

Nazareth Care Charitable Trust

Nazareth House - Plymouth

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 07 and 10 January 2019 and was unannounced.

Nazareth House – Plymouth 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.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service provides care and accommodation for up to 46 people. On the days of the inspection 43 people were staying at the service. Some people were living with dementia and some people had both physical and mental health needs.

The service is owned and operated by Nazareth Care Charitable Trust. They also own 19 other care homes across England, providing residential and nursing care to older people.

The service had a registered manager in post. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good, with the caring key question improving to outstanding.

Why the service is rated good.

The care home, and people who lived in it, formed part of the community. People lived in a service which had been adapted to meet their individual needs. People's health and social care was co-ordinated with external professionals to help ensure they got the support they needed.

People lived in a service that truly respected and valued people as individuals, and they were empowered in their care.

People were cared and supported in a service which had a strong, visible and person-centred culture.

People's privacy and dignity was at the heart of the service's culture and values.

People were empowered to be in charge of their own care and had their views listened to and respected. People's religious needs were known.

Staff, were incredibly respectful of everyone's individual beliefs, as well as those living at the service. People were supported at the end of their life with compassion. There were good links with the local GP practices and the local palliative care team.

People were protected from abuse, because staff received safeguarding training and knew what action to take if they suspected someone was being abused, mistreated or neglected.

People told us they felt safe living at the service. People did not face discrimination or harassment and their individual equality and diversity was respected.

People were supported to stay safe whilst still respecting their freedom. People lived in a building that was assessed for safety. Overall, people who had risks associated with their care had them assessed and managed to help ensure that they were supported safely. But whilst documentation was not in place, risks to people were low because knew how to support people safely, and those living with diabetes were managing their own health, because they had the mental capacity to do so.

People received their medicines safely and people were encouraged to manage their own medicines where possible.

People were supported by sufficient numbers of staff. However, whilst staff were recruited safely, gaps in people's employment history had not always been fully scrutinised. Immediate action to rectify this was taken at the time of our inspection.

People were protected by the spread of infection. The service smelt fresh and clean, and was free from any odours.

People and their relatives told us they felt staff had the skills and experience to look after them effectively. People's needs were assessed prior to them moving into the service. Personalised care plans were created to help ensure people's needs were met in line with their wishes and preferences.

People told us the food was lovely. People had nutritional care plans in place and were encouraged to enjoy a nutritious and balanced diet. People were encouraged to live healthy lives and to keep mentally and physically well.

Overall, 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 also supported these practices.

People's communication needs were known by staff. Overall, the Accessible Information Standard (AIS) was known and had been considered. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. However, further improvements were needed to ensure that all documents, were in a suitable formats for everyone.

People could access a variety of social entertainment, which was either organised by the activities co-ordinator or by external entertainers.

People told us they did not have any complaints, but knew who to complain to if they had any concerns. People told us they were confident that action would be taken.

Whilst the service is predominately linked to the Catholic faith, we were told by people and staff that everyone was welcome at the service, regardless of their religious beliefs. However, the provider's website, Statement of Purpose and service user guide did not reflect this inclusiveness.

People and relatives spoke positively about the leadership of the service. Staff were complimentary about the registered manager. There was a strong management team in place. Staff felt valued.

The provider's values were at the heart of the service, and were used to shape the provider's governance arrangements. There were processes in place to monitor and assess the safety and quality of the service, which also involved people who lived at the service. However, despite a variety of audits being in place, they had failed to identify areas requiring improvement. The registered manager was responsive to our inspection feedback and had already started to take immediate action to make changes, before the end of the inspection.

The registered manager and the management team kept their knowledge up to date by working in conjunction with external professionals, attending external conferences, and training courses.

The service worked positively with external agencies in order to help continuously learn and improve. The provider learnt when things went wrong, and had notified the Commission appropriately in line with their legal duties. The registered manager and management team displayed openness and transparency throughout the inspection process, thus demonstrating the main principles of the Duty of Candour (Doc). The Duty of Candour is a legal requirement that providers must be open and honest with people and apologise when things go wrong.

