HC-One Oval Limited

St James' Park Care Home

Inspection report

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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

This inspection took place on the 22 February 2018 and was unannounced. It continued on the 23 February 2018 and was announced. This was the services first inspection since the transfer of the service to a new provider on 15 December 2017. At the time of the inspection the new provider was in the process of changing new systems, including uniforms and new files.

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

St James' Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St James' Park Care Home (known locally as St James' accommodates 31people in one adapted building. It is set in a rural location. At the time of our inspection there were 29 people in the home. The home provides accommodation over two floors, there are lifts to the first floor. Rooms have en suite facilities and can accommodate married couples. Communal facilities include specialist bathrooms, lounges, a dining room, quiet social areas and an accessible garden.

People felt safe at the home and with the staff who supported them. One person told us, "Yes I do feel very safe and well cared for if I didn't I would say".

There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs in a timely manner.

People benefitted from a staffing structure which made sure all staff were aware of their roles and responsibilities. In the parts of the home which provided nursing care there was always a registered nurse on duty who was able to monitor people's health needs and act in accordance with those needs.

People received effective care from staff who had the skills and knowledge to meet their needs. One person said, "The staff are very good, they know what they are doing." Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood how to recognise abuse and the actions needed if abuse was suspected. Interactions between people and staff was respectful and respected people's individuality.

People were supported to have sufficient to eat and drink where they needed assistance with this. Staff had training in food hygiene and infection control and understood their roles and responsibilities with regard to protecting people form the risks of infection.

People were supported by staff who were kind and caring. Where people found it difficult to express themselves or needed additional time to move, staff showed patience and understanding.

People were supported to access both planned and emergency health care when needed. Working relationships with other professional agencies meant that people were receiving positive experiences.

Care records contained detailed information about the person's health and social care needs. Care plans reflected each person as an individual and their wishes in regard of their care and support.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The staff worked with other organisations to make sure high standards of care were provided and people received the support and treatment they wished for at the end of their lives.

A complaints procedure was in place and people and their families were aware of it and felt able to use it if needed. One person told us, "Yes I would complain if I was not happy, there is no reason here not to speak your mind". Records showed where complaints had been made they had been investigated, and resolved in line with the providers complaints procedure.

Staff told us the registered manager and deputy manager had an open door policy and were always visible around the home.

The home was well led by an experienced registered manager and management team. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

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.

Risks to people had been assessed and actions to minimise the risk of avoidable harm were being followed.

Medicines were stored, administered and recorded safely.

Processes had been introduced to enable lessons to be learnt from accidents and incidents.

People were supported by enough staff that had been recruited safely.

Staff understood how to recognise abuse and the actions needed if abuse was suspected.

People were protected from avoidable risks of infection.

Is the service effective?

Good

The service was effective.

Assessments of peoples care and support needs were carried out in line with current legislation and best practice guidance.

People were supported by staff who had completed an induction and on going training that enabled them to carry out their roles effectively.

People had their eating and drinking needs met.

People had access to planned and emergency healthcare when needed.

Working with other professionals enabled effective outcomes for people.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and provided emotional support appropriately.

People had their individual communication skills understood which enabled them to be involved in day to day decisions about their care.

People had their dignity, privacy and independence respected.

Is the service responsive?

Good

The service was responsive.

Care and support plans were person centred and regularly reviewed and were fully accessible by nurses, care workers and agency care staff which meant people were receiving consistent person centred care.

A complaints process was in place and followed when complaints had been received.

People had their end of life wishes respected.

Is the service well-led?

Good

The service was well led.

Processes had been introduced and embedded to support staff involvement in changes to the service, promote teamwork and staff understanding of roles and responsibilities.

Information was shared with other agencies in a timely manner.

Systems were in place so lessons were learned and themes identified. Action was taken following reviews or investigations to ensure improvement were made.

People, their families and staff had opportunities to be engaged with the service through meetings and quality assurance surveys.

A programme of scheduled audits is effective in highlighting areas of improvement and used to improve service delivery.

