

Colleycare Limited

St Lukes and The Oaks Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

St Lukes and The Oaks Care Home is a residential care home that was providing personal and nursing care to 68 older people at the time of the inspection. There are three units, St Lukes, which provides residential care, Lilac which supports people with higher care needs including dementia and The Oaks which supports people living with dementia.

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

People's experience of using this service:

People benefited from the registered managers dynamic approach which inspired the staff team to engage with multiple projects and ideas aimed at improving people's quality of life. The service was very outward facing and there were strong links with many different organisations in the local community. This resulted in a wide variety of visitors to the service for people to meet and interact with. In addition to a range of initiatives run with local organisations for the benefit of people staff had initiated a variety of projects to increase people's mobility which had led to people experiencing less falls.

The environment was exceptionally dementia friendly. It was highly stimulating and interesting for people living with dementia. All people, including those with more advanced dementia had been consulted about what they wanted. As a result they had an enriching and fulfilling environment which reflected their wishes and preferences. People living with dementia were already benefiting from the provider's introduction of their, 'Rose model of dementia care.' Observations of people's individual dining experiences had led to improvements for people. Staff were highly attentive to people's needs during the lunch service and provided constant information about what was happening and reassurance.

The registered manager had identified through their audits of the service, not all staff were up to date with the providers refresher training. An action plan had been implemented to ensure this work was completed.

People were kept safe from the risk of abuse. Measures were in place to ensure any potential risks to them were identified and managed safely. There were sufficient staff deployed to meet people's needs in a timely manner. People received their medicines safely from trained and competent staff. The environment was kept clean for people.

Staff worked effectively with external professionals to ensure people's healthcare needs were met. People were provided with a balanced diet that met their dietary and fluid needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were observed to treat people with compassion and kindness throughout the inspection. Staff ensured people were involved in decisions about their care wherever possible. People's privacy and dignity were

upheld during the provision of their care.

People received responsive care from staff who were skilled at responding to their needs. Processes were in place to seek, investigate and act upon people's complaints. People were appropriately supported at the end of their lives.

Rating at last inspection:

At the last inspection the service was rated good (12 October 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

St Lukes and The Oaks Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was completed by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of caring for older people.

Service and service type:

St Lukes and The Oaks Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

This unannounced inspection took place on 25 and 26 June 2019.

What we did before inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people, two relatives and a volunteer. We used the Short Observational Framework for Inspection (SOFI) on The Oaks, which is one of the dementia units. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke to eight care staff, the chef, an apprentice, the handyman, a cleaner, the housekeeper, the activities co-ordinator, the deputy manager and the registered manager.

We reviewed four people's care plans and five staff files. We reviewed people's medication records, staffing rosters and records related to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with all confirmed they felt safe in the care of staff. They were provided with information about how to keep themselves safe in their welcome pack. The service also displayed relevant safeguarding information for people and their families.
- The service had their own in-house safeguarding trainer. They told us staff learnt about the providers and external agencies' safeguarding policies during their mandatory training. Staff completed groupwork and exercises during their annual training, to test their safeguarding knowledge. People were cared for by staff who understood their safeguarding responsibilities.
- The registered manager ensured any safeguarding concerns were reported to the relevant agency, to ensure the person's safety. Any learning from safeguarding's raised was discussed with staff at meetings, to prevent the risk of repetition.

Assessing risk, safety monitoring and management

- Potential risks to people were assessed and where a risk was identified, appropriate measures were in place to manage them. For example, people's risk of developing a pressure ulcer was assessed using a nationally recognised tool. Staff ensured they obtained any required equipment from the community nursing team for the person to manage the risk. There was guidance for staff in people's care plans about the need to monitor people's skin and to ensure they were repositioned regularly, where required.
- People's risk assessments were kept under regular review and updated following incidents where required. This ensured they remained up to date and relevant to people's needs.
- Staff were mindful of the need not to restrict people's movements. People were able to visit any of the units or the secure garden. Staff monitored people's whereabouts during staff shift handovers. There was also CCTV in the communal areas, for which people's consent had been sought. This enabled staff to monitor people's safety, whilst they had freedom of movement.
- The provider ensured relevant safety checks had been completed upon the building and utilities for people's safety. People had personal evacuation plans in the event of an emergency.