We recommend the provider considers national guidance about supporting people to access and understand information. In addition, we recommend that the provider reviews their website, statement of purpose and service users guide in line with national guidance about equality, and action is taken to strengthen their overall governance framework.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The rating has improved to outstanding.

People and their families told us they received outstanding care.

The service truly respected and valued people as individuals, and they were empowered in their care.

People lived in a service which had a strong, visible, person-centred culture.

People were at the heart of the service, and the service was exceptional at empowering people to express their views.

Respect for people's privacy and dignity was at the centre of the provider's values and imbedded into the culture of the service.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Nazareth House - Plymouth

Detailed findings

Background to this inspection

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

The inspection took place on 07 and 10 January 2019 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we contacted Healthwatch Plymouth and the local authority for their feedback about the service. Where this was given, it can be found throughout the report.

Prior to the inspection we reviewed records held about the service. This included the Provider Information Return (PIR) which is a form that 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 also reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law. In addition, we reviewed information that had been shared with us, such as complaints, and compliments.

During the inspection we spoke with eight people and one relative. We also spoke with a number of staff. This included a chef, five care staff, the registered manager, the deputy manager, the head of care, the activities co-ordinator, the receptionist and the administrator.

We reviewed six people's care plans, and medicine administration records (MARs). Other records we reviewed included the records held within the service to show how the registered manager and provider reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

After our inspection, we contacted a GP, a visual sensory advisor, and the local hospice for their feedback about the service. Where this was given, it can be found throughout the report.

Is the service safe?

Our findings

The service continued to be safe.

Overall, people who had risks associated with their care had them assessed and managed to help ensure that they were supported safely, such as with their nutrition, skin, mobility and mental wellbeing.

Despite staff knowing how to support people, risk assessments were not in place for people who were at risk of choking or those living with diabetes. But whilst documentation was not in place, risks to people were low because those living with diabetes were managing their own health, because they had the mental capacity to do so. However, in response to our inspection findings, the registered manager took immediate action to rectify documentation at the time of our inspection. They also told us that additional training would also be implemented regarding the management of diabetes, to help strengthen the ongoing safety of people.

People were supported by sufficient numbers of staff. Staffing numbers were regularly reviewed by the registered manager, by observing and listening to people's and staff feedback and making adjustments as necessary. People told us staff were on hand promptly to assist them, when they rang their call bell. Whilst staff were recruited safely, gaps in people's employment history had not always been fully scrutinised. The registered manager told us immediate action would be taken to improve this.

We recommend the provider takes action to strengthen their overall governance framework in respect of risk assessments, care planning documentation and their recruitment practices.

People were protected from abuse, because staff received safeguarding training and knew what action to take if they suspected someone was being abused, mistreated or neglected.

People told us they felt safe living at the service. Comments included, "I feel very safe", and "It's very safe and secure, there is somebody always there".

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice.

People were supported to stay safe whilst still respecting their freedom. For example, one person had a debilitating health condition, but wanted to be more physically mobile and independent. This meant that there could be a potential the person could fall more frequently. However, staff had supported and respected the person's wishes and sought advice and guidance from external professionals to enable the person to live the life they wanted. Risk assessments relating to their mobility had been put in place to support the person's decision and to help try and reduce the likelihood of falls, but with recognition that they may occur.

People lived in a building that was assessed for safety. The fire system was checked on a weekly basis, and

equipment was serviced in line with manufacturing requirements. The provider told us in their Provider Information Return (PIR) that, "The organisation has employed a health and safety manager who has visited the home and performed an assessment. Actions have been, and are being taken to improve the safety of people living in the home using the least restrictive options available." The registered manager had taken innovative action to enable people on upper floors to be able to have their windows open beyond that of a required window restrictor, enabling people to have more fresh air circling their rooms. The action had been approved by a health and safety officer.

People received their medicines safely. Staff administered people's medicines and had their ongoing competency assessed. Medicines were stored securely and people's records were accurate. People were encouraged to manage their own medicines where possible, and had associated risk assessments in place, to help ensure people were kept safe.

