

St Vincents Retirement Home Limited

# St Vincents Retirement Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Vincents Retirement Home is a 'care home' registered to provide accommodation and personal care for up to 25 people in one adapted building. At the time of the inspection 18 people were living at the home.

### People's experience of using this service and what we found

People were happy living at St Vincents Retirement Home and spoke very positively about the care they received.

Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs in a safe and unhurried way. People were protected from avoidable harm and individual, environmental and infection control risks were managed appropriately.

People received their prescribed medicines as required. There were safe arrangements in place for obtaining, storing and disposing of medicines.

People's care plans and risk assessments contained detailed information about them and their care and support needs, to help staff deliver care that was individual to each person.

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.

People were supported to access appropriate healthcare services when required. Health and social care professionals were confident in the staff's abilities to manage people's health needs. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People's needs were met in a personalised way. Staff knew the people they supported well and had a good understanding of their needs. People were supported to partake in a range of activities centred around their particular interests.

The service had a positive person-centred culture. Both people and staff told us the management team were approachable. The service worked in partnership with other agencies to aid joined up, person centred care provision.

Effective and robust quality assurance systems had been developed and implemented to continually assess, monitor and improve the quality of care people received.

The management team was open, approachable and supportive. Everyone was confident they would take

actions to address any concerns promptly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 March 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### 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 effective.

Details are in our effective findings below.

Good 

### 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 well-led.

Details are in our well-Led findings below.

Good 

# St Vincents Retirement 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

St Vincents Retirement 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. The deputy manager was acting manager in the absence of a registered manager. The deputy manager will be referred to as 'acting manager' throughout this report. A manager had been recruited by the provider and was due to start at the service following the inspection. This new manager is planning to complete the registration process with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with nine members of staff including the provider, the acting manager, the services head of departments, the nominated individual and care and ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the safety of the environment, medicine processes, infection control processes and observed interactions between staff and people.

We reviewed a range of records, including people's care records and risk assessments. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, quality assurance records, training information and records of accidents and incidents were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from four professionals who have regular contact with the service and two relatives.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we identified the provider had failed to do all that is reasonably practicable to mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of regulation 12.

- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained detailed explanations of the control measures for staff to follow to keep people safe.
- Risks assessments had been completed, where required. Completed risk assessments detailed guidance for staff to help them identify possible triggers and actions they needed to take, to reduce risks to people. For example, for people who were at risk of falls, there was clear, detailed and up to date information for staff to follow. Detailed risk assessments were also in place in relation to people's specific health needs including, for people who were prescribed blood thinning medicine, people at risk of choking and for those people who were diabetic.
- Other risk assessments in place included areas such as, moving and positioning, skin integrity, medicines management and the use of bed rails.
- People were supported to take positive risks, to enable them to remain independent. People's abilities to make hot drinks and go out alone had been fully risk assessed to ensure effective safety measures were in place to support people to do these things safely and mitigate risk.
- There were effective fire safety arrangements in place. A comprehensive fire risk assessment had been completed by a suitably qualified professional and each person had a personal emergency evacuation plan (PEEP) in place. These PEEPs identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Equipment, such as hoists, and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.
- There were plans in place to deal with foreseeable emergencies.

### Using medicines safely

At our last inspection we identified the provider had failed to ensure safe and proper management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of regulation 12.

- People were supported to take their medicines safely.
- Medication administration records [MARs] confirmed people had received all their medicines as

prescribed.

- Person centred medicine administration care plans were in place which provided information for staff on how people liked to take their medicines and important information about the risks or side effects associated with their medicines.
- People were provided with 'as required' (PRN) medicines when needed. PRN plans were in place, however, on day one of the inspection inspectors identified some of these plans did not include robust information in relation to when these medicines should be given, the expected outcome and the action to take if desired outcome was not achieved. This was discussed with the acting manager who took immediate action to address this.
- There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- There were robust systems in place including daily, weekly and monthly checks to ensure medicine had been given as prescribed and to help ensure medicines were always available to people.
- Medicines were administered by suitably trained staff who had been assessed as competent to do so safely.
- People were supported to continue to manage their own medicines where able. Individual risk assessments had been completed and people had been provided with secure storage for their medicines.
- Medicines that have legal controls, 'Controlled drugs' were appropriately and safely managed and monitored.
- There were safe systems in place for people who had been prescribed topical creams.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at St Vincent's Retirement Home. A person said, "I feel very safe here." Another person told us, "I feel more than safe, I am so lucky to be here." A relative said, "Absolutely 100% yes [feels relative is safe], very well looked after and kept safe."
- The acting manager and staff knew what constituted safeguarding. Staff had received safeguarding training, which was updated annually.
- Staff understood their safeguarding responsibilities and knew how to report any concerns. A staff member said, "I would report any concern and would report to CQC." Another staff member told us, "I would make sure the person is OK, would report to management and would report to safeguarding if they didn't do anything."
- There were processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and there were sufficient numbers of skilled and experienced staff deployed to keep people safe.
- During the inspection we observed staff were available to people and responsive to people's needs and requests for support. There was a relaxed atmosphere in the home and staff had time to chat to people and support them in a calm and unhurried way.
- People told us staff were available to support them. People's comments included, "It's very relaxed here, it's like home" and "The staff can't do enough for you, if I ring my bell they are straight here."
- Staff told us there was enough of them to meet people's needs and provide people with the support they required. A staff member said, "I feel there is enough staff and we manage very well."
- Staffing levels were determined by the number of people using the service and the level of care they required. The acting manager kept staffing levels under review and used a formal assessment tool to determine the numbers of staff required to meet people's needs. The management team regularly monitored the staffing levels by observing care, working alongside care staff and speaking with people and

