

The Foundation of Lady Katherine Leveson

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 10 May 2017 and was unannounced.

The home is situated in a semi-rural area of Solihull, West Midlands. It is part of The Foundation of Lady Katherine Leveson and provides accommodation and personal care for up to 30 older people. On the day of our visit there were 26 people living in the home.

Communal areas included a large lounge area, a dining room, a room where people could follow their interests and hobbies, a small shop and a library. The home also had large well maintained gardens. A registered manager who had over 30 years of experience in health and social care had been in post at the home for two years. 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.

We received exceptional feedback about how the service was personalised and responded to people's individual needs. It was clear that significant improvements had been made since our last inspection. People always received care which was in line with their wishes and preferences. People worked in partnership with the staff to plan their care which meant staff had an in-depth knowledge of people's preferences and support needs.

Clear values and vision for providing high quality care for people was embedded throughout the home. People received a high standard of care because the enthusiastic, passionate and caring management team led by example and set high expectations of staff about the standards of care people should receive.

People told us the hard work and determination of the management team to continually make improvements had a positive impact on their quality of life. There was a strong emphasis on continually looking for ways to improve the service people received. There was an open and transparent culture and the management team were responsive to people's feedback and used this to develop and improve the service. People felt listened to and informed of what was happening in their home. They told us the communication between them and the staff was very good and they felt assured any complaints would be taken seriously and acted upon.

The ethos of the home is to offer care, comfort, nurture, respect and dignity within an environment which is both safe and stimulating. It was clear that the provider, registered manager and staff embraced this ethos and the on-going improvement to all people's lives and well-being was a fundamental aim of this service. People mattered and all staff spoke with pride about the people they cared for and celebrated their individual achievements. Staff understood their roles and responsibilities and were continually supported to increase their knowledge and skills to improve their work practices. Staff received recognition for their work and they felt supported, empowered and valued in their roles.

Staff continually embraced people's individual lifestyle choices in line with the provider's vision which included making people feel valued. Staff encouraged people to maintain or develop interests which were important to them and to support them to lead meaningful lives. People maintained positive links with their community that enhanced and benefitted their lives. People spoke very positively about the social activities that were available to them. Staff spoke passionately about the importance of activities being outcome based and meaningful to people. This approach to activities was innovative, person centred and inclusive.

People's religious and spiritual needs were always recognised and embraced which meant people continued to practice their religion how they wished to do so. Whilst the service was part of a Christian foundation the home demonstrated it welcomed people's differing and diverse cultures.

Audits and checks took place to monitor and review the quality of the service. Accidents and incidents were analysed to identify any patterns or trends to reduce the likelihood of further incidents occurring.

People told us they felt safe living at the home and procedures were in place to protect them from harm. The home demonstrated it was actively involved in raising awareness of adult abuse in their local community. Staff were aware of their responsibilities to keep people safe and reporting any concerns to their managers. Clear risk assessments and management plans contained guidance to support staff to keep people safe when they were providing care. Staff were knowledgeable about the risks and confidently explained in detail how people's support needs varied according to their abilities and preferred routines. The provider's recruitment procedures minimised the risks to people safety.

People spoke positively about the way their medicines were administered by the staff. Safe administration systems were in place and people received their medicines when they needed them.

The home had established effective links and worked in partnership with local health and social care professionals to ensure people had the care and support they needed. People's changing needs were monitored to make sure their health needs were responded to promptly.

Everyone we spoke with provided positive feedback about the food and dining experiences at the home. Staff were aware of people's dietary requirements. People's nutritional needs were assessed regularly. Where people had risks associated with eating and drinking advice had been sought from external health professionals and guidance had been followed.

Staff were available at the times people required to meet their needs and preferences. People told us the staff were always caring and showed them kindness. All of the staff told us they really enjoyed working at the home, and they loved spending their time with the people who lived there. Most staff had worked at the home for a long time and this ensured continuity for the people who lived there. Staff were not rushed and they showed genuine interest for people's well-being and spoke about them with warmth and affection throughout our visit. Staff continually engaged with people to get to know them and they turned care tasks into opportunities to hold meaningful conversations with people.

The staff team demonstrated their commitment to respectfully maintain people's dignity and continually supported people to maintain and regain their independence. A thoughtful approach was taken to overcoming barriers to inclusion and staff continuously looked for ways so people could remain as independent as they wished to be.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent to care was sought in line with legislation and guidance.

Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings had taken place and the outcomes were clearly recorded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe. Staff were available when people needed them. Staff demonstrated a good understanding of how to manage the risks associated with people's care. Medicines were managed safely to ensure people received their medicines as prescribed. The provider's recruitment procedures minimised the risks to people safety.

