

Institute of Our Lady of Mercy

St Mary's Residential Care Home

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?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

St Mary's Residential Care Home is registered to provide accommodation and personal care for up to 25 people. At the time of our inspection, 24 people were living at the home. St Mary's Residential Care Home is owned by The Institute of Our Lady of Mercy, a congregation of religious women 'Sisters' from the catholic denomination. The home accepts people from all denominations or no faith.

People's experience of using this service:

People consistently told us they were treated with kindness, compassion and described St Mary's as a lovely peaceful place to live.

People received exceptionally personalised care that truly valued them as individuals. Staff continually looked for new ways to enhance people's lives and understood what was expected of them; they were motivated, hardworking and enthusiastic.

Staff had a detailed knowledge of people's histories, their likes, dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were. Staff went to exceptional lengths to ensure people had access to a wide range of activities that met their individual needs.

The provider's values were embedded into the home, staff and culture. The registered manager and staff were passionate and committed to providing a service where people were truly listened to and received personalised care and support.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

Risks had been appropriately assessed and staff had been provided with information on how to support people safely.

People had confidence in the staff who supported them and felt safe in their care. Staff were well trained and skilled at supporting people to lead independent, active and fulfilling lives. People's care plans were detailed and accurate, ensuring staff consistently knew how to support people.

People, staff and healthcare professionals told us the home was well led. Staff understood what was expected of them and were motivated to provide and maintain high standards of personalised care which treated people with dignity and respect.

The provider had exceptionally strong and effective governance systems in place. The management team continued to carry out a regular programme of audits to assess the safety and quality of the service and identify issues. The strong leadership put people first and set high expectations for staff. Staff were positive about the management of the home and felt valued and respected. This had a significant and positive impact on the quality of care and support of people living at St Marys.

St Mary's met the characteristics of Outstanding in Caring, Responsive and Well Led.

Rating at last inspection: St Mary's Residential Care Home was previously rated as 'Good.' The report was published on the 2 November 2016.

Why we inspected: This was a planned inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor the home through the information we receive until we return to visit as per our re-inspection programme.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below

Is the service well-led?

Outstanding ☆

The service was well-led

Details are in our Well-Led findings below.

St Mary's Residential Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

St Mary's is a residential care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on the 25 and 26 April 2019.

What we did:

Before the inspection we reviewed the information we held about the home, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information about the home, what the home does well and improvements they plan to make. We used this information to plan the inspection.

We spoke with 19 people living at the home, two relatives, seven members of staff, the registered manager and the HR manager. We asked the local authority who commissions care services from the home for their views on the care and support provided. Following the inspection, we received feedback from three health and social care professionals. To help us assess and understand how people's care needs were being met we reviewed six people's care records. We also reviewed records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform and what action to take if they suspected someone was being abused, mistreated or neglected.
- The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues, and where concerns had been raised we saw these had been managed well.

Assessing risk, safety monitoring and management:

- People consistently told us they felt safe living at St Mary's Residential Care Home. One person said, "I have always felt very safe living here." Another said, "I feel much safer here than I did at home". None of the relatives we spoke with had any concerns about people's safety. One relative said, "I think St Mary's, is a lovely home, but more importantly mum tells me she is safe and happy here and that's all that matters."
- People were protected from risks associated with their care needs. Assessments identified risks, in relation to people's health, mobility and nutrition. Management plans guided staff to support people in a way that mitigated those risks.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. For example, people who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses and cushions. Care records showed staff were vigilant in checking people's skin; using prescribed skin creams when needed and helping people to change position regularly or maintain their mobility.
- Where people needed equipment to transfer this was provided based upon their assessed needs and staff were seen to follow that assessment. Falls risk assessment tools were used, and plans were in place for those at risk of falling. Staff were aware of people's individual risks as well as any signs that might show a person was becoming unwell.
- The premises and equipment were well maintained to help ensure people were kept safe. Checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, water temperature testing, portable appliance testing (PAT), and the five-year electrical installation test.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

Staffing and recruitment:

- People continued to be protected by safe recruitment processes.
- Systems were in place to ensure staff were recruited safely and were suitable to be supporting people who might potentially be vulnerable by their circumstances.

