community such as local dignitaries and community groups. They continued to have fine dining evenings which gave people the opportunity to dress for dinner and invite friends around for evening entertainment. This dining experience gave people an opportunity to extend their social life and to get dressed up for special occasions, one person told us, "Something to look forward to". Guest speakers were sometimes invited along to give talks or readings.

A new initiative since the last inspection was the introduction of a masseuse. The provider told us, "We recognise the benefit of touch, and people sometimes miss touch. Some of our residents have benefitted from this one to one" People were able to have the massage completed in the privacy of their room.

Another initiative which was being maintained was 'Tea for Two'. The registered manager told us, "Tea for two was created to ensure that every resident in the home had private one to one time with someone who was not a member of care staff. This makes it a social and relaxed occasion. Some of the conversations that have come out of these meetings from residents have, at times, been quite profound and also very useful in providing information for our care planning that sometimes we may not have been aware of". They told us they felt the 'tea for two' had, "Proved to be one of the most valuable services we provide in the home". The registered manager gave examples of how the one to one sessions had benefited people individually, and gave them an awareness of health concerns or low mood. They told us, "It is invaluable" and had highlighted not only when people may be low in mood but also if any health concerns needed to be addressed.

We were informed on numerous occasions by the provider that "The home belongs to the people who live here". This was evidenced by the large acrylic photo panels of the people who had and were living at Nazareth lodge, numerous photos and arts and crafts were displayed around the home, which people told us they had made, or just as many people would have in their own homes to create a homely, lived in feel. A comment included from a relative, "The slightly chaotic informality makes a unique and very special environment for the residents and all that visit. Nothing is forced it just happens. The care is the most important aspect of an outstanding care home and this is what we have found here."

People had access a number of seating areas around the home including a large communal area, or conservatory to relax and socialise. There were a number of magazines in regards their hobbies, novels and newspapers around the home. Games were available including a large community jigsaw that people and visitors to the home could complete. Where people needed additional reading lamps these were provided in communal areas and bedrooms. One health professional told us, "It very relaxed here, a real home from home. The dogs wander around the home and the garden. The beauty of the home is it feels like you have walked into someone's home. You can always smell something cooking".

To ensure the people and their loved ones had time alone if they wished to. Nazareth Lodge had created hanging door butterflies which can be placed on the outside of their doors so staff were aware that people and their visitors did not wish to be disturbed. The registered manager told us "We fully respect people rights to continue their relationships, we have an increasing number of male residents whose wives like to visit, and there is always an open invitation to them to come along to the home whenever they like to have lunch or spend quality time together." On the first day of the inspection a private party was being held for one person. The person was able to entertain all their family and friends in the conservatory and lounge area. Tea and birthday cake was supplied throughout the afternoon. People told us they were always welcome to have family and friends around for tea or dinner.

There were numerous compliments and thank-you cards. Comments included, "Thank you we really appreciate all you have done for our mum" "We thank you for all your dedication, kindness and care".

The service met the Accessible Information Standard for people. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff understood and communicated with people in ways which were meaningful for them. For example, where a person had a hearing or visual impairment, staff ensured that they spoke clearly and were in front of the person so that the person could see them while they were speaking with them. The provider told us they recognised the need for relatives to be able to maintain contact with the home, they told us an email service had been developed whereby communication is sent such as the activity programme or newsletter. One relative told us, their loved one "Has a talking clock they used to have audio books but is not interested in them anymore". They told us the staff seemed skilled supporting the person with their visual impairment.

Staff undertook training in equality and diversity and there was a policy in place at the service which stated that the provider was committed to the promotion of equality and opportunity. This policy is designed to enhance and improve employee's awareness and appreciation of beliefs, values and cultures of different groups within society. The service did not support any people with protected characteristics under the equality act at the time of inspection, however people were observed to receive care and support which was non-discriminatory and respected their backgrounds, abilities and beliefs.

People's religious and cultural beliefs and individual preferences were recorded and respected. Care plans included whether people had cultural needs which staff needed to be aware and respectful of. Regular services were held at the home, including wakes and afternoon tea with the vicar. The registered manager was clear that any religious preferences would be supported within the home, and meeting people's individual faiths was an important part of the persons past and present. The garden path led to a church path and the registered manager told us people often went through the church path to town, or sat in the garden where they could hear the church bells.