Is the service effective?

Good ●

The service was effective.

People, relatives, staff and professionals consistently praised the standards of care and treatment provided. Staff received training and were continually encouraged to develop their skills and knowledge to meet people's needs. Staff understood the principles of the Mental Capacity Act 2005 and they obtained people's consent before they provided care or support. People enjoyed the food and had a choice of food and drink which met their nutritional needs. People were referred to relevant health care professionals to ensure their health and wellbeing was maintained.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were always caring and showed them kindness. Staff spoke about people with warmth and affection and enjoyed spending time with people who lived at the home. People's dignity was maintained by staff who showed genuine concern for their well-being. Staff felt cared for by their managers and visitors always felt welcomed whenever they visited the home.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People told us they always felt valued and listened to. People

worked in partnership with the staff to plan their personalised care. People mattered and their achievements were celebrated. People's religious and spiritual needs were always recognised and embraced. Staff were committed to continually supporting people to maintain their independence. People had close links with their local community. Everyone spoke positively about the social activities that were available.

Is the service well-led?

The service was very well-led.

People spoke very highly about the management team and the day to day running of the home. The passionate and dedicated management team continually empowered people to lead as fulfilling a life as possible. The home had an open and transparent culture and people felt involved in how it was run. Staff received recognition for their work and felt supported and valued in their roles by the management team. There was a strong emphasis on continually looking for ways to improve the service for people. Effective audits and checks took place to continually monitor and evaluate the quality of the service provided to people. □

Outstanding 

The Foundation of Lady Katherine Leveson

Detailed findings

Background to this inspection

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

This inspection took place on 10 May 2017 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit we reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with local authority commissioners who funded the care some people received. They were very happy with the care provided to people.

During the visit we spent time observing how staff interacted with people who lived in the home. We looked at the records of three people and two staff records. We looked at other records related to people's care and how the home operated. This included checks the management team took to assure themselves that people received a good quality service.

During our visit we spoke with nine people, two visitors and one relative. We spoke with one senior care worker, four care workers, the maintenance person, the chef and the activities coordinator. We also spoke with the registered manager and the deputy manager.

Following our visit we spoke by telephone with the relatives of a further three people, a representative of the provider and two community professionals to gather their views on the service people received.

Is the service safe?

Our findings

People told us they felt safe living at The Foundation of Lady Katherine Leveson. One person said, "I have a lovely room and feel safe here." Another told us, "I feel very safe here. There is no easy access to the property which is reassuring." A relative commented, "I feel very confident my relative is safe here." This was because they trusted the staff and they contacted them if their relation was ever unwell.

Procedures were in place to protect people from harm. For example, we saw the provider's safeguarding reporting procedure was displayed in communal areas of the home to inform people how to report concerns if they felt unsafe. Our discussions with the registered manager assured us they were aware of their responsibilities to keep people safe. This meant any allegations of abuse could be investigated correctly. Records showed no safeguarding incidents had occurred in the twelve months prior to our visit.

Staff felt people who lived at the home were safe and they confirmed they had completed training to safeguard adults. Training included how to raise concerns, and the signs to look for such as unexplained bruising to their skin, which might indicate people were at risk. Staff described to us their responsibilities to keep people safe and they told us they were confident to report any concerns to their managers. We asked what they would do if action was not taken to investigate their concerns. They told us they would tell the board of governors or 'social services'.

The provider's whistle blowing policy was on display for staff (a whistle blower is a person who raises concerns about wrong doing in their workplace). Staff were aware of the policy and told us they were confident to raise any concerns.

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. The deputy manager explained the home recruited staff who were of good character and checks were carried out before they started work. Staff confirmed their references had been requested and checked. Also, they had not started working at the home until their DBS (Disclosure and Barring Service) clearance had been returned and assessed by the management team. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

Risk assessments and management plans identified potential risks to people's health and wellbeing. Staff were knowledgeable about the risks and confidently explained in detail how people's support needs varied according to their abilities and preferred routines. These assessments helped to keep people and staff safe when delivering care. For example, one person needed support from two staff members to help them move. To reduce the risk of injury, staff used a hoist and a sling to move the person safely. We checked and found the equipment used was in good condition.

This same person spent time in bed which increased the risk of their skin being damaged. We saw clear instructions supported them to manage this risk. For example, staff repositioned the person every few hours to relieve the pressure on the skin they were sitting or lying on. The person also had an airflow (pressure relieving) mattress and a pressure relieving cushion. Another person wore dentures and their risk

assessment informed staff to remove the person's lower denture first to reduce the risk of the person choking. Risk assessments had been reviewed monthly in-line with the provider's policy to ensure the information for staff to follow was correct. Staff explained if new risks were identified the information was updated to keep people as safe as possible.