- People told us there were enough staff to meet their needs, and call bells were answered promptly. One person said, "There are enough staff, we never have to wait for assistance and staff have time to sit with us and never seem rushed".
- The registered manager regularly assessed people's needs and adjusted staffing numbers accordingly. Staff were carefully deployed to ensure a good skill mix across the home.

Using medicines safely:

- People continued to receive their medicines safely.
- Medicines were managed safely and stored securely at the correct temperatures.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.
- Staff had received training in the safe administration of medicines and were having their competency regularly assessed.

Preventing and controlling infection:

- People continued to be protected against the risk of infection.
- The home was clean, tidy and fresh smelling. People said their bedrooms were clean and well maintained. One person said, "My room is always kept clean and tidy." A relative said, "I have always found St Mary's to have the highest standards of cleanliness [housekeepers name] is amazing."
- Systems were in place to prevent and control the risk of infection. Staff confirmed they had attended training in infection control and were observed wearing appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.

Learning lessons when things go wrong:

- All accident and incident reports were reviewed by the registered manager to determine if there were any lessons to be learnt and shared with staff to prevent re-occurrences.
- Management were keen to develop and learn from events and staff were encouraged to learn from each other in a supportive open culture of positive criticism.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Healthcare support:

- People's needs were assessed prior to admission. Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which led to good outcomes for people.
- People told us they were involved in assessments and were supported to make choices about their care. One person said, "Staff talk to me and asked what help I might need." A relative said, "They were very good and involved mum and asked her how she wanted to be supported."
- People were supported to access a range of health professionals to enable them to live healthier lives. This included access to: GP, physiotherapist, occupational therapist, dietitian and speech and language therapist (SALT). One person said, "I have no problems seeing a doctor, the staff are very prompt."
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. Care plans clearly specified people's wishes and views in case of a sudden deterioration in their health. This helped to ensure that people's wishes, and views were known and respected.

Supporting people to eat and drink enough to maintain a balanced diet:

- People continued to be supported to maintain a balanced healthy diet. People and their relatives praised the variety of food on offer. Comments included, "The food is excellent", "Well cooked," "Very good" and "Marvellous." One person said, "I have no complaints it's like a restaurant, there is always plenty of choice and the food is of good quality."
- We observed the lunchtime meal; tables were set with tablecloths, cutlery, condiments and serviettes. People sat in small groups and staff sat with people helping where necessary. Where people needed assistance, this was provided in an unhurried manner.
- Meal times were relaxed social occasions with people and staff engaged in conversation, and light-hearted banter while enjoying their meals.
- The chef was provided with detailed guidance on people's preferences, nutritional needs, and allergies. Where people needed a specialised diet such as diabetic, vegetarian or gluten free we saw this was provided.
- People's care records highlighted where risks with eating and drinking had been identified. For instance, where people needed a soft or pureed diet, this was provided. The home also engaged the services of a nutritionist. They visited the home bi-monthly to provide advice and support to people and staff as well as written guidance were needed.
- A separate kitchen off the main dining room enabled people, their relatives and visitors to make hot and cold drinks and snacks between meals. Jugs of cold drinks were available in the lounge for people to help themselves.

Ensuring consent to care and treatment in line with law and guidance:

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.

- Most of the people living at St Mary's had capacity to make their own decisions and told us that their choices and wishes were respected. Where people did not have capacity to make decisions, they were supported to have maximum choice and control over their lives. Staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.
- Staff had completed training in the MCA and had a clear understanding of how to apply it in their daily work. For example, staff were aware that people were able to change their minds and had the right to refuse care at any point should they wish.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

Staff support: induction, training, skills and experience:

- People told us staff were appropriately trained and skilled. One person said, "I think the staff are very well trained and competent".
- All staff completed an induction and did not work unsupervised until they had been assessed as competent to do so. Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- The homes training matrix showed staff had received training in a variety of subjects. For example, equality and diversity, safeguarding adults, medication administration, first aid, health and safety and infection control. Specialist training was also provided for people's specific care needs. For example, dementia and diabetes awareness.
- The provider information return (PIR) described how the management team were supporting staff to develop lead roles by becoming 'Care Champions' in key areas such as continence, nutrition and hydration, dementia and moving and assisting. Champions took responsibility for attending additional training and to share their knowledge within the staff team through meetings, handovers and workshops.
- Staff had opportunities for regular supervision and appraisal of their work performance and ongoing competency checks. Staff felt supported and valued by the home's management team. One staff member said, "The managers are genuinely nice and helpful, and they always take time to listen and value what we have to say".