People were protected from the spread of infection, because there were systems and processes in place which were implemented and followed. Some of which included staff training and infection control checks. The service smelt fresh and clean, and was free from any odours.

The provider learnt when things went wrong. Reflective practice was encouraged when mistakes occurred. For example, medicines practices had been strengthened as a result of an error with the recording of a medicine.

Is the service effective?

Our findings

The service continued to be effective.

People and their relatives told us they felt staff had the skills and experience to look after them effectively.

People were supported by staff who had completed training to meet their needs effectively. The registered manager had ensured staff undertook training they had deemed as 'mandatory', which included dementia care. Staff were complimentary about the training and the support they received. With staff telling us, they could ask for additional training in areas they may have their own interest in, such as end of life care and dementia. A new bespoke training course was being developed regarding communication and person-centred care.

Staff, who were new to the health and social care sector completed the Care Certificate. The Care Certificate is a national set of standards, aiming to improve the competence of care staff in the health and social care sector.

People's needs were assessed prior to moving into the service. Personalised care plans were then created to help ensure people's needs were met in line with their wishes and preferences.

People told us the food was lovely, commenting, "The food is nice", and "Gorgeous". People were complimentary of the flexibility of meal options. Telling us, if there was nothing on the menu they wanted, they could always ask for other alternatives.

People had nutritional care plans in place and were encouraged to enjoy a nutritious and balanced diet. People's likes and dislikes were known and one of the chefs told us that they would always cater for religious and cultural dietary requirements. People had access to shared kitchenettes, so could help themselves to drinks and prepare their own snacks as they wanted.

The catering team, had recently attended a specialist nutritional course at a local college to help ensure that those who ate a soft diet, consumed the same calories as those who had a normal diet. New kitchen equipment was being purchased as a result of this training. The service was also working with the local authority and other care homes in the area to help publish a book, which would incorporate meal ideas for other care homes to try out.

People were encouraged to live healthy lives and to keep mentally and physically well, with access to exercise classes as well as intellectual crossword and quiz sessions. The provider also told us in their Provider Information Return (PIR), that "We have appointed two health and well-being champions who will be attending workshops...to ensure we are kept aware of best practice in the care sector".

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 Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People's consent to their care and treatment had been obtained, and overall, people's human rights were protected in line with the MCA. A new photography and media consent form was in the process of being designed and implemented. Staff had received training regarding the legislative framework and people had care plans in place which detailed their mental capacity. However, where applications for DoLS had been made, there were no details pertaining to this in people's care plans. This meant, people may not receive consistent care and have their human rights protected at all times. The registered manager told us they would take immediate action to update people's care plans.

People lived in a service which had been adapted to their individual needs. There was wheelchair access inside and outside of the building and a hearing loop system throughout the building, to aid those who had hearing difficulties. One person told us, "Sometimes I can't find things in the fridge as it is low down and small, so I have to ask staff". The registered manager told us they would speak with this person and take any relevant action.

People's health and social care was co-ordinated with external professionals to help ensure they got the support they needed. A GP told us, that they always found the staff informative, helpful and responsive to people's health needs.

The service had been part of a pilot to help reduce the unnecessary admission of people into hospital. Staff told us how being part of the pilot had given them more confidence to professionally challenge GP decisions. Which, in one person's case, had resulted in them not being admitted to hospital, but being cared for at the service, by the support of staff and other community agencies. The service had also been part of another scheme which had improved communication between care staff and people's GPs. Making sure when phone calls were made by staff, that information was passed over in a consistent manner. This meant the chance of information being missed and or not being shared was reduced, and that phone calls were now more efficient.

Is the service caring?

Our findings

At our last inspection this key question was rated good. However, at this inspection we found the service truly respected and valued people as individuals, and they were empowered in their care by an exceptional service. Therefore, the rating has improved to outstanding.