People spoke positively about the way their medicines were administered by the staff. A typical comment was, "I always get mine on time." At lunchtime we saw a senior staff member followed good practice when they administered people's medicines. For example, they took medicines to people, provided them with a drink and watched them take their medicine, before returning to sign the MAR (medicine administration record) to confirm they had taken it. The staff member locked the medicines trolley when they left it, so there was no risk medicines were accessible to people. We reviewed six people's medicine records (MAR's) and they had been completed correctly. This assured us medicines were being managed safely.

Some people were prescribed 'as required' medicines. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Protocols (medicine plans) for the administration of these medicines had been implemented to make sure they were administered safely and consistently. This was important if a person did not have the capacity to verbally inform staff of their pain. We asked staff how they knew if someone who was unable to tell them was in pain. One said, "We know if (Person) is in pain by their facial expressions." This meant people should receive their medicines when they needed them.

Only trained competent staff administered people's medicines. Staff confirmed they had received training, and a manager observed their practice to make sure they were competent to do so. A series of checks took place so if any errors were identified prompt action could be taken. Records showed no medication errors had occurred in the 12 months prior to our visit.

People told us there was always enough staff on duty to keep them safe. A typical comment was, "Yes, I believe that there are enough on duty." Our discussions with staff assured us there were enough of them to meet people's needs in a timely way and to keep them safe. Comments included, "I think there are enough of us during both the day and night," "There are enough staff, if someone phones in sick it is covered," and, "The rota is always covered. There is no high level sickness."

Accident and incident records were completed and were up to date. The registered manager had analysed the records each month to identify any patterns or trends to reduce further incidents occurring. For example, one person had fallen in March 2017. Analysis of the accident included what time of day the person had fallen. Action had been taken to reduce this known risk had been implemented. For example, a sensor mat had been put into place to alert staff if the person got out of bed so they could offer prompt assistance. Records showed so far this action had been effective because the person had not fallen again.

There were processes to keep people safe in the event of an emergency such as a fire or flood. The provider's fire procedure was on display in a communal area which provided information for people and their visitors about what they should do. People had personal fire evacuation plans so staff and the emergency services knew people's different mobility needs and what support they would require to evacuate the building safely. For example, one person was able to evacuate the premises but their plan informed staff they might get anxious because of the sound of the alarm. The plan instructed staff to advise the person whether it was safer for them to remain in their bedroom or whether they needed move to a place of safety.

Equipment used by people was checked by staff and external contractors to make sure it was safe to use. For example, the passenger lift was serviced in February 2017 to make sure it was working correctly. A

maintenance team worked at the home to undertake general repairs and complete safety checks such as weekly fire alarm tests.

Is the service effective?

Our findings

People, relatives, staff and professionals consistently praised the standards of care and treatment provided at the home. They used words such as, 'great', 'brilliant,' and 'good.' One person told us, "If I have any hospital appointments then they (staff) organise transport and a carer to take me, which is incredible." People received effective care, based on best practice guidance. Staff demonstrated an in-depth knowledge of people's care and treatment needs, and were skilled and confident in their practice. One person said, "I trust the staff 100%, they know what they are doing." Another commented, "The manager leads them well, staff are very well trained."

A relative particularly appreciated how the staff had remained calm when their relation had fallen and required medical treatment. They described how staff had stayed with the person whilst waiting for the paramedics, and provided them with comfort and reassurance so they did not become anxious. They had covered the person with a blanket and supported their head with a cushion so they remained as comfortable as possible until the ambulance arrived.

People's records showed us how the home's staff worked in partnership and maintained links with health professionals. For example, we saw one person had a health condition which on occasions caused them to feel frightened. Staff had liaised with the person's GP who had prescribed a medicine which resulted in the person's fear being reduced. Their relative commented, "The staff really do know what they are doing."

Staff told us they received regular training updates which the provider considered essential. These included health and safety and fire safety training. The training schedule showed us staff training was up to date, when training had been completed and when it was next due. This helped the management team prioritise and plan training that the staff needed.