Staffing and recruitment

- Staffing levels were determined using a staffing tool and altered according to the unit and changes in people's needs. Staff confirmed staffing had been increased when people's care needs increased. There was low use of agency staff and where they were needed, the same agencies were used to ensure continuity for people. There was an ongoing programme of staff recruitment.
- People confirmed there were sufficient staff to meet their needs. People said, "There's a lot of staff here" and "If I ring the bell they come quickly." There were sufficient staff deployed to meet people's needs in a timely manner.

- The provider completed rigorous pre-employment checks, which included a Disclosure and Barring Service check. This helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Relevant checks were also completed upon the suitability of volunteers and students before they started work at the service.

Using medicines safely

- People received their medicines from trained staff whose competency was assessed every six months. Staff responsible for administering medicines received an annual training update from the pharmacist, to ensure their knowledge remained up to date. Staff had access to relevant medicines policies and guidance to inform them about best practice.
- Processes were in place to ensure the safe ordering, storage, administration and disposal of people's medicines. Processes were in place to ensure the safe management of medicines people took 'as required.'
- Staff were observed to follow safe administration practices. They ensured they signed people's records afterwards, to demonstrate what medicines people had taken. People's medicines records were audited weekly, to check for any recording errors.

Preventing and controlling infection

- Staff were required to undertake infection control and food hygiene training, which they had to update three yearly. Some staff were behind with this training, but a catch-up programme was in place to ensure this was completed. Staff spoken with understood their responsibilities in relation to infection control.
- The environment was visibly clean and fresh. People told us, "They're good in the respect of aprons and gloves. I have no concerns at all" and "It's very good with cleaning here. They Hoover every day and changing beds and so on."
- Staff and people had access to relevant guidance about how to wash their hands and reduce the risk of acquiring an infection. Staff were seen to use the gloves and aprons provided to reduce the risk of cross infection for people.

Learning lessons when things go wrong

- Staff understood their responsibility to raise concerns and report incidents. Any incidents were reviewed to identify if any further actions were required for the persons safety. Records showed the actions taken for people following incidents, such as the ordering of additional safety equipment and changes to their care provision.
- The registered manager used their auditing programme to identify and address any themes. For example, earlier in 2019 they had noted some medicine administration records had not been signed by staff. They had held a training session with the medicines trained staff to address this issue and reduce the likelihood of repetition.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The environment on the upper floor of The Oaks was exceptionally dementia friendly. Corridors were bright and individually themed as a street, a garden and the seaside which enabled people to orientate themselves around the unit. The walls were designed to engage people in activities they could initiate for themselves. Through sensory, visual and tactile stimulation. For example, there was a display of fake grass and another of fabrics with vibrant colours and textures for people to touch. The seaside and garden corridors, were full of items people could touch, explore and take with them as they moved around the unit. People were seen to enjoy examining and engaging with their environment.
- The garden was filled with items of interest, to stimulate people's memories such as animals and a horse carriage. A person had commented "My family used to race in those, it has brought back some wonderful memories." People on all of the units had access to the courtyard area on the upper floor and the extensive gardens on the lower floor. People on both floors could use a lift to access the courtyard and garden areas. People benefited from being able to walk where they wished to, which reduced any frustration, instead of being met by a 'locked door.' People enjoyed going into the garden to watch the wild ducks which nested there and raised their ducklings each year. Relatives chatted to their loved ones as they fed the ducks, which provided a subject for discussion. People's use of the stimulating garden was beneficial to their health, as it encouraged them to remain mobile and to enjoy the outdoors.
- People had spaces to sit, explore and use during activities, such as a pub, a tea shop and a hairdressers. Staff encouraged people to use these spaces, during their daily activities for interest and pleasure. For example, people went to the tea shop for their mid-morning tea, cake and a chat and could go to the pub for a drink before lunch. This encouraged people to remain active as they moved around the service to the café and the pub for activities. It also provided them with variety as activities did not take place in the same places. People met people from other units for socialisation as they attended different activities. People were seen to enjoy a glass of sherry with their relatives in the pub as they chatted and laughed. The pub provided a very relaxed place for people to meet with relatives and enjoy spending time with them. People's faces, demeanour and reactions demonstrated they enjoyed the use of these spaces.
- The ongoing refurbishment of the service took into account staff's observations of people's behaviours and needs and the impact of their environment upon their experience. For example, walls had been removed to provide people with more space to sit and socialise. Kitchenettes had been added, so staff could serve breakfast to people without having to go to the kitchen. This had reduced the risk of people forgetting what they had requested and increased staff's presence in the lounges at breakfast. This had a positive impact upon people's experience.
- People had been consulted and involved in the refurbishment of the building. People living on Lilac unit