People were at the heart of the service and had an active voice. The provider treated people with respect, ensured their views mattered and involved them in the support they received. The provider told us in their Provider Information Return (PIR), "People who use our service are key to the running of the service". This was demonstrated by people living at the service monitoring the dining experience, and the quality of the meals. People carried out their own independent dining audits and held their own catering forums. Feedback from these was provided to the catering team. The registered manager told us as a result of people's feedback, new drinking glasses had been purchased, and that they were in the process of reviewing the menu with the newly appointed catering manager.

In addition, there was a resident's forum, which was chaired by a person who lived at the service. Forums were well attended and feedback provided to each head of department, about the ongoing quality of the service. People attending these forums had been instrumental in catering, social and environmental changes at the service. For example, changes had been made to the exterior paving as it had been deemed uneven to walk on. The minutes of the meeting detailed how grateful people had been and had expressed "It's much better". In addition, at a meeting one person had mentioned the abundance of library books, and wondered if they could be sorted out for ease of access. In response to this, bookcases were fitted to lounge areas on each floor, so people could access the books more freely. Minutes of a meeting stated, "Thank you for the bookcases in the lounges, a great improvement". The registered manager was incredibly passionate about empowering and respecting people involvement, telling us how people were at the heart of the service commenting "The residents manage this home, not me".

People living at the service were also involved in the recruitment of new staff and helped to influence the outcome of employment decisions. This meant people felt respected and listened to.

People were empowered to be in charge of their own care. The registered manager told us "We want them to challenge us every day. They are the boss, not me. We want them to give us direction". Staff told us how one person had wanted to return home. They explained how they had listened to their aspiration and then supported them to become more independent with daily tasks, such as with their personal care, preparing meals and washing and drying dishes. This resulted in the person eventually returning to their own home. Before the person left, they took time to thank the staff by way of a card, it read "May I thank you all for your kindness', I shall be more capable now of coping on my own when I return to my flat".

Another person was determined to become more mobile and regain their independence by the use of an electric wheelchair. A prompt referral was made to the relevant agency so that this could happen. One person who had recently moved into the service, told us how they had felt re-motivated in their 'Autumn years', commenting "I see this as a new start to my life". They told us how staff had welcomed them warmly,

putting their worries and anxieties at ease, and making them feel part of the Nazareth House 'family'. To help promote and support people's ongoing wellbeing, people had attended local colleges to share and speak of their memories of times gone by, and children from local schools visited weekly, to sit and read with people. A toy reminiscence project had engaged older and younger people together, as they shared current toys with toys from different eras.

People were cared for and supported in a service which had a strong, visible and person-centred culture. One person told us of how staff always reiterated how Nazareth House was "Their own home", and how they were cared and supported as they chose to be, in line with their own wishes and preferences. A couple who had recently moved in, were overjoyed by the fact that they were able to share a room together. Telling us, of the comfort it gave each of them during the night, to be able to reach out and hold each other's hands. An additional room had also been created into a sitting room, so that they could both share private and social time together.

The service engaged in innovative ways to help promote and ensure people's ongoing wellbeing. For example, the service had been part of the 'Incredible Egg' experience, a scheme that provides duckling eggs to care homes, in preparation of them hatching. People were then entrusted to care for the ducklings for several weeks after. The activities co-ordinator told us of the love people had for the eggs and ducklings, and expressed "It involved everyone, everyone was so excited". When the eggs finally hatched, we were told how it brought everyone together and created a feeling of 'achievement' and 'togetherness' amongst people.

Staff were motivated to deliver exceptional care by the providers imbedded and continually reviewed values of love and compassion, hospitality, dignity, patience, respect and justice. Delivery of care and service to people was assessed and reviewed by a Nun from another one of the providers service, with feedback being provided to the registered manager and staff, on a monthly basis. Staff spoke of the love they had for people, with one member of staff becoming tearful, as they shared their passion with us commenting, "I love everyone, it's like having 42 grandparents." Staff told us, "I think the care is outstanding. The relationships are brilliant between staff, people and families."