New staff members received effective support when they first started working at the home. This included working alongside experienced staff to see how people preferred their care and support to be delivered. Completion of the induction ensured staff understood the provider's policies and procedures and meant they had received training in-line with the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

All care staff had completed level two or three qualifications such as diplomas (previously NVQs) in adult social care which meant they had the required knowledge and skills to care for people effectively. Many of the staff continued their development by completing more advanced course diplomas. A 'resource library' was available to staff which contained books and DVD's for them to further develop their knowledge of social care. This included information on good practice including dementia and end of life care. One staff member said, "I used the information to gain a better understanding when I was completing my NVQ."

Everyone we spoke with provided positive feedback about the food and dining experiences at the home. Comments included, "The food is very good, portions are plenty," "There are two choices a day, I can ask for

an alternative if I don't fancy the choices," and, "Marvellous food. I can make myself a drink whenever I want to as I have a kettle and fridge." A relative also commented, "Food is marvellous. I can stay for lunch and they always ask me if I want to." People's nutritional needs were assessed regularly. Where people had risks associated with eating and drinking there was clear guidance in their support plans, advice had been sought from external health professionals and staff had a good knowledge of how to support people safely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the home was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities in relation to the MCA. All of the people who lived at the home had been assessed to determine whether they had capacity to make their own decisions. Where people had been identified as not having capacity to make specific decisions about their care, appropriate discussions had taken place with those closest to the person to make decisions in their best interests. The outcome of these clearly recorded.

Staff had received MCA training and they demonstrated to us they understood the principles of the Act. They gave examples of applying these principles to protect people's rights, such as, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. For example, staff knew if a person who had capacity decided to leave the home to go for a walk, even though it might be an unwise decision, they could not stop them from leaving.

Is the service caring?

Our findings

Everyone we spoke with had positive comments about the care people received. People told us the staff were always caring and always showed them kindness. One person said, "I get good care here. I have a good laugh with the carers and if I need a cuddle (staff member) always gives me a cuddle." Another said, "Carers are just wonderful."

One person described the differences between the home and a previous care home where they had lived. They explained the staff in their previous home treated their work like 'a job', whereas they felt the staff at Lady Katherine Leveson really cared about them. They said this was because the staff were always friendly, gentle and patient when they helped them to get dressed.

One relative told us, "The staff are brilliant, not only do they look after my relative well but they support me as well. They take time to talk to me and ask how I am." Another commented, "The care given is absolutely wonderful." During our visit we saw visitors were warmly welcomed by the staff when they arrived. Relatives confirmed they were no restrictions on visiting times and they were encouraged to attend events which took place at the home. This made them feel involved and part of the home.

All of the staff told us they loved working at the home, and they enjoyed spending their time with the people who lived there. Staff took time to engage with people and to get to know them. They explained how important it was for them to make sure people were treated how they would expect to be treated themselves. They told us they would be happy for their relations to live at the home. Every member of staff told us they felt cared for by their managers and one described The Foundation of Lady Katherine Leveson as a 'home from home.'

Staff explained to us how the home demonstrated it was caring. For example, if a person was approaching the end of their life, and they did not have any relatives to be with them, an extra member of staff would be put on duty to make sure the person was not alone when they died.

Staff showed genuine concern for people's well-being and spoke about them with warmth and affection throughout our visit. At the shift handover meeting staff demonstrated to us they knew people really well. People were discussed in a person centred way which included how the person was feeling and how they had chosen to spend their time during the morning.

We saw when staff members walked past people they always stopped and took the time to greet them. One person commented, "Very polite, they always do that." Staff also turned tasks into opportunities to hold meaningful conversations with people. For example, whilst a person and a staff member were waiting for the passenger lift we heard them discussing what was and was not acceptable 'in their day' and how times had changed.

Is the service responsive?

Our findings

People, relatives, visitors and professionals consistently gave us exceptional feedback about how the care people received was personalised and responded to their needs. From what we saw, records reviewed, staff and management we spoke with, it was clear that the on-going improvement to all people's lives was a fundamental aim of this service.

People mattered and all staff spoke with pride about the people they cared for and celebrated their individual achievements. For example, one person was an author and had had several books published. We saw staff had supported the person to develop their 'special place' in the home to celebrate and share their books with others. A staff member explained the person was exceptionally proud of their lifetime achievements and it was very important to them that it was recognised.

Staff continually embraced people's individual lifestyle choices in line with the home's ethos which included making people feel valued. Staff encouraged people to maintain or develop interests which were important to them to lead meaningful lives. One person told us they particularly enjoyed spending time in the garden. They chose to feed and care for the chickens kept at the home. They told us they thoroughly enjoyed collecting the eggs laid by the chickens with the children who visited the home and then selling them on to visitors. They told us this made them feel that they had contributed to the running the home. The money raised was used to buy food for the chickens and bird seed in an attempt to attract wild birds into the gardens for people to enjoy. The registered manager explained one of the biggest benefits of having the chickens was the positive effect it had on the children who visited. They said, "A care home could be an intimidating place for a child but when we see smiles on their faces it is very rewarding for all of us."