had been provided with choices of wallpaper and furnishings. People living on the upper floor of The Oaks had chosen the colour of their front doors. One person who was diabetic, had chosen a brown door as they wanted more chocolate.

- Staff had supported those with more advanced dementia, to also express their wishes for the ongoing refurbishment of their lounge and new conservatory, by showing them photos and drawings. People wanted a garden room. A designer had incorporated their ideas into the design, which they had drawn for them to understand. There were to be drawings of wisteria around the door as people wanted, flower borders, a glasshouse and a green carpet to represent the grass. The registered manager told us, "Whatever way they do, they can still tell you." Staff had ensured everyone was enabled to have a view on the new environment and their ideas and wishes had been acted upon.

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

- The provider had recently introduced their own 'Rose model of dementia care', developed by their dementia specialist and trainer. Its purpose was to enhance staff's day to day care of people living with dementia. It focused on the person as a whole, their skills and attributes they had retained rather than lost. It aimed to identify any staff practices which empowered people and to address any restrictive practices identified.

- Management had used the model's observational tool to evaluate an episode of lunch time care provided by staff and to provide feedback on the quality of people's experience. The registered manager had through use of the tool, identified a lack of visual cues for people with their meals and a lack of banter. This was explored with staff and ideas were generated for how improvements could be made. For example, increasing engagement with people at meals, greater use of open questions where applicable for people and better recording of people's mealtime preferences.

- Staff had listened to and acted upon the feedback received and we observed a high level of individualised staff engagement with people. This ensured people received the individual attention they needed to encourage them to eat. Staff explained what was happening constantly over the lunch service and provided people with reassurance when required. For example, one person became distressed and could not understand why there was no soup, which was served at teatime. Staff explained this and immediately arranged for the person to be provided with the soup they wanted with their lunch and they settled. The menu was changed for them in response to their request. The chef spoke with a person's relative about which elements of the meal the person liked when they were younger and the plate of food was tailored to their food preferences.

- The lunchtime experience encouraged people to eat as it was a welcoming and lively atmosphere, where staff were attentive to people's needs. We saw people engaged with eating their meals and there was little left on people's plates. There was good use of 'show plates' at lunchtime to help people choose their meals. The use of the tool had produced changes in the dining experience of people living with dementia.

- People with complex needs were identified and appropriately supported with their eating and drinking. For example, people living with dementia who could not see white food on a white plate, were provided with coloured plates. This made the food stand out more clearly for them. People who had forgotten how to use a cutlery were provided with a finger food adapted version of meals, where required. This ensured they had the same meal as everyone else in a form they could eat independently. Staff ensured people had adapted cutlery and crockery where required so they could enjoy feeding themselves. Staff had used the Rose Model to assess people's lunchtime experience and to identify how people could be further empowered by these initiatives.

- The registered manager told us they looked for staff who supported people to do things for themselves rather than for them, always. They were encouraging staff to step back and support people to do things for themselves where possible. For example, encourage a person to walk where they could and take a wheelchair in case they became tired. We observed staff did this with people. This reflected the ethos of the

provider's 'Rose Model.' As people were encouraged to maximise their independence.

- Staff had received relevant training in the promotion of people's human rights and had access to relevant policies. Processes were in place to ensure staff explored people's individual needs with them at their initial assessment and these were met.