Adapting service, design, decoration to meet people's needs:

- St Mary's is a detached property situated in a quiet residential area of Worthing. The home was warm, clean throughout and maintained to a high standard. All the bedrooms offer single occupancy and have en-suites

facilities. Communal toilets and bathrooms were available throughout the home. Corridors have been adapted to meet the needs of people living in the home including people who use walking aids or a wheelchair.

- Communal areas included a 'coffee lounge', a sun lounge, a conservatory, an activities room and a spacious dining room. Additional seating was provided around the home to offer people options of where they would like to spend their day and time.
- An attractive chapel fitted with stained glass windows was situated towards the rear of the building and is used daily to hold services which people could attend should they wish.
- A large sized garden offers a 'peaceful' place for residents to relax and spend time with their families and friends.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity:

- People were exceptionally well cared for by kind, caring and compassionate staff. Without exception, people told us they were happy living at St Mary's. Comments included: "They really do care for us here", "Everyone is so kind", and "The care and compassion from staff is exceptional." Relative told us they were happy with the quality of care provided. One relative said, "It's a 'wonderful place'. Mum is really happy here, and you can tell."
- The registered manager was passionate about providing a service which was caring, compassionate and reflected the values of the organisation. These were based on an ethos of "Compassion, empowerment, inclusiveness, justice and respect for human dignity".
- We saw these values were brought to life by the management team and staff. For example, a relationship based in compassion and respect, between one member of staff and a person living at the home, resulted in the person sharing their experiences in World War II, and on D Day. This person had never shared their experiences of World War II with anyone previously. The registered manager had then taken the time and trouble to carry out research around the experiences of this person, recognising they might be eligible for a significant honour. This resulted in the person being presented with the Legion D'Honneur, in recognition of their service during the Normandy landings. This significant honour was presented by the French Consul during a ceremony held at the home, which was watched by the person's family and friends. Sadly, we were not able to talk with this person as they had died soon after this event. However, we were told, how much this meant to them and their family.
- Staff were highly motivated to be caring, kind and to maintain and build relationships. Staff were exceptional at helping people to express themselves. For example, one person living at the home had confided in staff that they had masked their abilities for many years. Through these sessions their keyworker had been able to privately and discreetly work with this person and support them to follow their interest and have more control over their lives.
- Staff listened and engaged with people as equals. They went the extra mile, which had a surprising result for one person. This person had shown their key worker an artefact they had found as a young boy, that they thought was special. The staff member spent time to research it with them and supported them to take it to the local museum to ask about its origin. The museum was excited as it was a rare Roman object. The person donated it to the museum, and they put it on display. Staff arranged for the person to visit the museum to see their artefact and take part in a feature with a local newspaper to tell their story.
- Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. Staff looked for opportunities to support people to enjoy their culture. For example, one person who was not born in the UK was encouraged and supported by staff to speak their first language and listen to music they had enjoyed as a young adult/child from their country of origin. We saw the joy this had brought when

they sang the song/rhyme with the staff member in their own language.

- People's spiritual needs and individuality were respected. Staff had been trained in equality and diversity and were aware of the importance of respecting people's diverse, cultural and spiritual needs. The registered manager told us one of their biggest challenges was 'getting the balance right' for each person. For example, providing a space where people felt safe and accepted whilst respecting people's different views.

- In order to help with this, and to celebrate difference, each month the home hosted 'Theme days'. 'Theme days' celebrated different cultures from across the service and encouraged inclusivity. Staff dressed up in costumes, arranged themed meals and provided entertainment from that part of the world. For example, on French day people were dressed up in French costumes, and they were trying to speak French. The day's menu included French onion soup and baked camembert. Photographs showed people and staff enjoying these events and feedback was extremely positive. One person said, "I love the different days where staff dress up and we all get involved its marvellous."

- Staff supported people with sensitivity and compassion and were exceptional in responding to people's emotional needs. Throughout the inspection we saw staff responding to people through touch, and with affection. For instance, we saw staff actively looked for behaviours or cues which would give an opportunity to positively interact with people. We saw how this approach had spontaneously led to one staff member finding a person's favourite song and danced with them. It was clear the person and staff member enjoyed this moment and each other's company.