St James' Park Care Home

Detailed findings

Background to this inspection

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

The inspection began on the 22 February and was unannounced and the inspection team consisted of an inspector on the first day. It continued with one inspector and specialist advisor on the 23 February and was announced. A specialist advisor is a specialist professional advisor such as a qualified nurse. The specialist advisor who supported this inspection was a qualified nurse.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to gather their experiences of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with 11 people who used the service and five relatives. We spoke with the area director, operation manager, registered manager, deputy manager, four heads of departments, three nurses and, one senior care worker, four care workers and a volunteer. We reviewed four peoples care files and discussed with them with the deputy manager and care workers in regards their accuracy. We checked four staff files, care records and medication records, management audits, staff and resident meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

The provider had systems and processes in place which minimised the risks of abuse and helped to keep people safe. People told us they understood what keeping safe meant. One person told us, "You can look after yourself as much as you like, but the staff are quick to remind you if you don't have your sticks." Another person told us, "Yes I do feel very safe and well cared for if I didn't I would say". A relative told us, "[relative title] has some complex needs, we feel she is much safer since coming to live here. They [staff] manage the risks very well".

Staff had the knowledge and confidence to identify safeguarding concerns and had attended training in safeguarding vulnerable people. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff, "I would report anything immediately". The registered manager had a clear understanding of their responsibilities in relation to safeguarding. Concerns were responded to in a timely manner and the registered manager had taken appropriate action to prevent further occurrences and submitted the correct notifications.

Risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. These protected people and supported them to maintain their freedom and independence. Some people had restricted mobility and information was provided to staff about how to support them when they moved around the home. Risk assessments included areas, such as falls, fire safety and moving and handling. We saw evidence of positive risk taking, for example, One person had accidently locked themselves in their room. Following the incident the registered manager told us "Lessons were learnt, although the person did not come to any harm, it was a concern we did not have access to a master key as it had not been put back in the correct place. Following the incident we now have three master keys kept in different locations".

Where people were at risk of skin damage pressure relieving equipment was in place and being used correctly. One person told us, "This place is wonderful; I had very sore legs when we moved here, but with the excellent nursing care they are so much better". There were no reported pressure ulcers at the home at the time of the inspection. Another person told us, "I can't walk now but feel very safe and secure when I am helped to move".

People at risk of malnutrition had their weight, food and fluid intake monitored. Measures to reduce risks such as fortified foods, high calorie drinks and referrals to a GP were in place. Instructions from health professionals in regards people safe swallow were in place. We observed instructions were clearly photocopied into people care plans and MAR charts. Fluid charts followed people around throughout the day to enable staff to keep accurate records. For example discreetly at the back of wheelchairs.

The provider followed safe recruitment practices. Records showed that appropriate pre-employment checks had been made to make sure staff were suitable to work with vulnerable adults. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the

Nursing and Midwifery Council (NMC).

People and their relatives told us they thought there were enough staff and they knew the staff members well. Staff members told us they were a "Good team and felt they had enough staff on duty. One member of staff told us, "At handover we discuss where we will be working, we look after each other and use our skills and strengths."

St James' Park had staff vacancies and the registered manager told us they were recruiting for various positions, including nursing staff. The home used regular agency staff to cover vacancies, sickness and staff holidays. However the registered manager told us staffing was overall sufficient. Staff told us they felt there were enough staff and people told us they did not have to wait long to be supported. One relative told us, "We know the staff there are not many new faces. I think there are enough staff but I am sure they could always do with more". Some people raised concerns in regards night agency staff, entering rooms and putting lights on at night. We addressed these concerns with the registered manager who told us, they would address the concerns with immediate effect.

Handovers took place at the beginning of a shift and included an update on any changes with a person. Handovers between staff ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff shared information about any changes to care needs, activities attended, planned appointments and generally how people had spent their day. This meant staff received up to date information before providing care, maintaining consistency.

