

St Omer Residential Home

St Omer Residential Home

Inspection report

60 Greenway Road
Chelston
Torquay
Devon
TQ2 6JE

Tel: 01803605336
Website: www.st-omer.org

Date of inspection visit:
25 February 2019
28 February 2019

Date of publication:
11 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

St Omer is a residential care home set within its own landscaped gardens. The home is set of two floors and provides accommodation and personal care for up to 28 older people some of whom may be living with a dementia or have a physical frailty. At the time of the inspection there were 21 people living at the home.

People's experience of using this service:

People and their relatives consistently told us they were treated with exceptional kindness, compassion and respect and described their experience at St Omer as 'outstanding.' Comments included, "Fantastic," "Exceptional," "They know what I want before I do."

The provider's values and vision were embedded into the service, staff and culture. The provider and registered manager were passionate and committed to providing a service where people 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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice.

People and their relatives were involved in making decisions about their care. The service had established good links and worked in partnership with key organisations that provided social care services to improve people's opportunities and experiences.

People had access to a wide range of activities which met their personal preferences. Staff knew people well and described them as being kind, caring and compassionate. We were provided with many examples which demonstrated how the provider and staff had gone 'above and beyond' for people. For example, by going out of their way to buy personalised gift or just by taking the time to mend a treasured ornament or picture frame.

People, relatives and healthcare professionals told the home was exceptionally 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 management team demonstrated a passion for providing a high-quality service, which was continually being developed to meet each person's needs and there was a strong emphasis upon striving for continuous improvement and excellence. One relative said, "We have high expectations and I'm pleased to say so do they."

The provider had a strong and effective governance system 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 home was clean, well maintained and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

Rating at last inspection: The home was previously rated as 'Good.' The report was published on the 7 September 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 service 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?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

St Omer Residential 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 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. The expert by experience involved in this inspection had experience of caring for older adults and people living with a dementia.

Service and service type: St Omer is a 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 service 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 28 February 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 14 people living at the service, four relatives, five members of staff, and the registered provider who is also the registered 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 two health and social care professionals and eight relatives.

To help us assess and understand how people's care needs were being met we reviewed five people's care records. We also reviewed a number of 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:

- People consistently told us they felt safe living at St Omer. One person said, "I am happy here, and more importantly I feel safe here." Another said, "I had several falls at home and I feel much safer here. All the girls [staff] look after me." A relative said, "My mum is safe here, so I can now relax and I don't have to worry about her care or need to visit every day."
- People were protected from the risk of abuse and avoidable harm. Staff attended safeguarding training and demonstrated a good understanding of how to keep people safe.
- The registered manager liaised with the local authority about safeguarding issues, and where concerns had been raised these had been managed well.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care and nutrition. Management plans guided staff to support people in a way that mitigated risks and specialist advice from healthcare professionals was sought where necessary.
- Staff were aware of people's individual risks or 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. Individual personal emergency evacuation plans (PEEPs) indicated any risks and any support people needed to evacuate them safely.

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.
- People mostly told us there was plenty of staff available when they needed them. One person said, "There is always someone around if I need them." Another said, "I never have to wait long for help they [staff] come very quickly." However, one person said, "I sometimes have to wait a long time for staff to assist me." Relatives did not raise any concerns about staffing levels.
- Throughout the inspection, we saw staff had time to spend with people and when people needed help they did not have to wait. The registered manager told us they regularly assessed people's needs and adjusted staffing levels according.

Using medicines safely:

- People continued to receive their medicines safely.
- 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 throughout and smelt fresh. A relative said, "I visit at different time of the day and I have always found the home and mum's room to be clean, it's like a hotel."
- Systems were in place to prevent and control the risk of infection. Staff were aware of infection control procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and spread of infection.
- There was an on-going programme to redecorate and make other upgrades to the premises when needed.