staff to ensure that staffing levels remained sufficient.

- Short term staff absences were covered by a member of the management team, existing staff members or the services pool of bank staff. This helped to ensure that people had a consistent staff team.
- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Preventing and controlling infection

- Appropriate arrangements were in place to control the risk of infection.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable masks, gloves and aprons. We observed staff wearing PPE in line with the latest government guidance.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean, and housekeeping or care staff completed regular cleaning in accordance with set schedules. Staff confirmed this and told us they had time to complete all necessary cleaning.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Discussions with the acting manager and providers auditor showed they were aware of government guidelines in relation to the management of risks relating to COVID-19. The providers policies and procedures reflected current best practice guidelines.
- We were assured that the provider was preventing visitors from catching and spreading infections. Systems were in place to enable people to receive visitors who had undertaken a COVID-19 test and who were supported to use PPE correctly. Similar systems were also in place for any professional visitors.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. New admissions and people who had received care in hospital were isolated on their return to the home and monitoring for symptoms and COVID-19 tests were undertaken.

#### Learning lessons when things go wrong

- There were robust processes in place to monitor incidents, accidents and near misses. Incidents, accidents and near misses were recorded, acted upon and analysed.
- Monthly audits for all incidents and accidents that had occurred were completed. This helped to ensure that any trends or themes identified could be acted upon to help mitigate risk and prevent reoccurrence.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we identified the provider had provided care and treatment without the consent of the person or in their best interests following mental capacity legislation. This was a breach of regulation 11 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of regulation 11.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff protected people's human rights in line with the MCA and received training on this. We observed staff seeking people's consent before assisting them.
- People told us their wishes and choice were respected by staff. A person said, "They [staff] let me make decisions, they asked me if I wanted a shower today, but I didn't, and they were fine with that." Another person told us, "I go to bed and get up when I want to, they [staff] don't mind at all."
- Where people lacked the capacity to understand and consent to aspects of their care such as being administered medicines, a formal assessment under the MCA and subsequent best interest decision had been completed appropriately.
- The management team understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) as required. There were systems in place for monitoring these and ensuring they were kept up to date.

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

- People's needs were fully assessed prior to their admission. This was to ensure their care needs could be met safely and effectively within the environment, and in line with current best practice guidance. Information from these assessments had informed the plan of care.
- Care plans were kept under review and amended when changes occurred.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries, to monitor people's weight and to establish levels of pain.
- People felt the care provided was effective and were confident staff knew them well and involved them in decisions about their care.

#### Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People made positive comments in relation to the skills and knowledge of the staff. A person said, "They [staff] all know what they are doing."
- Staff completed training which included; safeguarding, infection control, moving and handling and medicines. Additional training was also provided in relation to specific needs, such as diabetes and falls prevention and management. Staff confirmed training had been received and demonstrated an understanding of this training and how to apply it in practice. Staff also confirmed that the training received was of a good standard. A staff member said, "I feel we get good training and I can have the opportunity for progression and to increase my knowledge in specialist areas."
- There was a robust process in place to monitor the training staff had received and ensure training was updated in a timely way.
- There was an induction programme in place, which new staff were required to complete before working on their own. This included completing essential training for their role and shadowing an experienced member of staff.
- Staff received regular one to one supervision with the acting manager. These sessions of supervision provided an opportunity for the acting manager to meet with staff, feedback on their performance, identify any concerns, offer support and identify learning opportunities to help them develop.
- Staff told us they felt very well supported by the acting manager, who they could approach at any time. A staff member said, "I feel so well supported by management and I had a mentor when I started, it's such a great place to be and learn."