The registered manager informed us following the inspection, "We hold four ecumenical services in the home at key times of the year (spring, summer, harvest festival, and carols by candlelight at Christmas). We

invite relatives, friends and local parishioners to our home for the service after which a buffet supper is served along with alcoholic and non-alcoholic refreshments. This is separate to the Holy Communion service which we used to hold every four weeks, but through listening to our residents, we have now managed to increase this to a fortnightly service".

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their needs.

People and those important to them were involved in decisions about their care and treatment. Reviews were planned annually or more frequently if people's needs or circumstances changed.

Staff worked in a way that respected people as individuals. This was achieved by making sure all staff had good information about people including their likes, dislikes and daily routines. People told us they could make choices about what time they got up, when they went to bed and how they spent their day.

Following the assessment, if the service could meet the needs of the person an initial care plan was drawn up. The registered manager told us this was reviewed and amended as needed within the first weeks. Each person that moved to Nazareth Lodge was given change of address cards. The registered manager told us, "These are attractive postcards that have the new address already printed on them so the resident just needs to send one to each of their contacts. This idea was put into effect after a new resident spoke to the provider about sending out change of address cards. In speaking with the resident, the provider realised that this was something the home could help everyone with. They felt this might make people feel more at ease during their transition period into the home".

Care plans reflected people's physical, mental, emotional and social needs and ensured that people were treated equally and as individuals. Staff told us they held information about people's needs and the best approaches for them to use to promote independence and well-being. This included any equipment or prompting people who might need support to do things for themselves. People and relatives told us they had lots of opportunities to talk to the registered manager and staff.

People were empowered to be involved with the writing of their care plans. The registered manager told us, "People have one to one time with our care administrator. They review the entire care plan and they sign it to confirm what was discussed. This conversation is held in a place of the person's choosing and involving whomever they choose to participate. As part of this process, some residents have enjoyed writing their own biographies, with support from the Care Administrator. Previously, we would have written these for residents after talking to them. Now we support people to write their own. One person's was so lovely, with such beautiful handwriting that we decided not to type it up but left it for the staff to read in handwritten form".

There was a high emphasis on supporting people to occupy their time and enjoy life. People were able to attend resident's forums to discuss what types of activities or outings might interest them. These meetings were also open to relatives, friends, advocates and volunteers. The provider recognised that they had a number of gentlemen living at the service and were considering this when planning activities. For example, the maintenance man had some drawers that needed fixing so he asked if anyone would like to help him and three people had assisted with this. These meetings were also open to relatives, friends, advocates and volunteer visitors who were able to support people in putting their views forward.

People told us they enjoyed the activities and found them varied. One person told us "We are wonderfully entertained, I go to all the activities and went to the ukulele band yesterday, they keep us all amused". When asked if they had a say in which activities took place they said, "No, they are very varied." Another person told us, "If I was offered to go somewhere else, I can't think of any other place I'd go, yesterday I took part in building a box for hedgehogs to live in". In addition, a further person said, "When I first came here I didn't like to go to the activities and stayed in my room. [Provider name] said to me, you're not doing yourself any favours and encouraged me to take part in activities, so I go now and I'm much happier".

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The service had been accredited with a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives.

People who were nearing the end of their lives had care plans in place to show the care and support they would like to receive. Staff ensured people were comfortable and their wishes were being followed. One visiting health professional told us, "They are very responsive to people who are nearing end of life". The registered manager told us the home had adapted the "Blue butterfly folder kept in the person's room to act as a guide and to share information with loved ones and health professionals". They went on to explain, "We have a visual sign of a blue butterfly by our visitors' book, which informs visitors we may be providing palliative care for one or more residents, which may give an appreciation why we may not always be available". After the inspection the registered manager told us, "Following a death, a candle is placed in the front hall next to freshly picked flowers and a photo of the deceased, not only as a mark of respect, but also a visual prompt to visitors to the home. A separate Book of Condolence is kept outside the office for those who wish to make a contribution in the memory of the deceased".

People and their loved ones were given information at the end of life stage to support their knowledge. The Butterfly folder also included a 'protected time' notice for the door which alerted staff to the fact that a relative was visiting and wished to be left undisturbed with their loved one. The registered manager told us, "The butterfly folder covers many aspects of end of life care. Whilst we already had an end of life folder in place, we have since our last inspection improved and developed it significantly. The folders are kept in the person's bedroom and accessible for relatives and friends to read." The registered manager told us having the folder available to relatives meant, "Relatives could read about the resident's day, showing that they may have had a hands and feet massage, a poem read, music played etc., as well as the day to day information on their nutrition/hydration and pressure area management". The folders helped to guide relatives through the changes that occur when a person reached end of life stage. For example, changes in breathing, skin colour. They told us, "It answers relative's questions. It explains the use of a syringe driver and how it is used for pain relief. It gives the relative a comprehensive understanding of dying in a compassionate and gentle, yet non-medical way. It also shows the care notes and all the support that the resident has been given".