Staff support: induction, training, skills and experience

- People told us staff had the knowledge and skills to meet their needs. A person said, "They're all skilled and well trained."
- All staff and students on placement received an induction to their role. Staff new to social care completed the care certificate, which is the industry standard induction.
- Staff were skilled at meeting people's needs, especially those living with dementia. Staff had undertaken relevant dementia care training and understood how to respond to people's behaviours which could be challenging. For example, we observed staff respond to a person's distress and skilfully diffuse the situation. We spoke with the staff member afterwards, who demonstrated good knowledge of the person, triggers for their behaviours and how to distract them. They told us they had completed the virtual dementia bus training and said, "It gave me a better understanding of how people react." The virtual dementia bus is an experiential learning experience, which enables staff to experience the feelings and losses people living with dementia experience daily, in order to enhance their understanding and responses to people. This member of staff understood the fear the person had of strangers in their environment, from their own experience of the dementia bus. They used their knowledge and training to demonstrate empathy for the person and to take prompt action to enable them to cope with the situation.
- The registered manager had identified through their audits of the service that not all staff were up to date with all of the provider's required refresher training. Staff had completed the required training in areas key to people's safety for example, safeguarding and fire safety, therefore there was little impact upon people. An action plan was already in place to address this. Additional training sessions were being run to ensure staff updated their training. Staff told us the training provided helped them do their jobs effectively.
- Staff told us they had regular supervision and if there was anything they wanted to discuss, they could speak with the registered manager. Staff were supported with their professional development.

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

- People told us they liked the food provided, a person said, "The food is very good." People's nutritional needs were assessed, and they were asked about their food and drink preferences.
- The chef attended residents meetings and asked people to complete evaluation forms weekly about the quality of the meal and their dining experience, to enable them to make improvements if required.
- Staff ensured they monitored people's fluid intake where required. Records demonstrated people's fluid objectives and their intake was monitored across the day by senior staff, to ensure they drank enough. A person told us, "They always renew the jugs of water or juice."
- People were observed to experience enjoyable, relaxed mealtimes. Where required they received the appropriate level of support for their needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked both within the team and across organisations to ensure people received effective care. Processes were in place to ensure strong staff communications across the service. For example, staff completed a check on people's whereabouts at the change of each shift, to ensure their welfare. Staff were able to access up to the minute information about people and their welfare via their electronic records.
- A professional told us, "Any concerns with patients are raised promptly with the community nursing team." They also commented, "The staff are very helpful and have good communication skills and know the patients very well and will relate the preferences and routine of all the patients to the community [nursing]"

staff." This demonstrated there were effective working relationships with professionals.

- The service participated in the red bag initiative in partnership with the local Clinical Commissioning Group. People were sent to hospital with their essential information in a red bag. The initiative was introduced as people often lost their belongings and medications when in hospital which was distressing and detrimental to their care. The project ensured people's belongings and records were less likely to be misplaced as they transferred between hospital and the service. This ensured people experienced smoother transitions between hospital and home.
- The service had just been chosen as one of the pilot sites for the care home trusted assessors pilot, to facilitate people's discharge back to the service from hospital faster and more smoothly. The service was chosen in order to test this initiative for people, which will lead to swifter discharge.

Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with local surgeries and a range of health care professionals to ensure people received prompt health care as required. A professional confirmed, "They liaise frequently with the team here at our surgery re: health problems." They ensured all of people's healthcare needs were assessed and met including oral health. They also used recognised tools to enable them to assess whether people who could not express any pain verbally were in pain and required an intervention.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty 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 were consulted about their care as evidenced within the content of their care plans.
- Staff were required to undertake MCA training and the MCA was discussed with staff during staff meetings to enable them to develop their knowledge. Staff understood the application of the MCA to their day to day work with people. Staff ensured where people lacked capacity to consent to restrictions in the provision of their care legal requirements were met.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were observed to treat people with compassion and kindness throughout the inspection. People were observed to have formed strong bonds with staff and were relaxed in their company. Staff were seen on many occasions, with an arm round a person, gently listening to their particular request with attentiveness and if the person was seated staff were always at eye level.
- People told us they enjoyed close relationships with the staff. Their feedback included, "The staff treat me very well. The staff know me very well because we talk and chat" and "They are very nice, nothing is too much trouble for them." A person told us they had fun with the staff. They commented, "We have a lot of jollification really – we chit chat."
- Staff told us they read people's care plans and learnt about their backgrounds. A staff member told us, "A few weeks ago everyone was in the lounge, one person was a professional footballer, another a nurse and a scientist. Their backgrounds are fascinating."
- Staff knew people well and immediately gave a person another bowl of cereal, when they asked. Staff said, "That's her third bowl, she loves her cereal." Another person awoke and commented about a staff member who attended to them. "This is my favourite lady! Her knowledge of my likes is excellent!" They then proceeded to chat with them about their family, like good friends. The person was very happy and experienced a positive uplifting interaction.
- Staff received training in working in a person centred way and communication. They understood people's individual communication methods. The registered manager stopped to communicate with a person who did not communicate verbally. Through their knowledge of the person and understanding of their vocalisations and facial expressions. They were able to identify the person was in pain and to take the required action for them. Staff told us, "One lady on Lilac cannot really communicate. You just sit and let her talk. Show her visual choices. The lunch menu is in pictures." Staff understood and met people's communication needs.
- Staff had completed equality and diversity training and ensured they asked people about their background during the initial assessment, to identify if they had any protected characteristics under the Equality Act. Where people had protected characteristics, staff ensured their needs were met and their rights upheld.

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

- People were able to involve those they wanted to in their care planning. Information was provided to people about advocacy services where required. People's records explicitly stated who should be included in any potential decisions about what was in the person's best interests where they lacked capacity. Either

because that person was a power of attorney or because staff understood the person would want that individual involved in any decisions about their care.

- Staff were observed to consult with people regarding decisions about their care across the inspection; such as what they wanted to eat, drink or how they wanted to spend their time and where. People were able to go any part of the building; they were not restricted about where they spent their time. Staff respected people's right to say 'no' if they did not agree with a suggestion. A professional confirmed, "Residents choices are upheld and seem important to the staff." Staff ensured people were involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and ensured their dignity was upheld during the provision of their care. Their comments included, "They treat me with respect" and "The staff are very courteous." Staff were heard to treat people with respect.

- Staff ensured people's personal care was provided in private. When staff needed to discuss an issue with a person, they bent down to their level and ensured they spoke with them discreetly to ensure the person's privacy.

- People's visitors were able to pop in as they wished and staff made them welcome. There was a constant stream of visitors to the service throughout the day. People were able to entertain their visitors where they wished.

- Staff encouraged people to retain their independence wherever possible. People's care plans reflected what they could do for themselves and what they liked to do to retain their independence, such as small tasks.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. People's needs were met through good organisation and delivery.

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

- People were provided with an abundant range of diverse opportunities for social stimulation both within the service and externally. A professional confirmed,

"Activities for residents are varied." The engagement lead was creative, skilled and dynamic in their approach in facilitating a vast range of person-centred activities. They ensured all available resources were engaged, such as other staff, volunteers, students, apprentices and entertainers, to ensure people were provided with a range of activities that catered for each person's interests and needs both inside and outside of the service. They fully utilised all of the resources, such as the pub, the café, the gardens and local wildlife to engage people.

- The engagement lead knew people's needs immediately, and had a skilful ability to adapt to each person's individual needs. They used their in-depth knowledge of each person to encourage them to join in a quiz. They prompted a person living with dementia to answer a question about their favourite flower, daffodils. They then reminded them they knew a poem about daffodils. The person with encouragement, then perfectly recited the poem, 'I wandered lonely as a cloud' to the group and there was rapturous applause. The engagement lead was exceptionally skilled and well suited to their role.

- Activities were designed that empowered people, such as 'Speaker of the month' whereby a person was encouraged to share their life history or skills. This enabled them to share their stories and memories with their fellow residents. There was an activity or an outing to suit everyone's interests. For example, men were recognized with a specific group. This ensured their needs as men who wanted to socialise together and attend specific male only activities was recognized and met.