Learning lessons when things go wrong:

- Where incidents or accidents had occurred, these were analysed to ensure learning took place to prevent a re-occurrence. For example, following a fall, one person's needs had been re-assessed, a new care plan and risk assessment had been put in place and the person had been referred to specialist healthcare professionals.

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 and their relatives told us they had been involved in assessments and were supported to make choices about their care.
- Care needs assessments identified people's needs and provided staff with guidance about how best to meet those needs in line with people's preferences
- People had regular dental appointments, eye tests and visits from a chiropodist. Staff monitored people's health care needs and reported any changes in their health or well-being to their GP or district nurse.
- Care plans clearly specified people's wishes and views in case of a sudden deterioration in their health and staff were able to generate a 'hospital pack'. This could be printed off in an emergency and go with a person to hospital which helped to ensure that people's wishes and views were known.
- Healthcare professional did not have any concerns about the care and supported provided by the home. One healthcare professional who was also a relative said. "St Omer provides excellent care and support and is highly regarded by many of my colleagues."

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 and told us they could choose what they wanted to eat and drink. One person said, "The food is always very nice, if we are not happy with the meal we can always choose something else."
- Where people needed a specialised diet such diabetic or vegetarian we saw this was provided and staff were aware of people's dietary needs.
- 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.

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.

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 people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.
- 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 were supported by skilled and competent staff, who had been trained to meet their needs. A healthcare professional said, "Staff are skilled, knowledgeable and understand the people they support."
- All staff completed an induction and did not work unsupervised until they had been assessed as being 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, pressure ulcer prevention, and diabetes.
- Staff had opportunities for regular supervision and appraisal of their work performance. The registered manager had good systems in place to identify which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported, valued and appreciated by the service's management team. One staff member said, "I have worked for a number of home's, but this is honestly the first home that I have truly felt valued by the provider."

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

- St Omer is a large detached Victorian villa, set within its own landscaped gardens. The home is set over two floors and designed to provide a homely environment.
- Flooring, lighting and the layout of the environment was supportive to people with poor eyesight, mobility needs and specialist equipment in bathrooms meant people could access baths more easily. Doors, such as those to places where people were not encouraged to go, were visually disguised with the use of mirrors.
- People had been involved in choosing the décor and furnishings of their bedrooms and communal areas. For example, the provider had recently bought a large piece of art work for the dining room which became a focal point and stimulated conversations between people and their families.
- The garden was easily accessible and designed to improve people's experience and provide a tranquil space for both people and their families. The gardens were divided into a number of distinctive areas. For example, decked area where people could enjoy afternoon tea, as well as a formal rose garden, a wild life garden and dedicated space where people were able to plant and grow fruit and vegetables. During the inspection we saw people using this space to meet with friends and family. One person said, "I go for a walk every day and why wouldn't you just look at this lively space."

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 supported and treated with dignity and respect; and involved as partners in their care.

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

- People using the service and their relatives were consistently positive about the exceptional care provided when asked. Comments included, "Fantastic," "Exceptional," "They know what I want before I do," "We are lucky to have found this place." And "I have received very good care here; the staff are all very caring lovely people."
- The provider was passionate about providing a service which was caring, compassionate and reflected the values of the organisation which were Independence, Choice and Respect.
- People were at the heart of the home and there was a strong recognition that the standard and quality of care provided could always be improved. A staff member said, "We always ask people what help or support they need, we never assume. No two days will ever be the same."
- The registered manager and staff were passionate about people's happiness and wellbeing. We were provided with many examples which demonstrated how the provider and staff had gone 'above and beyond' for people. For example, by going out of their way to purchase personalised gifts, baking cakes or just taking time to mend a treasured ornament or picture frame.
- People were supported with sensitivity and compassion by a kind, committed and caring staff team. Throughout the inspection we saw staff responding to people with affection and touch when they became upset or just wanted someone to talk to.
- The home respected and promoted people's diversity and was open to people of all faiths, belief systems, cultures, backgrounds and sexualities. Staff had received training in equality and diversity and understood the importance of inclusion and respected people's individuality. One staff member said, "It's important we recognise people as people and not their health needs."
- The registered manager and staff team took time to gain people's life histories and used this information to get to know people and build positive relationships with them and their families.