There was responsive support during and after end of life care and the impact on loved ones following a bereavement was recognised by the service. Families were offered complimentary service of a funeral 'wake' at the home. The registered manager told us, "As a management team we recognise that our responsibilities in supporting bereaved families continue once a resident has passed away. For example, a card is sent to the families on the anniversary of their friend or relative's death. This has always been appreciated by the families who have been quite touched by this gesture. Many of the families of our residents who we have cared for in palliative care have given us lovely testimonials regarding this and these can be found on our "Testimonials" page of our website".

The home's complaints procedure was displayed throughout the home and all complaints were fully investigated and responded to. Where complaints highlighted areas that could be improved action was taken. People said they would be comfortable to make a complaint if they were not happy with any aspect of their care. Records showed that when concerns were raised by people the registered manager had met with them to make sure they knew that action had been taken. One person explained that they hadn't needed to raise any concerns and said, "I haven't needed to complain but would do so if I needed to."

Is the service well-led?

Our findings

People, received a service that was extremely well led.

There was a commitment from the leadership to ensure that people living at Nazareth Lodge continued to receive a person centred inclusive service. People told us they believed the home they lived in was well led and included them in decisions.

The home had a registered manager who had managed the home for many years, they remained committed to managing a home that ensured people were, "At the heart of the service", where they felt part of a wider community and family. They ensured staff were well managed, motivated and committed to sharing the same values and visions held by the registered manager, provider and management team. They led by example were open, honest and accessible to staff people living at the home and their representatives. They told us the key to getting it right was, "Listening" and "Good partnership working". The registered manager was supported on a daily basis by the provider/ owner and deputy manager.

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

The provider and registered manager provided strong leadership, where clear and transparent processes were in place to guide staff. They worked as a team and all shared the same values of ensuring the service was led by the people who lived there. The impact of this meant that people told us they felt valued, supported and part of a "Large family". Star carer awards had been set up whereby people, their visitors and other staff could nominate a care worker who had gone 'above and beyond'. Staff told us the leadership and motivation of the registered manager made them feel committed and motivated. They told us they felt valued not only by the management team but also the people and their families.

People and their relatives told us Nazareth Lodge was a small private home which was family orientated. Comments included, "Any issues they are on it." "The boss is always around and chatting". "Excellent service".

Staff were motivated, proud to work at Nazareth Lodge, and were supported to be valued members of the service. The registered manager informed us, there was a proactive support and appraisal system for staff, which recognised that continuing development of skills, competence and knowledge, was an integral to ensuring high-quality care and support. They gave examples of supporting some staff members by mentoring or buddy up systems to support the development and understanding of their roles. There was evidence of regular staff meetings and staff supervision sessions were undertaken regularly. Staff stated the registered manager and provider were very understanding and very supportive. Comments included, "They [management team] really listen and support us even when we have difficult personal issues they adjust our rota to support us." "We work well as a team and gets lots of support". "There is always management

support if you need it. They all help out." "I get on really well with the management I think they look after their staff and [provider's name] is so appreciative, like when you get called in for extra shifts you really don't mind coming in and helping out."

The registered manager told us they were consistently looking to drive improvement with the support of the provider. Weekly management meetings were held, which involved producing an action plan. The registered manager told us, "Part of the weekly management meeting involves discussing each and every member of staff in the home and identifying any support they may require or any concerns we may have over attitude and performance, training etc. We would also use the meeting to discuss those members of staff who we feel could be nurtured into roles of greater responsibility. For example, the recent promotion of one staff member to Dementia Champion".

People were able to tell us they enjoyed taking part in competitions within their local community and had won awards for exhibiting at fetes and craft fairs. Comments from professionals and relatives involved in the home included, "This is a very efficient home which is run like a tight ship. [Provider's name] knows what they want and it happens". "It a good team with good leadership. "My relative could not be in better hands, they are patiently looked after and encouraged to participate in activities." "I cannot praise the care and leadership enough."