People received their medicine as prescribed, and safely from nurses and senior staff. Peoples care files included details about their drug allergies and sensitivities. This prevented them being given something that would cause an adverse reaction. People confirmed they received their medicines on time. Care plans also set out the medicines prescribed to people and any specific requirements or risks which staff needed to be aware of when administering their medicines. For example medicines which needed to be administered before meals, storage of medicines risks in regards people's capacity to take their medicines. Staff demonstrated they knew what action to take if errors with medicines had occurred. One person told us, "Always get my medicines when I should."

The provider had a medicine policy in place, which guided staff on how to administer and manage medicines safely. During our observations this was followed accurately. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken, the reason why. People's medicines were kept secure within the nursing stations. We observed a nurse administering medicines, they gave people time to understand what was happening, asked for their consent and enabled people to take their medicine safely.

The environment looked clean and equipment used to support people's care, for example Wheelchairs were clean and had been serviced in line with national recommendations. We observed staff using mobility equipment correctly to keep people safe. For example transfers from wheelchairs to easy chairs.

People's bedrooms and communal areas were clean. Staff were aware of the provider's infection control polices and adhered to them. Staff used appropriate Personal Protective Equipment (PPE), and saw evidence in records and audits that tasks involved in the prevention of infections had been completed. People made comments about the "Wonderful domestic and laundry staff."

People were protected from avoidable risks of infection as staff had been trained in infection control and food hygiene. Staff received food hygiene training as part of their induction and mandatory training. People

had personal evacuation emergency plans in place (PEEPs). These contained detailed information on people's mobility needs and the support required in the event of a fire. They also contained information about people's mental health needs, and what additional support they should be given in an emergency. For example one person became anxious if the fire alarms were tested, we were informed a member of staff was allocated to sit with the person whilst tests were completed. The provider had a business continuity plan and an emergency plan. These plans outlined the actions to be taken to ensure the safety of people using the service in an emergency situation.

Good

Is the service effective?

Our findings

People received effective care from staff who were knowledgeable, skilled, confident and well trained in their practice. One person told us, "The staff are very good, they know what they are doing." Staff we observed throughout the day interacted well with people and provided safe and effective support. People were offered the same choices and received the support they required showing there was no discrimination based on people's perceived abilities.

Newly appointed care staff received an induction period which gave them the skills and confidence to carry out their roles and responsibilities. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognised standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role and shadowing an experienced member of staff for up to two weeks. Staff told us they received training before they started working at St James' Park, which included, manual handling, safeguarding, personal care, fire safety food hygiene. More experienced staff told us they were given opportunity to develop their skills and were also supported to attend refresher sessions regularly. Staff held the responsibility of key roles such as dignity champion, student nurse mentors, dementia champion, infection control/prevention champion. Staff demonstrated they were aware of their lead roles, and gave examples of how they were ensuring other staff were aware of good practice, for example posters around the home in regards dignity and safeguarding. One nurse informed us they were currently being trained to mentor the student nurses who would be working at the home.

Nursing staff were aware of their responsibilities to re-validate with their professional body, the nursing and midwifery council. Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.

Staff told us they felt supported and had received supervisions [one to one meetings] with more senior staff. Supervisions enabled them to discuss any training needs or concerns they had. Staff were also supported to develop and reflect on their practice through yearly appraisals. Records showed that supervisions and appraisals had taken place and were scheduled throughout the year.

Technology was used to support the effective delivery of care and support. For example, pressure mats and chair mats, which alerted staff when a person was up and about in their room or communal area if they were at risk of falling. We saw where these were in place, decisions had been made with people wherever possible. People unable to make these decisions had been assessed in line with the MCA and best interest's process had been followed. Relatives told us where they held legal power of attorney for their loved ones they were consulted in their care and any best interest decisions.

The 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. The registered manager and staff followed the MCA code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. Where people were thought to lack the capacity to consent or make some decisions, capacity assessments had been carried out.