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

- People were actively involved in making decisions about how they wanted to be cared for. Throughout the inspection we saw and heard people being encouraged and supported to make choices about where they wanted to spend their time, where they ate, what they wanted to eat and who they wanted to sit with.
- 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 review meetings and surveys.
- Staff signposted people and their relatives to sources of advice and support and useful information in the form of leaflets and posters was displayed in the reception area of the home.

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

- People and their relatives told us staff treated them with dignity and respect.
- People's right to privacy and confidentiality was respected. Staff were discrete when asking people if they needed support with personal care. Bedroom doors were closed and staff knocked and waited for an answer before entering.
- People were supported to maintain their independence. People's care plans included information on things they could do for themselves and those that they needed support with.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.
- People's personal records were kept secured and confidential and staff understood the need to respect people's privacy including information held about them.
- Following in the introduction of the General Data Protection Regulations (GDPR) the provider was proactive in ensuring people's and others' information was securely protected. For example, the provider worked in conjunction with their software provider to develop a system which was now GDPR compliant, updated their data and security policy and all staff received additional training.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People received outstanding care that was flexible and responsive to their needs, from staff who knew them well. One person said, "Nothing is too much trouble they know me better than I know myself". Another said, "[Provider name] goes out of their way to ensure I have everything I need".
- People and their relatives described St Omer as "A home from home". One relative said, "People are truly valued and seen as individuals". Another talked about how their relatives' needs were anticipated and staff were proactive, "They are always one step ahead and understand mum's needs so well." A health care professional said, "People are the heart of the service". Staff gave us many examples of where they had found creative ways to provide personalised care and support. For example, one staff member described how one person had become very upset when their eyesight had suddenly deteriorated and could no longer read which they loved. "Action staff took directly improved his quality of life". Staff were quick to recognise the profound impact this had on the person's life and purchased a number of audio books and spent time reading to him, which the person greatly appreciated and enjoyed.
- Staff thought creatively about how people's needs could be met and demonstrated a commitment to go that 'extra mile' for people. For example, one person who was recuperating following a stroke was increasing becoming distressed having to use a standard sling and was very uncomfortable if they had to sit for any length of time. Through research staff found a sling that did not need to be removed which the provider bought. Staff also discovered it was possible to have a custom-made chair which the person's family was able to have made. This reduced the person level of discomfort and distress.
- Care and support was planned proactively and in partnership with people and their families. For example, the provider told us how one person's daughter had been able to stay with her mother for a few nights to help her settle in to her new home as staff understood and recognised the anxiety and fear some people have of losing their independence when moving into a residential home.
- The provider and staff were committed to ensuring people were part of the local community and had access to people of different ages and interests. The home valued and understood the importance of intergenerational care and had built strong positive working partnerships with the local nursery. Each week children visited the home and took part in activities such as arts and crafts, read stories and sang songs and in turn people had the opportunity to visit the nursery. People really enjoyed these visits and told us how much they looked forward to the children visiting. Relatives and staff described the positive impacts these visits had had on people's self-esteem, self-confidence, happiness and in many cases, had reduced people's isolation. One person said, "I really look forward to them coming and I get upset if I miss them." A relative said, "Mum had become isolated, choosing to spend most of her time in her room because of her dementia. Staff worked hard to find different ways to engage her but introducing her to the children was amazing and has given her a new lease of life. She looks forward coming and is choosing to spend more time downstairs and seems so much happier".