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

- Adaptations had been made to the home to meet the needs of people living there; for example, a passenger lift connected the upper and lower floors of the building and corridors were sufficiently wide to accommodate wheelchairs or enable staff to support people whilst walking.
- All bedrooms were for single occupancy and fitted with ensuite facilities. People's rooms were personalised and reflected their interests and preferences. Signs were placed outside bedrooms to help people identify their own rooms.
- There was a range of homely communal areas available to people, including a dining room, large entrance areas with seating and two lounges which allowed people the choice and freedom of where to spend their time. Toilets and bathrooms were well signed to make them easier for people to identify.
- There were well maintained and comfortable external spaces available for people to enjoy, including the homes gardens and a first-floor roof terrace.
- The home was well maintained and there was a rolling maintenance programme to help ensure the building remained fit for purpose.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely. External professionals were involved where required, to support people and advise staff.
- Individual dietary requirements and people's likes and dislikes were recorded in their care plans and staff knew how to support people effectively.
- Mealtimes were a relaxing and sociable experience for people. People were complimentary about the food and told us they had enough to eat and drink. Comments from people included, "Lunch was very good", "The food is lovely" and "If I didn't like what was offered, they [staff] will always get me something else."
- People were provided with a choice of three main meal options, however, could request alternatives if required. People were provided with drinks and snacks throughout the day.
- Where required, people were provided with specialist cutlery to help them to eat their meal independently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access appropriate healthcare services when required.
- People were supported to maintain their health by timely access to relevant health professionals. This included community nurses, dieticians, GPs and physiotherapists. A healthcare professional told us, "I don't have any concerns at all about the service. They will contact us appropriately with any concerns and always follow advice that we give them." Another healthcare professional said, "I have been really impressed by how gentle the staff are and can ascertain what the patient wants amid all these difficulties [health and emotional needs]. The medical issues are hard enough alone – but the staff have come to understand these very well. They always call us when appropriate but not at all for minor issues which they can sort."
- Information relating to people's health needs and how these should be managed was clearly documented within people's care plans and some contained additional information to aid staff understanding about a certain condition and how this affected the person's abilities.
- Staff knew people's health needs well and were able to describe these to us.
- People's care files showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs.
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. Detailed person specific documentation was in place to support this.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Feedback from people reflected they felt the staff were caring. Comments included, "They [staff] are lovely", "The staff are very kind", "I couldn't be happier here, "The staff are lovely they are very caring, even when I'm grumpy they are ever so nice", "The thing about being here is it's so relaxed" and "The care staff here are simply marvellous; it is such a nice place to be, it is home to me now, I can't fault it." One person talked about the efforts that the staff have made to make Christmas a memorable experience for them as they were unable to see their families due to COVID-19. They told us, "They [staff and management team] really care about us; at Christmas we all got a big bag of presents, it was so nice as we couldn't go home to our families."
- Professionals also described the management team and staff as kind and caring. A professional said, "I don't have any concerns at all, the staff seem really caring towards people"
- We observed positive interactions between people and staff. Staff showed kindness and patience when talking to people and there was some natural banter which demonstrated positive relationships. Throughout the inspection staff and people were relaxed and clearly comfortable in each other's company. Additionally, we saw people chatting to each other, sharing jokes and including others in conversation. This demonstrated that friendships had been formed and there was a real family atmosphere in the home.
- People were seen to be supported in a relaxed and unhurried way by staff. For example, staff supported one person to move from a chair to a wheelchair using specialised standing equipment, throughout this interaction clear instruction, encouragement and continuous reassurance was given to the person.
- The provider recognised people's diverse needs. People's protected characteristics under the Equalities Act 2010, such as religion and disability were considered as part of the assessment process. Although there were no people identified as having any specific cultural needs at the time of inspection, the acting manager described how they would resource information on people's faiths and cultures, if required to ensure their specific needs could be met.

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

- People were given the opportunity to express their views, both on a one to one basis with staff or the management team and during resident's meetings. Resident meeting minutes confirmed that discussions were held with people about the day to day running of the home and demonstrated that people were involved in making decisions about their care.
- People were involved in planning their care and the day to day support they received. Care plans contained detailed personal information, evidencing people and their relatives had been involved in the creation of their care plans. Records also showed people were involved in reviews of their care.

- Throughout the COVID-19 pandemic staff continued to ensure that family members, and others who were important to the person, were kept updated with any changes to the person's care or health needs and fully involved in peoples care.
- Should people or visitors wish to make an anonymous suggestion a box was available for this in the entrance hallway.