The registered manager and management team acted as role models in delivering high quality, compassionate care. People valued the staff highly, with one person commenting, "No one wants to go onto a home, but when that time comes you could not be anywhere better with caring and friendly staff, doing a difficult job".

The registered manager also recognised and praised staff which helped to motivate them. Minutes of a recent staff meeting detailed that the registered manager had thanked everyone for their continued hard work, and expressed how they were very proud of the team.

People and their families told us how staff were incredibly kind and caring, and used words such as "exceptionally caring", "professional", "appreciation", "loved and cared for" to describe them. A GP was very complimentary of staff at the service, describing them as "empathetic", "caring" and sensitive to the needs of people and their families. They also told us, "I think Nazareth is providing excellent care".

People's families and friends had also taken the time to write to the staff to thank them for the care they had provided to their loved ones. A thank you card read "We were so lucky to have got Mum into Nazareth House and I tell everyone I know how good it is. Please ensure you pass on to all the staff our sincere thanks and appreciation for all they do. They need to know what a fantastic difference they make".

Staff were exceptionally compassionate and kind. One person who had been very unwell told us, "I cannot

thank them enough for how they have cared for me over these past two weeks. The care has been exemplary." One person's care plan detailed that they may become emotional at a particular time of the year because of a previous upsetting life event. The registered manager and staff knew when this time was approaching, so took time to speak with the person, to provide reassurance and to offer a listening ear over a cup of tea.

Staff went above and beyond for people in the last weeks and days of their life. The registered manager told us how staff were always determined to give up their own time to come and sit with people during the day and night, so they were never alone.

There was a strong focus on ensuring staff built and maintained open and honest relationships with people, and their family and friends. One way in which this was encouraged, was through the keyworker system. Whereby, people were matched with staff who had similar interests, and or who were seen to have a genuine connection with a person.

People's key workers were regularly reviewed with them to ensure they still felt comfortable and were happy with who had been allocated. One person had recently asked for their keyworker to be changed, because they felt they had a better rapport with another member of staff and that the staff held the same interests. This had been acknowledged and the person's keyworker changed. The registered manager also told us how one person's husband had shared how happy their wife had become since a change to their keyworker had taken place. Commenting, "My wife now has a big smile on her face every time her keyworker enters the room...It's had a massive impact on her life in general, as she feels she has a special connection with the member of staff, and she can be open about things on her mind".

The keyworker role had an important and meaningful purpose in the life of people and staff. At Christmas time keyworkers had been responsible for buying a gift (funded by the provider) for their allocated person. People had been emotionally moved by the kindness shown by staff and with the time, thought and care which had gone into buying each individual gift. For example, one person who had made a passing comment to their keyworker, about how they liked the Narnia Chronicles, received the whole set on Christmas day, they said "It's just what I wanted". One person had expressed to the registered manager, "I don't think these girls should do so much for us in their own time, they go above and beyond to make us happy".

People's previous history and background, prior to them living at the service was sensitively obtained by the activities co-ordinator who spent dedicated one-to-one time speaking with people, reminiscing and helping them find old photographs. A personalised document was then created for each person's room, to enable staff to fully understand people's social history to help them have meaningful conversations with people, and to help inspire previous interests. For example, one person's history showed how they had had a very sociable lifestyle. But when they moved into the service, they had communicated to staff how they feared they would lose their social life, which had meant so much to them. So, in response, staff provided reassurance and took action to ensure they continued to have an active lifestyle. The person was now a member of the local tennis and bowling club and as well as spending a lot of time working on arts and crafts. The person had shared with staff, that they had been even busier than they used to be, which they loved. We were also told how staff used one person's personal history document, to help a person living with dementia reminisce about their past experiences, career, family and hobbies. The smile on the person's face, was an indicator to staff how much the person enjoyed reflecting and remembering.

The registered manager and staff team were skilled when exploring and trying to reduce tension and conflict between people. This included supporting people during these times. For example, the registered manager told us how one person had been critical of the dining experience and of others. Options to help the person

become less frustrated had been explored, by offering alternative dining arrangements.