- People's feedback on the activities was sought through evaluation sheets and their feedback was then used to plan future activities in response to their comments. People had wanted to meet the Mayor of Reading, so he had been invited for tea. People's ideas were sought, listened to and acted upon.

- People's care plans were developed with them where possible, or their relatives were involved. A person confirmed, "There is a care plan." Care plans included an 'All About Me' form to enable staff to understand the person, their history, family connections, interests and aspirations.

- People's care plans were holistic and reflected their physical, mental, emotional and social needs. They were reviewed to ensure they remained up to date. Staff confirmed, "Families are involved in reviews."

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- People were provided with a copy of the provider's complaints process when they moved in and it was

displayed in the communal areas of the home. People's suggestions were also sought through a book and the suggestion box. People told us, "We have no complaints, they kept us informed all the way."

- The complaints log demonstrated the actions taken to address people's complaints. Some complaints related to missing clothing in the laundry. The housekeeper explained these items were now kept separately so families could identify and label them for people.
- Staff discussed any issues raised at their staff meetings. This enabled them to learn from any issues raised. Records showed a complaint had been read out to staff at a meeting, so staff could fully understand the person's frustration with care that had not been completed and take the relevant action.

End of life care and support

- People were encouraged to consider their end of life wishes when they were admitted, to ensure their wishes and preferences for their end of life care were known.
- Staff underwent end of life care training. The service had end of life care champions in place, to promote good practice. Four staff members had visited, "The Bereavement Centre", a voluntary organisation that provided training on end of life care and peer support. Staff had the opportunity to complete study days and this gave them skills on how to provide care to family members and people at the end of life. A staff member told us, "Families can be with the person whenever they want some choose to stay in a spare room" and Families can be involved in the person's care." This ensured people's relatives were welcomed at the end of people's lives to spend time with them.
- Staff worked with health professionals to ensure relevant equipment and medications were in place for people at the end of their lives. Staff told us they felt well supported to provide people's end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager was highly knowledgeable and committed to improving people's experience of the care provided, having been involved with the service since 1990. They were also very innovative and their passion, commitment and endeavour for people shone through. The deputy manager told us of the registered manager "She never stops coming up with ideas." A professional said, "The manager has a clear plan and ideas of how the home can be improved in relation to the resident's needs."

- People benefited from her dynamic approach, which inspired the staff team to engage with multiple projects and ideas, such as the environmental improvements, the Rose Model, the activities provision and the falls prevention work, which had delivered significant and sustained improvements to the quality of life for people. Through her work, people had an excellent environment, very person centred care and numerous opportunities to engage with different stimuli, activities and visitors of all ages, such as children, volunteers and students. Through this work, staff had developed a shared understanding of high quality care based on best practice and continuous improvement. The benefits to people's health and wellbeing were abundant and far reaching, characterised by highly personalised care and an excellent home environment. These had resulted in people having a more fulfilling environment which they were at liberty to explore when they were not participating in the vast range of activities. People were content and happy.

- People felt the service was well managed. Their feedback included "It's managed well. They ask my opinion a lot. I enjoy being here" and "It's a good home, it's the best." Professionals told us the registered manager was very experienced and led the home well. They felt people experienced high quality care. They viewed the service as 'low risk' due to the quality of the management.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and ensured any incidents were reported to people's' relatives as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was very outward facing and there were strong links with the local community that went beyond the key organisations. Students on the health and social care course at the local college, had an induction session at the service. They were invited to speak with people and staff and participate in role play; caring for older people. A professional told us, "Students have been reluctant to have placements in care homes due to the negative publicity shown in the media. Inviting them into the care home gives the

students an insight into the positive sides which in turn leads on to placement and then apprenticeships for St Luke's." The project recognised people had a lot to teach the students and there were significant benefits to the students in terms of learning practical skills and opening their eyes to the possibilities of a career in older persons care. People had a role in educating the students, through their interactions and engagement. We observed how people enjoyed their interactions with the students, who learnt as they worked with people.