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

- Staff treated people with dignity and respect and provided compassionate support in an individualised way.
- Some people told us they preferred a staff member of a particular gender to support them with personal care and said this was respected. This was also clearly recorded in peoples care records.
- Care was provided to people in private and with dignity and respect.
- People were called by their preferred name, supported to make choices in what they wore, ate and took part in which helped to retain their dignity in care.
- The provider ensured people's confidentiality was respected. People's care records were kept confidential.
- People were supported to remain independent and care plans contained detailed information about the level of support people required and what they could do for themselves. For example, a comment in one person's care plan read; 'Staff will run the water and wet the flannel for me. The staff will prompt me to wash my face and chest as I am able to do this.'
- We observed staff supporting people to eat and walk independently, by providing them with equipment which helped people to do this. Staff added just the right amount of additional support when it was needed. Staff were keen for people to retain the skills they had so they did not take over and perform tasks which people were able to independently.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were met in a personalised way. Staff knew the people they supported well and had a good understanding of their needs, this enabled them to engage effectively and provide meaningful, person centred care. A relative said, "They [staff] definitely seem to know what she's like."
- Care plans had been developed for each person. Information in care plans was robust and person centred and included details about people's life history, their likes and dislikes and specific health and emotional needs. Care plans also included detailed information about the level of support people required. Care plans were reviewed on a regular basis, so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences.
- Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions as possible. Throughout the inspection we observed people being given choices about where they spent their time and what they wanted to eat and drink.
- Staff worked together well to deliver timely and effective care to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information. In one person's care plan it stated, 'Staff must give me time to think about the words I want to say. Staff must assist me to use the telephone if I want to call my family.' Throughout the inspection staff were heard to communicate effectively with people.
- The management team was aware of AIS. Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, these were available throughout the home. There was also picture menu's available at mealtimes to allow people to make informed choices about what they ate.
- People had access to large print and audio books to enjoy.
- Where required the management team would work with outside agencies, to help ensure that people were provided with information in a way they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The service employed an activities coordinator whose role it was to arrange activities, events and outings for the people living at the home and prevent social isolation. Activities provided included; trips out in the local community, arts and crafts, music, quizzes and exercises.
- All people we spoke with were highly satisfied with the activities offered and provided. Comments included, "There is lots to do, we do quizzes and I love it when we play scrabble", "We have lots to do and often have little parties. We had a Cheltenham ladies' day and we all dressed up in big hats and had a party", "We had a party for the queen's birthday, and I got to be queen for the day. The dining room was all decorated and the staff sit down and have lunch with us all together, it's so lovely" and "I'm never lonely and there is so much to do here."
- Due to the recent COVID-19 restrictions, outing and visits from loved one had reduced within the service in line with government guidance. It was very evident that the management team and staff had fully considered the psychological impact this could have on people and their loved ones. People were fully supported to remain in contact with loved ones through social media, written correspondence and telephone calls. Visits were facilitated following the latest government guidance.
- Activities were discussed during resident's meetings to give people the opportunity to comment on past activities and share ideas about things that they could do in the future.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and were confident that action would be taken. Information on how to make a complaint was available to each person was displayed within the home.
- No formal complaints had been received by the service in the last 12 months. Records demonstrated there was a robust system in place for logging, recording and investigating complaints. Any complaints received would be acted upon immediately, investigated and action taken where required.

End of life care and support

- Since being in post the acting manager had given full consideration to help ensure that people receive effective and person-centred care at the end of their life.
- Detailed care plans had been implemented which contained information about people's individual end of life wishes. These included, people's desired wishes and outcomes and how the person wished to be looked after at the end of their life. The acting manager said, "We want to provide the best possible care to people and to do this we need to know their wishes." They added, "We really want to get it right for people, we only get one chance."
- The management team had developed links with the local hospice and staff had access to a three day programme of training in palliative and end of life care. The management team described how they would work with other professionals to help ensure people had a comfortable, dignified and pain-free death.
- The acting manager had introduced, 'palliative care boxes' into the service. These boxes contained essential items to help ensure effective end of life care could be provided. Provisions within these boxes included, mouth care equipment, eye care kits, cleansing wipes, creams and moisturizers, cotton gloves, soft lighting and diffusers. The use of the boxes helped to ensure that all essential items used at the end of a person's life could be stored away between uses. These were put in place following feedback from a relative who had found these items in the room of their loved one upsetting.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we identified the provider had failed to operate effective systems to assess, monitor and ensure the quality of the service. This was a breach of regulation 17 of the health and Social care Act 2008 (regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of regulation 17.