Supporting people to express their views and be involved in making decisions about their care:

- People had control over their lives and were actively involved in making decisions about how they wanted to be cared for. People told us they were fully involved in all decisions and were encouraged to share their views through regular reviews and meetings.

- People felt their views and feedback were warmly received and any care decisions, concerns or queries were acted on promptly. Throughout the inspection we saw and heard people being encouraged and supported to make choices. Staff recognised that the small things made the big differences. People felt valued because of this approach.

- Each person had an allocated 'keyworker' who was responsible for consulting with people and their relatives about their care, and whether they were being supported in the way they wished. A staff member said, "We have dedicated time to spend with people and talk about their care. Once a month we are able to use this time to go out for coffee, shopping, whatever people want to do."

- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular care reviews, meetings and surveys.

- People were able to have a say in how the home was run and told us their opinion mattered. One person said, "The registered manager seeks our views about any new proposals and keeps us up to date with any new developments". Another person said, "Staff take the time to find out our views".

- Staff signposted people to sources of advice, support and/or advocacy. We saw useful information in the form of leaflets and posters were displayed in the reception area of the home.

Respecting and promoting people's privacy, dignity and independence:

- Staff were proactive in encouraging people to maintain and improve their independence. Care plans provided detailed information on how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves but were always on hand to provide assistance if required. For example, one person had a mobility scooter but was anxious about going out on their own. Staff accompanied this person to the mobility shop for a crash course and on foot whilst they built their confidence. This person is now venturing off independently.

- People told us staff were excellent at respecting and promoting their privacy, dignity and independence. Staff were seen to be discrete when asking people if they required support with personal care. Bedroom doors were closed, and staff were seen to knock and wait for an answer before entering.
- People were supported to maintain and develop relationships with those close to them, staff recognised the importance of family and personal relationships. For example, we heard how staff respected people's time to be alone with their husband, wife or loved ones.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights. Staff described how they checked with people before sharing information with loved ones.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received exceptionally personalised care that truly valued them as individuals. Staff had detailed knowledge of people's histories, their likes, dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were. It was evident from our observations and discussions with staff that they knew people extremely well and provided personalised care in a way, which met people's individual preferences and care needs. Staff described in detail how they supported one person who was visually impaired. They told us how they always took time to explain what they were doing and how important it was for the person that they did not move their personal possessions around. The person said, "The staff are amazing, and I can rely on them".
- The registered manager had introduced a keyworker system which meant each week staff had dedicated time to spend with people. People were involved in the choosing of their keyworker and looked forward to this time. One person said, "It's good to have time for me, to do the things I like." Staff used this one to one time to enable people to continue to follow their interests, hobbies and do things that were important to them and gain new experiences. For example, one person who enjoyed swimming was supported to use their local swimming baths. While another was supported to enjoy regular meals at the local Indian restaurant, where they reminisced about times gone by with friends and relatives.
- We found many examples of how the staff team had been exceptionally responsive to people's individual interests and found innovative ways to support people's well-being. Staff went to exceptional lengths to ensure people had access to a wide range of tailored activities that met their individual needs. These were formed around people's individual desires, likes, dislikes and fulfilled them in their day to day lives. For example, one person had told their keyworker they had not been to the cinema for over 40 years. Staff arranged a trip to the local 'Dome' which was an old style 1930's cinema which they "absolutely loved".
- A whole service approach was adopted in the delivery of meaningful activity which created a sense of belonging and purpose. For example, one member of staff explained how they wanted to spend more time with people. The nature of their job meant they spent a lot of time in an office. This had led to the idea of 'Sandy's surprise'. A weekly activities session whereby the member of staff spent time using her skills in crafting for others enjoyment.
- This idea had expanded to include other non-care staff who shared their skills. People now enjoyed sewing sessions with laundry staff, planted flowers with maintenance staff and took part in cooking sessions with the kitchen staff. People told us how they loved these sessions and they brought great fun. One person said, "I look forward to 'Sandy's surprise' you never know what's going to happen, we could be making something for the children or trying something new in the kitchen." Another said, "There is always something to get involved with."
- People enjoyed different activities, and staff recognised that this enjoyment was enhanced if people could see children enjoying the activities too. On that basis, activities were combined and shared with the local

school. For example, one person told us "Today we have the children from the local school coming over, as we have arranged for some sheep to visit from a local farm". People were really looking forward to this event, and to sharing it with the children and their teachers.