- People benefitted from a positive, adaptable and flexible approach to activities. The home employed a dedicated activities co-ordinator who was passionate about their role and the people they supported. They told us of the importance of having a holistic approach with activities to meet people's social, psychological, emotional and physical needs.
- People spoke very highly of the level of activity and entertainment provided. One person said, "There is always something going on." Another said, "You won't get bored here." Each person's care plan contained information on the person's whole life, past, present and future. Information gathered about people's lives, their hobbies, interests and other things which had been important to them were used to help design activities which were meaningful. For example, community talks, music therapy, arts and crafts, arm chair exercises, film afternoons, card games and quizzes. Equally, if people preferred their own company this was respected.
- The home hosted a variety of events to raise money for local charities. They also held parties for the children's nursery where parents, staff and relatives were all welcome. People and staff told us they looked forward to and enjoyed these events. The activities coordinator also produced a seasonal newsletter which highlighted recent events, informed people about upcoming events as well as any changes to the home.
- A hairdresser visited the service weekly and a hairdressing salon had been developed that replicated exactly a community salon. People were positive about this and told us they could also choose to have their own hairdresser if they preferred.
- Staff recognised the benefits to people's health and mental wellbeing of connecting with the outdoors, with fresh air and nature in all its various forms. Over the past few years the provider had developed a wildlife garden complete with series of ponds, a large waterfall and a couple of bee hives, which provided honey for use within the home as well as a vegetable garden where people could continue to grow their fruit and veg. People told us they made good use of this space and enjoyed being able to freely walk in the gardens. One person said, "I really enjoy spending time in the garden it's so beautifully maintained and peaceful".
- Staff encouraged the use of doll therapy for people, particularly people living with advanced dementia. Staff told us how one person found the company of a doll very comforting and staff were extremely respectful, treating the doll as a real baby. Staff explained how the introduction of the doll had significantly reduced the person's level of distress and anxiety.
- Care plans were discussed with people and reflected their identified needs, likes, preferences and guided staff how to support people in the way they wished. One person said, "They [meaning staff] have always been very respectful of my needs and how I wish to be supported." Another said, "You will not find a better bunch of staff than here, they are fantastic. Caring and kind every last one of them." Staff were skilled in delivering care and support and relatives told us staff had a good understanding of people's individual needs. A relative said, "We have high expectations and I'm pleased to say so do they."
- The provider had continued to invest and develop their computerised care planning system. Each member of staff had access to an electronic device or a fixed terminal from which any information they needed about each person was readily available. This allowed any aspect of care provided to be recorded immediately. This meant people's care could be closely monitored in real time, day or night and planned care could not be missed without being 'flagged' on the system as needing to be addressed or reviewed.
- People's communication needs were known and understood by staff. Support plans identified people's communication needs and the registered manager ensured people had access to the information they needed in a format they could understand. This included providing access to digital information via a computer or hand-held tablet.
- People's needs were reviewed on a regular basis with external professionals and any changes in support were recorded. People and their relatives told us they were involved in reviews and could express their views about the care and support provided.

End of life care and support:

- People and their relatives were empowered and supported by staff to discuss and make decisions about their end of life care. Where people had made advanced decisions, staff were aware of their wishes and these were respected.
- Staff received training on how to support people at the end of their lives and told us how important it was to ensure people had a pain free and dignified death.
- People's loved ones were able to stay overnight in the home during the last days of a person's life and staff spent time with people's families and provided support needed.
- Recent 'thank you' cards demonstrated the care and kindness shown to people and their families at this time. One relative wrote, "We want to thank you all for going out of your way for [person's name] and for the standard of care which was so high. All the staff were amazing."