Another person was a keen gardener and they had a small area in the garden designated for their sole use to plant their own plants, flowers and vegetables of their choice. Other people enjoyed painting pictures and their art work was on display in the home for people to enjoy. Art classes were provided free of charge by a local artist each week. One person said, "I enjoy art. Having a professional teacher has helped me develop my skills and maintain my real passion for art." Other people enjoyed playing bowls and we saw they participated in games with local people who came to use the available facilities.

Strong emphasis was always placed on people overcoming any obstacles such as limitations in their mental and physical well-being, to aim high and be in full control of their lives. For example, some people had arranged their holiday with support from staff which was due to take place in the summer of 2017. One person said, "I am so looking forward to it. I never thought I would be able to have a holiday again." Another said, "I just want to see the seaside once more." The registered manager had already visited the hotel people had chosen to stay in to make sure the hotel could accommodate their needs. The registered manager told us they had done this to ensure the holiday was as enjoyable as possible for people.

We saw the garden areas of the home were very well maintained and people spent time sitting and enjoying their surroundings. One person told us, "I love sitting here feeling the sun on my face. I come and sit here and get whisked away with my thoughts." They explained they enjoyed a quiet life and being able to enjoy

the peaceful gardens meant they had their own space to relax in. A representative of the provider told us, "The environment has three enclosed areas which has proven invaluable for all but particularly residents who experience different levels of confusion because they can enjoy the outside without the risks of getting lost."

People's religious and spiritual needs were always recognised and embraced. One person explained their religion was very important to them. They commented, "I can go to the church when I want which is really special here." This meant the person lived their life and continued to practice their religion how they wished to do so. The home was part of the Foundation of Lady Katherine Leveson and the church reverend was part of the senior management team at the home. People knew the reverend well and they told us they found their presence comforting and gave them 'inner peace.' A relative commented, "Due to the Christian ethos of the home, the aura comes through as very welcoming and supportive."

The registered manager explained whilst the service was a Christian foundation they welcomed and embraced different cultures. They said, "We are committed to achieving an environment which provides equality and opportunity which is free from discrimination. We are committed to building a diverse community."

We spoke with the reverend who told us offering comfort to people and promoting spiritual wellbeing was one of their main priorities. They said, "It is a great privilege to be part of the team to offer people and their families comfort and guidance especially if people are unwell or are reaching the end of their life."

The staff team demonstrated their commitment to continually supporting people to maintain and regain their independence wherever this was possible. The registered manager was proud of their recent successes in responding to people's needs in-line with their wishes. For example, one person had recently moved back into their own home. This was because staff had worked in partnership with health professionals such as, physiotherapists to support the person to recover their independence and regain their confidence to live in their own home again. We saw the person had sent a thank you card to the home which thanked the home for their kindness, love, care and attention during their stay.

A thoughtful approach was taken to overcoming barriers to inclusion and staff continuously looked for ways to ensure people remained independent. Some people enjoyed going to the local shopping centre to purchase personal items. However, due to the semi-rural location of the home, people were reliant on the home's minibus or the staff to take them in their car. It had been identified that some people would benefit if the home had better public transport links. In response to this the registered manager had supported people to write to the local bus company to ask them to consider amending a bus route. The board of governors at the home then wrote to the local Member of Parliament in an attempt to gain their support to implement this change.

Some people told us they preferred not to go shopping and to ensure they had the opportunity to purchase small items, a 'shop' had opened within the home. We saw a variety of toiletries; greeting cards and snacks were available for people to purchase. Staff explained they asked people what they would like the shop to sell and people were involved in trips to the wholesalers to purchase the stock.

People maintained positive links with the community that enhanced and benefitted their lives. One person said, "The best thing here is the community feel." A relative told us, "Real efforts are made to put the home on the map. It's a big part of the community." For example, the registered manager met frequently with the head master of the local primary school. This had resulted in children from the school frequently visiting the home to entertain and spend time with the people who lived there. This positive and proactive approach

ensured that people felt a part of their wider community.

The home had a long established history in the local area which dated back to the 12th century. The registered manager explained how they encouraged the local children to learn about the history of the foundation and spend time with the people who lived there which brought the local community closer together. Local historian talks also took place and people were encouraged to join in and share their knowledge of the home and surrounding historical buildings.