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 and hospitals are the Deprivation of Liberty Safeguards (DoLS). We found the home met the requirements of DoLS. We observed the correct processes had been followed in regards DoLs application and best interest decision making processes.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us how they were meeting conditions of DoLs, for example. One person had a condition that they were to have a range of activities outside the home each week. The person had a volunteer and advocate in place, and separate support by an outside agency to take them out and about. They told us although the condition on their DoLs were being met they wished to travel further afield. The registered manager was aware of the request and was working alongside the relevant health professionals and advisors with the person.

People were able to make decisions about their care and treatment options and staff sought consent from people before providing them with support. Staff explained to people what they were doing and asked permission before giving personal care, and respected peoples wishes if they refused this.

People's dietary needs and preferences were documented and known by staff. Some people had special dietary needs and preferences. For example, people having soft food or thickened fluids where choking was a risk. Staff assessed and monitored people's risk of malnutrition and dehydration and contacted GP's, dieticians, speech and language therapists (SLT) if they had concerns over people's nutritional needs. Where people were identified as being at risk of malnutrition, a malnutrition universal screening tool (MUST) was used to assess, monitor and manage this risk. Records showed people's weight was maintained. Where people were on thickened fluids SLT instructions were clearly photocopied into MAR charts and care plans. Visual checks of these indicated the correct thickness was in use.

The majority of people ate their meals in the conservatory on large tables enabling them to socialise with each other, some had small intimate tables. People told us they enjoyed the food and were able to make choices about what they had to eat. Comments included, "I don't eat red meat if there is something I can't choose on the menu I put a ? in the box, somebody comes from the kitchen to see what I would like instead". Another person told us, "They ask where I would like my lunch". The chef told us they were aware of people likes, allergies or for example if some juices were not compatible with medicines.

People were offered a range of drinks throughout the day. However we noted people were mainly offered drinks in plastic beakers regardless if there were no risks to them having a china cup. We addressed our concerns with the registered manager. On the second day of the inspection we were informed china cups and saucers were being purchased. People were encouraged to give feedback via a book in the dining room in regards their dining experiences. Comments were positive. Staff were overheard discreetly encouraging people to eat, for example. "Hello [name], can I help you with your soup".

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. Staff monitored people's health and worked closely with other professionals to make sure care and treatment

provided good outcomes for people. The provider told us in their PIR, "St James' Park works closely with local GP practices. An integrated nurse practitioner visits the home every two weeks to review all the residents with the nursing team and liaise with their GPs. We have developed close working relationships with the local Hospice and other health care professional's services."

The home was spacious with ample space for people who used wheelchairs or mobility aids. Communal areas were set out with easy chairs, televisions or radios were available for people to watch or listen to. Signage was in place for people to navigate their way around the home, such as toilet signage and exits. People had personalised their rooms and they were decorated as they wished. People had access to gardens. People were able to move around the home either by stairs or lifts. Handrails supported people where needed. There is a resident's library adjacent to the lounge, and seating areas around the home for those that wished to sit quietly away from the larger lounge area. The reception area was large and welcoming, with pictures of all staff working at the home and their roles and responsibilities. There were numerous certificates, including liability insurance and the latest CQC rating and report.

Good

Is the service caring?

Our findings

People told us they received care and support from staff who were caring, compassionate and kind. One person commented, "I am living again, not just existing". Another told us, "Staff are always very nice and kind to me".

Throughout our inspection, we observed many positive and caring interactions between staff and the people they were supporting, we saw warmth and affection being shown to people. The atmosphere was calm and pleasant. There was chatting, laughter and use of light appropriate humour throughout the day. Staff were flexible and provided support when people needed it. For example, we overheard one member of staff saying to a person who was upset, "We can ring your family to see if they are coming in, but let me get you a nice cup of tea in the meantime". We overheard the family member being called to notify them their relative was a little upset, but also reassured they were fine. Staff checked on the person throughout the day until their family member came along for a visit. The person remained settled and happy throughout the rest of the day.

People told us they felt listened to and were encouraged to have choice and control in their lives. For example, one person told us, at one of our meeting I told them '[staff] I would like more sugar on my porridge in the mornings". The person showed us a little sign that had been put in their room to remind staff the person liked additional sugar on their porridge and they had placed a small sealed container with sugar so they could help their selves to more if needed.