Improving care quality in response to complaints or concerns:

- People were aware of how to make a complaint and felt comfortable raising concerns if something was not right.
- The provider's complaints procedure was freely available, and the home maintained a record of any complaints received. Complaints were taken seriously and were seen as 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, relatives and healthcare professionals told us the home was exceptionally well led. Comments included, "Absolutely it's the best home in the area." [Registered managers name] is marvellous, nothing has ever been too much trouble," "It has a fantastic reputation," "The home is exceptionally well run." One health care professional said, "The home is very well run, its homely, they put people first and you can see people are well cared for."
- The management team demonstrated a passion for providing a high-quality service, which was continually being developed to meet each person's needs. There was a strong emphasis upon striving for continuous improvement and excellence and it was evident staff knew people well and put these values into practice.
- Staff told us they felt empowered to have a voice and share their opinions and ideas. 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, "This is the first place I have worked where the provider [owners] knows me as a person and not as a staff member, they even brought me a present on my birthday."
- Staff were proud of the home and their individual contribution to it. Comments from staff included, "They [the provider] take the time to ask us what we think," "They're always on the end of the phone" and "I love working for them [providers], we are like one big family."
- The culture of home empowered people to be involved and make decisions about their care and registered manager acted on feedback received from people, relatives and healthcare professionals.
- The registered manager understood their responsibility to inform CQC of important events that effect people's safety and well-being. Staff had access to whistleblowing procedures through which they could raise concerns. There was a strong commitment to equality and inclusion and staff were valued and respected as individuals.

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

- The home was well led. The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home. People and their families were keen to tell us of the quality of care provided. One relative said, "The care and support my mother receives is exceptional". 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.

- There were systems in place for staff to communicate any changes in people's health or care needs, through regular meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns.
- Computer systems allowed the provider, registered manager or individual staff member to communicate specific information to, an individual or staff team via an internal email system, which tracked and logged responses. This helped to ensure that information was shared appropriately and efficiently between staff and other healthcare professionals.
- There was an on-call duty system in place and specialist support and advice was obtained from external health and social care professionals when needed.
- 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.
- The provider was committed to developing people and staff as a means to promote effective care and continued improvement and had been ISO 9001 certified since 2008. ISO 9001 is an internationally recognised standard for internal quality management system for organisations who want to prove their ability to consistently provide products and services that meet the needs of their customers and other relevant stakeholders. This demonstrated the service was committed to providing a high-quality service.
- The home had maintained the kitchen to a high standard. The Food Standards Agency had awarded St Omer the highest grade of five-star rating following their last inspection. This meant the home was 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

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;

- People and their relatives were consistently asked for their views about all aspects of the service, including the safety and quality of the support provided, environmental improvements, activities and menus.
- The provider had work with people to produce residents 'Charter' which set out what people could expect from the home. For example, to have their social, emotional, religious, cultural, political and sexual needs accepted and respected.
- The provider explained that although people were not directly involved in staff recruitment their views were sought on the suitability of the candidates who would be supporting them.
- People and their relatives were kept well informed about developments through resident and relative meetings quarterly newsletters and notices displayed within the home.
- People told us they felt part of the home and their views mattered. One person said, "They [provider] always tell us what going on and asks us what we think."
- Plans for the further development of the service were well thought through and resourced, with good governance an integral part of their development strategy. This helped ensure service continuity, and future developments would not compromise quality standards.
- The provider had various incentives in place to reward staff and to recognise their performance and contribution to the service.
- The home worked closely and in partnership with GPs, care managers, district nurses, occupational therapists and the local hospice to ensure 'joined up' care was delivered to people. One community professional said, "I have always found the registered manager to be helpful and efficient. They seek advice quickly and take action when needed and people positively benefit as a result".
- The service had established good links and worked in partnership with key organisations that provided social care services to improve people's opportunities and experiences. For example, in 2017 the home had taking part in a video conferencing pilot with the local NHS Trust with the aim of minimising emergency hospital admissions.

- St Omer was currently taking part in a project working with South Devon and Torbay NHS Foundation Trust's quality assurance and improvement team (QAIT), Torbay NHS Trust and Devon County Council on the 'Red Bag' pilot. This is a scheme which aims to reduce the amount of time people have to spend in hospital by helping to ensure people receive the right care, in the right place, at the right time.