- The service also provided placements to students from the local schools, and the college, in addition to offering apprenticeships. A student told us they had been anxious at the start, but as their placement had progressed they felt more relaxed and confident. We observed staff skilfully demonstrate to them how to communicate and engage with people living with dementia during an activity. People clearly enjoyed having an activity run by a new face. A person told us, "It gives us someone different to talk to."
- The service also encouraged volunteers of all ages and backgrounds, who ran activities such as the tea shop for people. A volunteer told us, "I open the tea and coffee shop. I usually do some home baking for them, cheese scones, biscuits etc. We all have a chat, they're all lovely, we talk about anything." We observed the tea shop was a lively, happy area in full use by people, with many visitors and the volunteer going from table to table partaking in friendly chat with people individually. People were provided with an opportunity to socialise and chat through this initiative.
- The service was highly inclusive. For example, opportunities for placements and volunteering were offered to local people with a learning disability from other services. This enabled them to have a role, such as supporting activities. People benefited again, from having more opportunities for socialisation with new faces and the extra support for individual activities.
- Relatives were involved with the service through the relatives forum. This was also used as a means to educate them about dementia and its impact upon people. As a result of a recent training session, some relatives then made contact with the service to ask to add additional information to their relatives 'This is me' form. As they now fully appreciated its importance to the provision of their loved ones care.

Continuous learning and improving care

- Falls champions evaluated falls to people and had reduced the number of falls people experienced. The falls champions worked with the local CCG and analysed where falls took place. They had initiated a range of projects to reduce falls, from increasing people's mobility through 'walking football.' Decorating people's mobility frames with them so they looked more attractive to use and people could recognise them. To making 'bags' for ladies to hang on their frames, to put their items in, whilst they mobilised, instead of holding them. Staff ensured the rubber stops on the bottom of people's frames were not worn or perished which could impact upon their safety. They had also had specialist footwear training, to ensure people's footwear was secure. An external analysis of falls showed a significant reduction in falls within the service between June 2017 and December 2018 for people as a result of these interventions. Staff shared this learning across the provider's homes, so others could benefit.
- Staff had developed new projects with the local college. People participated in a project run by the childcare students. They went to the college monthly to meet with children from two local nurseries. Photos of their interactions showed they derived huge enjoyment and pleasure from these interactions. One person had commented, "Being able to talk to the children was the best thing." A professional confirmed, "The residents respond well to this activity and engage with the students. Even if they are reluctant to join in they enjoy observing the children playing." The development of this project had brought pleasure to people from their interactions with the children. The development of this project helped to give people meaningful purpose and was very beneficial for their wellbeing
- A person was continuing to bring their relative to the home weekly to meet people, following a period of respite, due to the lack of a local dementia café. A dementia café is a safe space where people and their carers can visit to meet other people living with dementia for friendship and support. The registered

manager has worked with local dementia charities and the college to initiate a dementia café project in the service. Students will be completing the project as an assignment with the aim of the café being up and running for next Spring. This collaborative work, is meeting an unmet need, whilst providing another opportunity to bring more people into the home to visit from the community.

- The registered manager completed a range of audits in accordance with the provider's audit schedule, to identify any potential areas for improvement. For example, it had been noted through the audits that not all aspects of staff training were up to date and a programme was underway to ensure this was completed. Audits and the resulting actions were then reviewed by the provider's compliance manager who also completed an annual compliance visit. This ensured the provider had oversight of the quality of the service provided.

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

- The registered manager had a clear understanding of their responsibilities and accountability. They understood all legal requirements and ensured any notifications were submitted to CQC as required. Management walked the service on a regular basis throughout the day which enabled observation of staff and the opportunity to praise or deal with any issues as they arose. Management were available at weekends if people needed support.

Working in partnership with others

- The service was an excellent role model for other services. In addition to working with a range of statutory and non statutory services to enhance people's care experience, provide people with new opportunities and breakdown negative attitudes to social care. They had participated in the local Healthwatch review of care homes in Reading. Photographs of the dementia environment were used in the report as an example of the provision of a stimulating environment for people.