The providers value of respect and justice was at the heart of the service, with people's equality and diversity needs being respected and recorded in detail in their care plans. A member of staff commented "No one is discriminated against here". The providers pre-admission assessment was used as an opportunity to seek information about, people's individual equality and diversity needs, such as people's language, their diet and spiritual beliefs. The registered manager told us, "Our care assessments consider the full range of people's individual needs related to their protected equality characteristics, their values and beliefs, which influences the care we give. Our staff have received training which includes reflecting on how best to meet the equality and diversity of those they care for".

People's religious needs were known. The registered manager and staff were highly knowledgeable and respectful about people, their backgrounds and of their religious and spiritual beliefs. There was a chapel attached to the service, whereby everyone was welcome, whatever their religious persuasion. The registered manager told us, "We have made sure the preferences of nonreligious people have also been met right up to and including their end of life. For example, celebrating their lives after they have gone".

People's privacy and dignity was at the heart of the service's culture and values. People and staff felt respected, listened to and influential. In response to a recent residents' meeting, staff had been asked by people to ensure that they always called out their name, when entering their room, so people knew who to expect when the door opened. Staff were working hard to remember to do this at all times. Hotel style, 'Do not disturb' signs for people's rooms had been introduced in response to embracing effective and positive privacy and dignity, for all, within the service.

Is the service responsive?

Our findings

The service continued to be responsive.

People's communication needs were known by staff, however not always documented in people's care plans. This meant there was a risk that people may not always receive the care and support they needed. For example, one person told us, "I don't always know what is on the information to see whether I want to read it or not. Others offer to read things for me. So, I miss things. They say to me it was on the board". The registered manager told us they would take action to speak with the person, and rectify this immediately.

Overall, the Accessible Information Standard (AIS) was known and had been considered. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. For example, the registered manager told us policy's and care plans could be created in different formats as needed, and the need for these would be established before a person moved into the service. However, two people told us minutes of meetings, and notices on the notice boards were not always in the correct format for them to be able to read.

We recommend the provider considers national guidance about supporting people to access and understand information.

An external professional told us, that "Nazareth House completed awareness training in visual and hearing impairment offered to them. This training was optional rather than statutory but it shows that the management team and staff are invested in giving their residents the best care possible by understanding some of the difficulties they have".

People received personalised care and support. A GP told us, "The head of care [...] is very attentive, communicates well and seems to lead a good team of carers.

People had care plans in place for their health and social care needs. Care plans helped to ensure people's needs were met in a way they wanted and needed them to be. People's care plans were reviewed with them and their family, making sure they were kept up to date. The provider told us in their Provider Information Return (PIR), that "My personal ethos is that each resident is in charge of what happens and in which way it happens for them. I as registered manager am the person who ensures our staff team meet the individuals wishes in the way the individual wants. ...Our care plans respect the individual's right to fairness, respect, equality, autonomy and dignity".

People could access a variety of social entertainment, which was either organised by the activities co-ordinator or by external entertainers. People told us they liked the activities on offer and were made aware of what was happening each day. On the day of our inspection, some people participated in a group crossword or bingo. The activities co-ordinator was passionate about ensuring people received social stimulation which met with people's individual requirements. Some of which had included people being part of creating crafts, making jam and cakes to sell at their own fares throughout the year.

For those who did not like socialising in a group, people were offered one-to-one engagement. This included, visits by the resident rabbit, hand massages and using the newspaper to discuss what was occurring within the world.

People were supported at the end of their life with compassion. There were good links with the local GP practices and the local palliative care team. A GP told us, that when one person had wanted to die and with draw their medicines, the staff team were very sensitive, and worked within their roles to provide the care and comfort needed.

People had end of life care plans in place, which reflected their wishes. Some staff at the service were currently undertaking training with the local hospice which would lead to accreditation. This meant they would be able to support people at the end of their life to the highest of standards. One person had recently taken the time to write to the staff at the service to thank them for what they had done for their loved one, in their final days. It read, "I wanted to thank you and all the staff for the kindness, caring and professionalism in looking after Mum for the past year and in particular the last days of her life...It was especially reassuring that Mum was not left alone in her last few days and the attention to her and her medical and emotional needs was first class. I can honestly say Mum had a good death. It was on her terms and we were able to be with her and comfort her".