Everyone spoke positively about the social activities that were available to them. People used words to describe the activities such as, 'amazing,' and 'brilliant.' An activities co-ordinator was employed by the home and they spoke passionately about the importance of activities being outcome based and meaningful to people. This approach to activities was innovative, person centred and inclusive. It ensured all people were encouraged and supported to do the things that were important to them.

Recent activities had celebrated the different cultures of the staff and the people who lived at the home. The week before our visit had been 'Cruise week.' This was a week of different planned activities with a cruise ship theme. It had included one person giving a Spanish language lesson to others and some staff had dressed up in the traditional items of clothing from their country of origin. People told us they had thoroughly enjoyed the activities. One person said, "Cruise week was just fantastic, everyone really enjoyed it. It was really well organised even down to showing a film shot in that country." They told us the highlight of the week was having a tot of rum with the Captain of the day at lunchtime. A visitor told us, "Cruise week was wonderful it was marvellous to see all the carers dressed up."

We were also informed of the commitment staff had made at Christmas time. In relation to this, one person said, "The staff at Lady Katherine are truly special people who will give over and above what is required of them." All staff had given their time to work with people to produce and perform a Christmas pantomime based on Snow white and the seven dwarves. People, their relatives and staff commented on how much pleasure this had given them. One person said, "Thinking back to the panto still makes me chuckle now."

At the time of our visit, staff were planning their next theatrical venture which was planned to raise money for a local charity who supported older people in the local community. Staff told us they chose to give up their personal time and spoke proudly about their contribution to the charity. One said, "We love the statement 'older people raising money for older people'. It means we are giving something back." People always received care which was in line with their wishes and preferences. There was a robust referrals and admissions process in place to ensure that people could be appropriately supported by the home. Before they chose to move in, people were fully involved in a person centred detailed assessment of their needs. This was based on what was important to the person from their perspective. The registered manager said, "The assessment enables any individual to design their care." During this process people were provided with information, were encouraged to visit the home, have an overnight stay and ask questions. We saw during our visit this happened. A person who lived at the home explained to a person who visited with a view to living at the home, what it was like to live there to help them make their decision. Later during our visit we were informed the person had booked a short respite stay at the home.

People worked in partnership with the staff to plan their care which meant staff had an in-depth knowledge of people's preferences and support needs. One person said, "Everyone knows me here because they have listened to what I like and dislike. I live my life how I wish to do so." We last inspected the service in October 2014 when we found people's care records had not always been updated to reflect their current needs. It was clear significant improvements had been made since that inspection. Care records were personalised and contained detailed information about what was important to people, their life histories and their daily

routines. For example, one person who lived with dementia did not recognise themselves when they looked into a mirror, and this caused them to become anxious and upset. Clear guidance which included ensuring mirrors were covered up was available for staff to support this person to reduce their anxieties. Staff spoken with had a good understanding of why this was important.

Another person could lose track of a conversation. Staff knew this and told us they gently reminded the person of where they were in the conversation whilst also being sensitive to the person's feelings when they provided this assistance. A health professional said, "I think the staff always go above and beyond to ensure their residents have the best support possible." Another said, "Family members that I have spoken to about the home have also confirmed that staff are supportive and work well with the residents."

The management team were responsive to people's feedback and used this to develop and improve the service. People told us they felt listened to by the staff and their requests were promptly acted upon. For example, one person explained to us they, at their request, had recently been provided with new curtains in their bedroom to match their headboard which made it feel 'more homely'. Another person had requested a new carpet and we saw this had been provided.

People had opportunities to put forward their ideas and suggestions to improve the service provided by the home. Meetings were held every two months and were jointly chaired by people who lived at the home and the reverend who represented the provider at the meeting. The minutes of the March 2017 meeting informed us fifteen people had attended the meeting and we saw that actions had been taken in response to requests people had made. For example, some people had requested that crusts were removed off sandwiches as this would make them easier to eat. We saw the registered manager had liaised with the chef and on the day of our visit we saw sandwiches at lunchtime with their crusts removed. Some people spent time in the greenhouse and had commented it looked dirty and was spoiling their enjoyment of the garden. In response to this suggestion the greenhouse was immediately cleaned and a cleaning schedule had been implemented to ensure it remained clean in the future.

The registered manager told us the maintaining the garden for people to enjoy was a current priority. A team of regular volunteers spent time at the home to help with maintenance. Also, once a year, volunteers from the National Citizen Service volunteered in the garden. The National Citizen Service is a volunteer programme for teenagers to learn lifestyle skills. The aim of the programme is for people to give something back and feel a valued part of their local community. They said, "Getting local people involved really benefits people."