- People were involved in decisions about the activities arranged and photographs around the home showed people and staff enjoying activities together. These included theme days which people told us they particularly enjoyed. The registered manager and staff were committed to ensuring people were part of the local community and had opportunities to engage with people of all ages and interests. The registered manager worked with the local primary school to enable weekly inter-generational projects between people and pupils. They worked together to create opportunities to enhance the experience for the children and the people living at St Mary's. For example, working together on art projects, singing, gardening and taking part in a raft of charity fundraising events held both at the service and in the community. People told us how they valued these relationships and looked forward to all the events. One person said, "It's so nice to hear what the children have been up to or learning about". Another said, "It's uplifting and heart-warming to hear them sing". The registered manager explained the importance of those interactions and the positive impact on people's physical, mental and spiritual health.
- Care plans were informative and provided staff with detailed information about people's personal preferences, care needs and medical history. This guided staff to support people in the way they wished.
- People's communication needs were known and understood by staff. Care plans identified people's communication needs and staff ensured people had access to the information they needed in a format they could understand, such as pictures and /or large print. For example, staff hosted a regular reading group [book club]. They had developed links with the local library, so that books can be supplied in normal and large print as well as audio format. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS) and supported inclusivity.
- People's needs were reviewed on a regular basis and any changes recorded. Handover meetings kept staff informed as people's needs changed. This helped to ensure people received consistent support to meet their needs.

End of life care and support:

- People were supported by staff to discuss and make decisions about their end of life care and felt able to talk about this sensitive subject. Where people had made advanced decisions, staff were aware of their wishes and these were respected. For example, we heard how one person who had recently passed away in hospital was able to have their funeral service within the homes chapel as this was their wish.
- Treatment Escalation Plans (TEP) recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- Staff were trained in end of life care and understood and met the needs of people and their families in relation to the emotional support and practical assistance they needed during this time. The registered manager had developed strong links with the local hospice so that specialist nurses were available to guide and support staff through a person's death.

Improving care quality in response to complaints or concerns:

- People and their relatives were aware of how to make a complaint and felt comfortable raising concerns if something was not right. One person said, "I would speak to the manager and I'm sure it will be resolved." A relative said, "I haven't had the need to raise a concern or make a complaint, but I am confident that [registered manager's name] would listen and take the right action."
- The provider's complaints procedure was freely available, and the home maintained a record of any complaints received. Complaints were taken seriously and were a learning opportunity to improve people's experiences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People benefitted from an outstandingly well led service. Care and support was tailored to meet people's individual needs, taking account of their individual circumstances. Without exception everyone told us St Mary's was well led. Relatives and staff had confidence in the registered manager. One person said, "Absolutely, the home is very well run." A family member said, "The registered manager is brilliant, I'm delighted with the care they provide."
- People received a high standard of care because the management team provided strong leadership. They led by example and set high expectations of staff through formal and informal supervision, and training. This system for ensuring the ethos of the home was part of the governance systems ensured people always received a high standard of care and support, and that staff looked for opportunities to improve the care and support provided. The management team worked alongside staff and used this opportunity to gain feedback from people about staff and the service being provided.
- There was a strong emphasis on striving for continuous improvement of the service, and improvement to people's lives. It was evident staff took their lead from the manager and got to know people well, developing relationships with them, that enhanced people's lives. For example, the registered manager had introduced a keyworker system which meant each week staff had dedicated time to spend with people. Staff used this one to one time to enable people to continue to follow their interests, hobbies and do things that were important to them and gain new experiences.
- The registered manager was constantly looking for ways to further develop person-centred care at the service, which again had positively impacted on the quality of people's lives, as demonstrated in the responsive and caring sections of this report. For example, the idea and introduction of 'Sandy's surprise' meant that a whole service approach was adopted in the delivery of meaningful activity which created a sense of belonging and purpose.
- Staff told us they felt empowered by the management team to have a voice and share their opinions and ideas to enhance the lives of people and make positive changes. Staff spoke passionately and positively about the leadership of the home and told us they felt listened to, appreciated and supported. One staff member said, "[Registered and deputy manager names] have really supported me to develop and achieve my goals." We saw throughout the inspection how this enabled staff to develop relationships based on compassion, respect and how this positively impacted on people's lives.
- The registered manager and provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. They understood their regulatory responsibilities and were proactive in the way they notified and kept us, and other agencies informed of events within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The management and staff structure provided clear lines of accountability and responsibility, which helped to ensure staff at the right level made decisions about the day-to-day running of the home.
- Staff understood what was expected of them and were motivated, hardworking and enthusiastic. They shared the philosophy of the management team to put people first and were motivated to provide and maintain high standards of personalised care which treated people with dignity and respect. Staff were proud of their efforts to ensure people received the best possible care. One staff member said, "I feel so privileged to work here."
- People benefitted from staff who had very good up to date knowledge based upon current best practice. Staff were encouraged to develop their skills through training and personal development. The provider was in the process of developing 'champions'. These were staff members who took a lead in a given subject and were given additional training. For example, safeguarding, end of life and infection control.
- Daily handover meetings facilitated the sharing of information. These were focused on the people living at the home and their needs. This helped to ensure staff had accurate and up to date information about people's needs, so they could meet those needs.
- The provider had strong and effective governance systems in place. The management team continued to carry out a regular programme of audits to assess the safety and quality of the service and identify issues. These included audits on medicines records, incidents and accidents, care records and the environment. Where shortfalls were found, records showed these were acted upon and action plans were in place.
- Senior managers were on call and available 24 hours a day. Specialist support and advice was obtained from external health and social care professionals when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others: Continuous learning and improving care