The service had an innovative approach to using technology. People were involved in decisions about how it was or could be used. The registered manager informed us of a new initiative, "Our current apprentice, is starting regular Face time sessions for residents with family or friends who live a long way away. This was an initiative we felt our current apprentice could take responsibility for and help to develop their communication skills, both inter-personal and IT, and the results have been positive so far". Another new initiative included setting up weekly links with the local GP surgery. The registered manager told us the benefit of these visits was people's health needs were reviewed and monitored on a fortnightly basis and any concerns highlighted to the GP.

The provider and registered manager worked in partnership with other organisations and had taken part in several good practice initiatives designed to continue to develop the service and to support others in developing their services.

The provider had set up a national group in collaboration with Care England and other providers with the aim of sharing best practice and new legislation. The registered manager told us the initiative was for more experienced manager to befriend newer managers in different geographical areas over a 12-week period. To share knowledge and best practice in regards getting an overall CQC rating of outstanding. They said, "This demonstrates our continued commitment to share and disseminate information to others working in this field. This has developed into a forum between all outstanding providers nationally with the aim to sharing best practice. This has led to the added bonus of managers networking nationally and using information and ideas from these meetings to make improvement in their own care homes. For example, the registered manager is currently supporting another care home with their end of life care programme".

The registered manager explained that they had good working relationships with the local authority and safeguarding teams and sought advice and guidance where needed. One example was the home had worked with the local NHS and implemented the 'Red Bag Scheme'. The scheme involves using a red bag containing information about the person that stays with them and ensures an effective transition between services. A new initiative was to set up weekly links with the local GP surgery.

The provider and registered manager told us they were, consistently looking for different levels of

engagement within the community, to "Develop links" across generations. For example, the provider told us, "Nazareth Lodge has an important role to play in the community. With this in mind we are linking with local schools to set up visiting schemes. Sixth form students visit every week and spend time with the residents talking about their experiences, but more often listening to what they see as fascinating accounts of their lives". The provider received positive feedback from the students regarding their visits. The provider told us, "This reminds us all that the wisdom and knowledge of the older member of our society is not something that should be kept secret". People told us they enjoyed listening and talking to the students and seeing how different their lives were to when they were young.

People told us they felt consulted and enjoyed being part of their local community. Examples were given of, fund raising by making dog biscuits, entering exhibits of flowers to local shows, inviting member of the community to Lent lunches. The provider told us in their PIR 'The voices of some older people are often indistinguishable from people who speak for them. If you have no voice you cannot exercise choice and control over your life. We want to do more to address this through the development of further 'one to one' initiatives'. An example was shared where people were encouraged to support the home employment process of selecting staff they believed they would like to care for them.

Feedback was sought and used to drive improvements at the service. The registered manager explained that surveys had been sent out to people, relatives, visitors and professionals and staff in 2017. The results of the surveys were shown to the inspection team and evidenced that where people had requested changes or passed on negative comments, these had been addressed by the registered manager. The provider told us they believed their team went above and beyond. They gave examples of staff moving into the home in the recent weeks due to snow to ensure that people living at Nazareth Lodge still received the care they needed. A member of staff told us "I get on really well with the management I think they look after their staff and [provider name] is so appreciative like when you get called in for extra shifts you really don't mind coming in and helping out."

Quality assurance measures were in place and used to identify gaps and trends. The management team had weekly meetings to discuss and agree planned actions and identify priorities for the week. The registered manager said, "When we have our weekly management meetings we look at the individuals we are concerned about and agree an action plan. We work closely with our community nurses and any other health care professionals as required and agree a plan of action for the person". This meant that the management team had a consistent, joined up approach. For example, prior to the inspection the management team had raised concerns in regards records not being completed. Where gaps had been identified measures had been taken to reduce the risk. Following audits identifying gaps in topical cream applications, new recording systems were put in place including weekly audits of all medicine records. The registered manager told us by completing weekly audits they had been able to identify which member of staff needed additional training or monitoring. They informed us, "Training is tailored to the individual needs and learning styles of staff".

Systems were in place to continuously learn and improve the quality of the service. These included managing complaints, safeguarding concerns, incidents and accidents and were thoroughly investigated at all senior management levels. Records showed that management took steps to learn from these events and put measures in place. A professional told us, "I have a lot of respect for the registered manager. "If I have any concerns I know they will be investigated, addressed and learnt from. The registered manager told us, they learnt and shared information they told us, "Another initiative that we have implemented following networking with other outstanding homes is new name badges which have one or two words under the name to sum up the carer such as "dog lover" or "walker" and this is to stimulate conversation with residents and visitors alike."

The management team were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.