People received care and support from staff who knew them well. A relative told us, "[relative title] can be a little short with the staff. They [staff] are sent from heaven, they are brilliant with her". One volunteer told us, "My loved one was a resident for two and a half years, through that time I could not have wished for a more caring compassionate and loving environment. Now I come in to volunteer to give something back. I come in with my dog, people love seeing the dog". One person told us "I go out once a week with my volunteer, it is very important to me that I go out. I have an advocate who supports me to tell my health team what I wish".

The service had received many compliments including "The nursing standards and specialist knowledge are excellent. During her final weeks the support we all received was much appreciated and I cannot praise the wonderful staff highly enough".

People told us friends and family were welcome at any time. All visitors told us they were always made welcome and were able to visit without any restrictions. Visitors were offered drinks and there were many small areas where they could sit in privacy with their loved ones. Water coolers were available for people and their relatives to help themselves to drinks, small seating areas were made to look inviting with magazines and books. There were bookshelves were people were able to share and borrow books. People were also able to request daily newspapers or magazines or purchase items for personal care such as shampoo from the reception area.

Staff told us they enjoyed working at the home. Comments included. "I love my job and working here". "It a lovely place to work, people are happy living here. There is always something going on." The registered manager told us, It was important for staff to know the people they were supporting and their likes and dislikes. They told us it was also important for people living at St James' Park to know about the staff. A new initiative was taking place from the new provider whereby staff name badges also held personal information in regards the staff member's interest for example, knitting, and motorbikes. They told us this gave opportunities for mutual interests to be shared or just general conversations to be opened.

We observed people being supported in a caring and patient way. Staff offered choices and involved people in the decisions about their care. For example, one member of staff asked a person, "Are you happy sitting here? Just let me know if you want to move". Another person was moving around the home via a garden door, from a corridor to a conservatory at the other side of the home. They told us they liked to walk through the garden each day. A member of staff approached and said to the person, "Let me open the door and I will meet you at the other end". The person was reminded to be careful as it might be a bit slippery on the path. The carer left the person to walk independently through the garden, but was seen at the conservatory door observing the person and waiting for them to arrive. The carer told us about the persons history and why walking in the garden meant so much to them.

People told us staff treated them respectfully and maintained their privacy and dignity. Comments included, "I really like living here, I have my hair done in the lovely salon, we all have a gossip and chat". "The staff always ask if it is ok to help me before they do." A third person said, "The laundry team and cleaners are excellent, they take so much care over our clothes and cleaning our rooms". One member of staff who was the dignity champion told us they were in discussions with staff about "What is dignity", they informed us they would be completing scenarios with staff about treating people with dignity and respect. They said, "Staff have cards which they carry about telling them what dignity is. We have dignity posters in the lounge area as prompts. We want to create a homely environment, where all people are treated with kindness, dignity and respect".

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality.

Good

Is the service responsive?

Our findings

People had their needs assessed before they came to live at St James' Park The registered manager explained that as well as assessing if the service could meet the person's needs, they also ensured the person's choices were considered and assessed the impact of their admission on the rest of the people living at the home before proceeding. They told us, "It is not just about money, we want to ensure the person who comes to live here will settle in with our other residents".

Following the assessment if the service could meet the needs of the person an initial care plan was drawn up. The registered manager told us this was reviewed and amended as needed within the first weeks. Head of departments introduced themselves to find out the person likes, dislikes and preferences. For example, people's preferences about what time they preferred to get up, how they communicated and how to communicate with them, or what food they liked to eat. One person told us, "I met them all when I first came in all asking me lots of questions". People and relatives confirmed they were involved in planning their care.