- The registered manager was committed to listening to people's views and involving them in the running of the home. This had led to the creation of 'Feedback Friday'. Every Friday the registered manager met with people as a group to seek their views, let them know any upcoming changes and provide feedback on actions from the previous week's meeting. People told us, this was an excellent idea where they had time with the registered manager and said they felt listened to. One person said, "I know every week we have time where we can talk about anything". Another said, ["Registered managers name] is very efficient. If you raise anything it's done right away, and if it can't be done, they let you know why."
- People told us they were able to influence, drive improvements and kept fully informed about developments through resident meetings, satisfaction surveys and 'You said, we did'. One example of this was how the registered manager had changed the way meals were served. Feedback from people showed they were much happier with this, reporting that the food was much hotter, and it was a more pleasant experience. The manager had also introduced a "taster menu". This meant people were not only asked for their ideas about menu changes but were able to taste them before the menu was finalised.
- The registered manager was continually looking for ways to develop and adopt best practice. As such, end of life 'champion' roles were in the process of being developed. These 'champions' would complete a higher level of training to enable them to support other staff through the process of advanced care planning and develop a greater understanding of pain management and symptom relief.
- The provider told us they were very proud of the team and the care they give. They described how they had listened to staff and changed the working hours at night by implementing a twilight shift. They said, this had made a difference almost immediately. People appeared much happier as staff had more time to be able to support their individual night time routines.
- The provider was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice. Staff showed a clear understanding of equality and diversity that ensured everyone was supported equally and

respected.

- Staff were valued and recognised for their significant contributions. The registered manager told us how they were very proud of the staff team at St Mary's and had entered some staff into this year's National Care Awards as they were exceptional and continually strived to enrich people's lives. In addition they had introduced "staff member of the month" as recognised and voted for by people living at the home.

Comments from people regarding last month nominees included; "[Person's name] is exceptional at their job", "Always willing to help", "[Person's name] is so lovely and kind" and "Always willing to help".

- St Mary's worked closely and in partnership with doctors, care managers, district nurses, and nutritionist to ensure 'joined up' care was delivered to people. One community professional said, "People are very well cared for, they put people first." Another said, "They [Staff] go out of their way to make sure people receive the care they deserve."

- St Mary's had developed a personalised approach to activities. Keyworkers were developed to work with people to set and achieve goals. St Mary's is currently working with West Sussex County Council on a 'Community Engagement' project, to produce a toolkit to support other homes in the County. This involved intergenerational activity with children from local schools attend activities at the home. We were told this has brought real benefits to the people living at the home as well as the children taking part. One healthcare professional said, "The registered manager is keen to improve community links and has shared ideas to open up space within the home to local community groups. For example, we heard how the local primary school was using the homes chapel for choir practice. Another area being looked at by the project is finding out about local history, and how people could use the records office and library resources to research the local area".