People felt assured that complaints would be taken seriously and acted upon. People knew how to make a complaint and felt comfortable doing so. A typical comment was, "I know that if I want to complain I would go to the manager." People were provided with a complaints policy both within their residents guide and within the home. People and their relatives felt complaints were handled effectively and they felt their views were respected and acted on. For example, one person had complained the water was cold when they had a shower in the morning. They had met with the registered manager to discuss and resolve their complaint. They were satisfied with the outcome.

Is the service well-led?

Our findings

An enthusiastic, passionate and caring management team was in place. They were creative, dedicated and continually empowered people to lead as fulfilling a life as possible. It was clear people were at the heart of the home and were encouraged to overcome any obstacles, such as limitations in their mental and physical well-being, to aim high to achieve and to succeed in life.

There was a clear management structure in place at the home. The registered manager had been in post for the last two years and had over 30 years of experience of working in social care. They were supported by a deputy manager and senior care workers. The registered manager reported directly to the provider who was also the church reverend, and a team of governors who together formed the senior leadership team at Lady Katherine Leveson.

The management team led by example and clear values and vision for providing high quality care for people was embedded throughout the service. Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's vision of the service. This was to offer care, comfort, nurture, respect and dignity within an environment which is both safe and stimulating. During our inspection, staff were open and helpful, and demonstrated detailed knowledge of people's care needs to enable them to make their own choices about their lives and ensure they reached their potential for independence. This was in line with the provider's vision.

People spoke very highly about the day to day running of the home. They told us this was because the management team were 'down to earth' and approachable. They told us the registered manager had a visible presence at the home and operated an 'open door' policy. Their office was in the heart of the home and both staff and people popped in throughout our visit. One person told us, "(Registered manager) pops in most days to see me and ask if everything is okay.... that's a good manager." Another person described the registered manager as "Just wonderful."

People told us the hard work and determination of the management team to continually make improvements had a positive impact on their quality of life. For example, supporting them to organise and plan a holiday. One person told us, "It is so inclusive here, nothing is impossible everything that happens is for us." People's relatives and visitors shared this viewpoint. One told us, "Since (Person) has lived here they have started to live again." They told us this was because the managers listened and involved people in decision making. This meant people could live their lives how they wished to do so. Another explained they had complete confidence in the abilities of the registered manager. They said, "Since they (Registered manager) had been employed the quality of care had improved beyond recognition. They said, "I can't put my finger on why.... he is just amazing we are so lucky to have him." Another commented, "The manager is a gem."

People and their relatives felt able to make suggestions to improve the home, and told us they would raise concerns if necessary. The provider regularly sought people's views about the home and responded to people's comments. In April 2017 the provider's annual survey had been completed. We saw twenty five

people had responded and they all felt the home was well led. There had been no complaints raised about the home for over 12 months and this assured us people and their relatives were able to make suggestions and raise concerns about care, and the provider listened and acted on them.

People told us they felt fully informed of what was happening in their home by the management team. The home had an open and transparent culture. A community professional who had worked in partnership with the home for the previous eleven years said, "I can honestly say that since (Registered manager) took over a couple of years ago the changes have been phenomenal and inspiring." They explained they had a good relationship with the registered manager and his transparent management style benefited the people who lived at the home.

People told us the communication between them and the staff was very good. A typical comment was, "Yes, they keep me informed of everything." People received monthly newsletters from the registered manager to keep them up to date of upcoming events and changes. For example, the May 2017 newsletter informed that hamsters people had requested had been bought and were located in the communal lounge, and the recent sponsored walk had been a great success. The home also used social media and had a dedicated 'page' which was another way of effectively communicating with people, their relatives, staff and the local community.

Staff felt supported and valued in their roles by the management team. They told us they felt empowered to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staff team. They told us they felt able to build a career at the home and because morale was high, staff rarely left. A member of staff told us they were being supported to undertake their diploma (previously NVQ) at a management level. They also said, "The support I have received here to develop my career is the best I have ever known. I will stay here forever." Another said, "We have a strong leader, they are so passionate about good care I am in awe."

The deputy manager told us they had been given the lead role to implement the Care Certificate within the home. They said, "(Registered manager) encouraged me to go off and research the certificate. We then worked together to make it work here." They explained this had increased their knowledge and made them feel valued, involved and trusted by the registered manager. This had, in turn, had a positive impact on the care and support people received.