Care plans reflected each person as an individual and their wishes in regard of their care and support. They were comprehensive and held information in a person centred way. There was a commitment to making sure all care was personalised to people's needs, wishes preferences and known lifestyle choices. People told us they had been involved in their care and care plans held signatures. The resident of the day system ensured that every resident's file was reviewed monthly or more frequently as/when needs changed. Staff were heard reminding people it was "Their day if they were the resident of the day and everyone would be coming to check on them to make sure they were receiving the support they wanted and that they were happy. The registered manager and head of departments held daily 10 o'clock meeting information was shared in regards changes to care and who the resident of the day was.

The provider used 'Named nurse' a key worker system. A keyworker is a staff member responsible for overseeing the care a person received and liaised with families and professionals involved in that person's care. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency. However we asked some people what this meant to them as the named nurse information was available in their rooms, people did not seen to know. One person said, "I'm not quite sure what that all about, different nurses come in and they are all lovely". The registered manager told us, "The named nurse provides not only the resident but their relative with a familiar point of contact in the home to support effective communication. Relatives confirmed they were aware how the system worked.

People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted. Advanced care plans were put in place including best interest discussions if the person lacked capacity. The registered manager told us cross boundary working with the community nurses, palliative care nurses from the local hospice, helped to prevent hospital admissions where people last wishes were to remain at the home.

St James' park were adopting the 'Dorset Red Bag' scheme. The registered manager told us, "This is a bag that will hold personal information about the person including end of life wishes. The initiative is that the red bag will stay with the person when they leave the home if they need to go into hospital until they return". They told us the aim was to ensure as much information as possible was shared in regards the person health and wishes. Including end of life wishes.

People had the opportunity to develop end of life care wishes. The service had been awarded platinum status in the Gold Standard Framework [GSF], which recognises the sustained practice to maintain the GSF in the home. A report published in August 2017, stated the areas of strength included, "A well trained fully committed staff from the top through all layers. Close links are evidenced with other homes and the wider multi-disciplinary teams". The report showed St James' Park followed the coding system in the GSF and linked well with other health professionals in supporting people to have a dignified end of life care.

There was a designated activities co-ordinator employed to provide a programme of events at the home aimed at supporting people to remain active. Planned activities were provided by the activity coordinator. Information had been gathered about people past interests and hobbies. We spoke with an activity organiser who explained how this information has been used to create person centred activity opportunities and programme of activities.

People benefited from staff who had a common aim and purpose which was to achieve positive outcomes for people. They provided consistency which had a positive impact on people's wellbeing. People told us they enjoyed the activities at the home and said there was a good range of activities on offer, for example, keep fit, movement to music, film afternoons, arts and crafts, themed nights, singing and quizzes. Outside entertainers were also welcomed into the home. The activity coordinator told us, "I keep a record of the activities, and people interest including past interests". They told us the activity programme changed for example making hanging baskets in the summer. They told us they tried to ensure a mixture of questions on the quiz so people could all respond. On one of the days of the inspection a quiz was being held and people were clearly enjoying shouting out the answers.

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had limitations to their communication. For example, staff told us how they communicated by sign with a person who was had difficulties making their needs known. Staff told us they used their hands as tools for yes and no, which helped the person communicate what they were trying to say. Care observed demonstrated relaxed informal relationships between people and their carers. People clearly felt empowered to raise their wishes with staff in an open and receptive way.

The home's complaints procedure was displayed throughout the home and all complaints were fully investigated and responded to. People said they would be comfortable to make a complaint if they were not happy with any aspect of their care. Records showed that when concerns were raised by people the registered manager had met with them or written to them to make sure they knew that action had been taken. Records showed where complaints had been made they had been investigated, and resolved in line with the providers complaints policy. One person told us, "Yes I would complain if I was not happy, there is no reason here not to speak your mind".

The registered manager had just developed a newsletter for people and their relatives, they told us in their PIR, "Resident's and their relatives and friends are encouraged to provide feedback either directly to staff, at residents and relatives meetings and in satisfaction surveys. This information is used to inform service development. If specific individual issues have been raised, then the Home manager or deputy will respond

to the resident individually. From this feedback we have made a photo board of all staff in reception for ease of recognition of 'who's who'. We also now have the services of 2 Hairdressers so that residents are offered the choice of who they prefer to do their hair".