People told us they did not have any complaints, but knew who to complain to if they had any concerns. People told us they were confident that action would be taken. The registered manager positively used complaints as a tool to reflect and help improve the ongoing quality of the service.

Is the service well-led?

Our findings

The service continued to be well-led.

The service is owned and operated by the Sisters of Nazareth. Whilst the service is predominately linked to the Catholic faith, we were told by people and staff that everyone was welcome at the service, regardless of their religious beliefs. People expressed how religion was just a part of the service and was never forced upon people. However, despite this the provider's website, Statement of Purpose and service user guide did not make this clear. They did not clearly show that people with all protected characteristics were welcome and that staff had the skills to support their individual needs. We spoke with the registered manager about this, who told us this had been recognised. They said discussions regarding this had taken place, but progress was still to be made.

We recommend the provider considers national guidance about equality.

People and relatives spoke positively about the leadership of the service, with one person commenting "It's like a five-star hotel. I can't find fault with it" and "I don't think you could get better than this place".

There was a registered manager in post. 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. Staff were complimentary about the registered manager commenting, "She is a really good manager, she has a wealth of knowledge. I just hope one day I can be as good as she is", and "It's the best home I have ever worked at".

A management team included the registered manager and two senior staff as well as a regional manager and a senior Nun. Staff felt valued and had confidence in the management and leadership of the service. The registered manager told us they felt well supported by the organisation, had one to one supervision of their practice and attended regular regional meetings.

The management team and staff promoted, and were seen to adopt the providers seven values of love and compassion, hospitality, dignity, patience, respect and justice. People also confirmed they felt they received care, based on the values. The provider told us in their Provider Information Return (PIR), "All staff are aware of the core values of the organisation and there is an expectation that these are up held in every aspect of their work. A regional team supports the home to achieve its objective".

The providers values were at the heart of the service, and were used to shape the provider's governance arrangements. For example, each month, one of the values was chosen as a focus which, at the time of our inspection, was hospitality. Staff were asked to reflect on how they met and delivered the value within the service. A Nun from another of the provider's services, would then independently visit the service to quality review and feedback to the registered manager about whether they felt the values were being imbedded within the service. Staff genuinely embraced the provider's values, with one member of staff telling us "I love

working here, and the ethos behind it". Recruitment processes were also based on the seven values, with any potential new employee being assessed in line with them.

There were processes in place to monitor and assess the safety and quality of the service, which also involved people who lived at the service. Some of these included regional management independent reviews, which were based on the CQC's key lines of enquiry (KLOEs). As well as audits relating to care planning, the dining experience, accident and incidents, recruitment, environmental, and complaints. However, despite audits being carried out, they had failed to identify that risk assessments and care plans were not always in place, that gaps in recruitment history had not always been scrutinised, and that people's communication needs were not always being effectively met. The registered manager told us they would take immediate action to speak to people and staff, and make improvements to the relevant audits.

We recommend the provider takes action to strengthen their overall governance framework.

The registered manager and the management team kept their knowledge up to date by working in conjunction with external professionals, attending external conferences, and training courses. The provider told us in their Provider Information Return (PIR), "The manager is attending a leadership and management course over the next eight months to ensure she has the skills to lead an efficient team that is able to meet the needs of those in our care, both now and in the future". As a result of the registered manager attending a local authority conference, action had been taken to make changes to policy and procedures and some audits.

The service worked positively with external agencies in order to help continuously learn and improve. The provider had notified the Commission appropriately in line with their legal duties. For example, when someone had passed away. The rating of the providers last inspection was displayed in line with legal requirements.

The registered manager and management team displayed openness and transparency throughout the inspection process, thus demonstrating the main principles of the Duty of Candour (Doc). The Duty of Candour is a legal requirement that providers must be open and honest with people and apologise when things go wrong.