Staff were encouraged to attend mentoring sessions with the registered manager. Staff explained how the sessions had helped them to develop and had supported them to meet people's needs. One staff member explained how the mentoring had improved the way they cared for people. They said, "I feel so confident to do my job and I have learnt so much from (Registered manager)." Another said, "I am continually encouraged to develop my skills and gain further qualifications." They had recently been awarded a level five qualification in Health and Social Care. They commented, "I could not have achieved it without (Registered manager's) belief in me." We discussed the mentoring sessions with the registered manager. They said, "I am only as good as the people around me. I am passionate about on-going development. If I see potential in people I do everything in my power to support them to make them a better member of staff."

The culture of continuous learning was further demonstrated when we attended the staff handover meeting during our visit. Care staff instead of senior care workers or management, were encouraged to lead the meeting to inform the next staff shift on duty about people's well-being during the shift they had worked. A senior care worker was in attendance to offer support but the meeting was viewed by care staff as a development opportunity.

Staff told us they received regular supervision of their work. Records showed us staff received regular opportunities to meet with their manager to discuss their role and to identify how to develop their skills. We saw a schedule for these meetings was in place. The registered manager said, "No supervisions have been missed in the two years I have been here. Reflecting on practice equals improvements."

The provider had a staff awards scheme that recognised contributions from staff, and recognised outstanding skills in caring for people at the service. This showed the provider had a way of identifying good care and encouraging all staff to develop their skills to improve the service. Staff told us they also had opportunities to attend monthly staff meetings and were encouraged to contribute ideas to the running of the home.

The church reverend spoke glowingly about the registered manager and the impact they had on the lives of all of the people at the home. They said, "They are like a prayer from god, their passion and enthusiasm for quality care shines through day after day."

The church reverend told us, "The home's leadership is the key to pulling everything together for the community. We are like a big family with the good and clear direction we achieve a sense of community." The reverend visited the home several times a week to speak with people to gather their views on the service they received. They spoke with the registered manager most days and attended weekly senior management meetings which gave them an overview of the quality of care being provided to people. They described the quality of care provided as, 'excellent.'

The home had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed. The registered manager demonstrated their commitment to developing links between the home and the local community. For example, they frequently liaised with the local primary school headmaster so the children had the opportunity to learn about local history such as, the home's links to Henry VIII and Queen Catherine Parr. The home also worked in conjunction with Age UK and the Solihull Safeguarding Adults Board to raise awareness of adult abuse in their local community. The home was hosting a 'Ye Olde Village purple fete' to coincide with World elder abuse day in June 2017. The registered manager told us, "The colour purple represents dignity, respect and royalty and that's how we should treat our elders."

We asked the registered manager what they were most proud of at the service. They said, "That's very hard to answer. I am proud of everything, making a difference, the people, the staff, the community feel." They explained their biggest challenge since our last inspection had been bringing the senior management team closer together to benefit people. They had overcome this challenge by inviting the governors to spend more time at the service. One governor had recently stayed overnight at the home and as such had the opportunity to talk to people and listen to their views. They had also spent time working alongside the domestic and care staff to gain a greater understanding of their work.

There were systems to monitor and review the quality of the home. There was a strong emphasis on continually looking for ways to improve the service people received, and also looking at learning if care fell below the standards the provider expected. Managers completed frequent observations of staff practices and conducted daily 'walk arounds' of the home. This ensured they had an overview of how staff provided care and support to people and gave them the opportunity to speak with people and staff. Audits and checks such as, safe handling of medicines took place and were effective to benefit the people who lived at the home. These audits were carried out to ensure if any areas of improvement were identified they could be addressed quickly. These included weekly and monthly audits as well as weekly senior management meetings.

The management team also welcomed external audits from health professionals. They explained the audits were a good opportunity to highlight areas which could drive further improvements at the home. For example, we saw that an infection prevention audit had been completed in July 2016. The report had identified improvements were required. Immediate action plans had been implemented and continually reviewed to ensure sufficient progress was made. The registered manager told us of their future plans to work alongside other home managers and invite them to visit to complete quality audits. They felt that this would be a great opportunity to establish support networks, share good practice and keep the service provided to people under constant review.

The registered manager had ensured that people's records were easily accessible and the office environment was well organised, ensuring staff were able to work effectively within the home when they were not present. Staff spoken with told us the systems the registered manager had put in place, enabled them to provide excellent care and support for people because all of the information they needed was available to them.

The registered manager regularly contacted Care Quality Commission (CQC) to discuss any issues or concerns that might impact on the quality of care. The provider appropriately notified CQC of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. They understood the importance of us receiving these promptly and of being able to monitor the information about the home.

It is a legal requirement for the provider to display their ratings so that people are able to see these. We found this had been done at the home and was also displayed on the provider's website.