Good

Is the service well-led?

Our findings

The service continued to be well led. St James' Park was led by a registered manager who was supported by a deputy manager, area manager and operation director. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

There was a clear management structure in place, with staff being aware of their roles and responsibilities. Staff felt that they could approach the registered manager, deputy manager or other senior staff with any concerns and told us that the management team were supportive and made themselves available. Staff told us, they felt "Very supported", there was an "Open door policy", and "Management team involve us and respect us as a team". The registered manager and deputy described their team as "Committed and going above and beyond".

The registered manager was under new management structure; however they told us, they already felt fully supported by the new provider and an area manager who would be visiting the home the home frequently to make sure high standards of care were maintained. There was always a registered nurse on duty who was able to monitor people's health needs and act in accordance with those needs. The registered manager had previously overseen two homes. They told us they would now only be responsible for St James' Park. The deputy manager told us they had a good working relationship with the registered manager and was glad to have them back full time.

The provider had a clear vision for the home which was to maintain a homely environment where people received good quality personalised care. To value life experiences and knowledge of all people living at St James' Park. They achieved this by on-going monitoring and liaising with other professionals to ensure people had access to all available resources and advice to meet their needs. The vision and values were communicated to staff through meetings, reflective practice sessions and training. Comments from people, relatives and visitors showed the vision for the home was put into practice. The registered manager told us the ethos and vision for the new provider to be kind and caring and to support the residents and staff. They said, "Everything else then falls into place".

People's wishes and needs were met because the management had a commitment to getting to know people as individuals and listening to suggestions from staff and people. The registered manager told us they wanted to encourage people to live 'ordinary lives' and maintain their abilities to give them a sense of self-worth. The registered manager and activities staff constantly looked for activities and occupation to meet people's individual needs and abilities.

People benefitted from a staffing structure which made sure all staff were aware of their roles and responsibilities. There was always a registered nurse on duty who was able to monitor people's health needs and act in accordance with those needs. Registered nurses told us they felt supported to complete their roles and were looking forward to welcoming student nurses to the home. One registered nurse told us they were completing training to be able to support the student nurses in their placement at St James' Park.

The provider had effective quality assurance systems which ensured standards were maintained and constantly looked at ways to improve practice. For example, all falls which occurred in the home were audited and the registered manager took action such as contacting other professionals and making sure appropriate equipment was in place.

The service engaged with people to involve them in changes to the service. For example, people and their relatives told us they had been fully consulted with the home was transferred to the current provider. One relative said, " We have been fully consulted about the changes to the home." Minutes from the residents meeting held on 29 January 2018 stated the transfer of St James' Park from BUPA to HC-One took place on 15 December 2017. The new area manager attended the meeting to discuss the transfer with people and their relatives. The registered manager told us, "Although we are in a current transition the home continues to run as normal, with little disruption to all who live and work here." They informed us, "Our residents have been reassured the staff are not changing just their uniforms and some paperwork."

The provider sought the views of people and their relatives by satisfaction surveys and regular meetings. They told us they were awaiting the results of their latest survey, which was collated at the end of 2017.

Staff told us they had felt consulted through the transfer of providers, and had been supported through team meetings and supervisions. During the inspection the registered manager and deputy manager were seen to support each other and the staff team to remain focused on their roles and to be open and honest with the inspection team.

The provider had a whistle blowing policy in place that was available to staff across the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

The registered manager had good links with the local community and constantly looked at ways to expand these to support people to stay connected with the community. Pre-school and older school children visited the home at Christmas, and also throughout the year. We were told how much the Christmas carols had been enjoyed. The home had also begun to set up children areas in the home with small tables and chairs, some toys and colouring books. The registered manager told us, this meant when young children came to the home to visit elderly relatives they would have space to play.

The home was also linking with local groups to see if they were able to set up a bridge club. The registered manager told us, one person was very keen to continue with this interest. However they had been unable to find any other relatives or visitors that could play.

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The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service