- Since the last inspection completed in February 2020 it was clear that the management team, including the acting manager and the services 'head of departments' had worked exceptionally hard to make improves to all aspects of the service.
- Effective and robust quality assurance systems had been developed and implemented. These were viewed and demonstrated there was a rigorous and highly effective system in place to continually assess, monitor and improve the quality of care people received. This included checks and audits covering all key areas of the service. Where required improvements had been identified, actions had been taken in a timely way.
- There was a clearly defined management structure in place, consisting of the provider, the nominated individual, the head of departments and acting manager. Each had clear roles and responsibilities and were fully involved in the running of the service. The responsibility of ensuring compliance and high standards were shared between the management team. All were fully aware of the services risks and challenges and they worked well together to address these so that a viable service for people could be sustained.
- The acting manager and head of services had developed additional and detailed quality monitoring tools to help them personally, monitor and manage some key areas more effectively on a day to day basis. Examples of these were seen in the additional and detailed monitoring, related to pressure relieving equipment to ensure its effectiveness in preventing pressure sores, obtaining feedback from people in relation to the food they had received following each meal and daily observations of the environment and care provided.
- The acting manager demonstrated an open and transparent approach to their role. The previous performance rating was prominently displayed on the premises.
- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- CQC were notified of all significant events that occurred in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The acting manager worked collaboratively with the staff team and people to establish clear visions and values for the service. This helped to ensure staffs' commitment to these vision and values and that people remained at the heart of the service.
- Our observations confirmed that these values were embedded in the culture of the service and fully understood by staff. Examples included: taking people shopping and involving people in all aspects of the service to allow them to feel a sense of purpose. A staff member told us, "I want to make the residents able to enjoy their life whilst they are here, not just feeling like they are at the end, but to embrace life."
- The acting manager had a clear understanding of what was happening in the service. They were a visible presence and acted as a positive role model for staff. They had cultivated a caring, inclusive and empowering culture.
- Feedback received from health and social care professionals praised the skills and commitment of the acting manager and the head of departments. A social care professional told us, "Both of the managers [including the acting manager and the head of departments] have totally gone above and beyond for the sake of their residents during the past year, dealing with the strains that COVID has put on both them and the staff. I have heard the stories (and seen some photos) of how they have kept their resident's spirits up during the hardest of times in lockdown, organising tea parties and the likes. The managers have both put themselves as true leaders of this home by working extra shifts where needed, leaving their families for prolonged periods to live at the home, all to keep the residents safe. I am in awe of them both." A health care professional said, "I think they should be proud of the very high standards which I observe in this home." A staff member told us, "[Acting manager's name] is so, so supportive and has done a fabulous job in making improvements and supporting us all through COVID-19, I can't fault her, she's been amazing."
- All people and relatives spoken with were positive about the care received and how the home was run. A relative said, "[Management are] definitely approachable, I know that I could just go see them at any time and register an issue or just have a chat to see how [person] is. They [management team] worked extremely hard, above and beyond the call of duty to make the home safe during this COVID crisis, but not let it affect the people who live there. I can't fault them, I really can't. I think it's excellent home."

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

- People and relatives told us they were fully involved in the running of the service and their opinions were sought.
- People and relatives were consulted in a range of ways. These included quality assurance surveys, 'residents' meetings' and one-to-one discussions with people and their families. The acting manager acted on people's feedback; for example, following feedback from a relative 'palliative care boxes' had been introduced.
- Due to the COVID-19 pandemic and the reduction in visitors to the service the management team and staff had considered and implemented different approaches to allow continued involvement for loved ones and relatives. This included private social media contact which included pictures and messages for the management team and people to their relatives, written communication and the use of additional technology to allow communication.
- People told us they felt involved, listened to and made to feel their options mattered. People's comments included, "They [staff] always ask me what I want", "It is home to me now, I can't fault it" and "We are like one big family here."
- Staff were enthusiastic about their work and were fully engaged in the way the service was run. They enjoyed a good working relationship with their colleagues, spoke very positively about the acting manager and worked well as a team. One staff member told us, "I love working here. "The manager is so supportive,

and we can always get help or guidance when we need it."

#### Continuous learning and improving care

- There was an emphasis on continuous improvement and acting manager was passionate about driving improvement in the service to ensure people were provided with safe, effective and person-centred care.
- The management team monitored all aspects of the service frequently including, complaints, accidents, incidents and near misses. If a pattern emerged, action would be taken to prevent reoccurrence.
- Staff performance was closely monitored by the management team.
- All learning was shared with staff during staff meetings, handovers and supervision.
- Members of the management team kept up to date with best practice guidance by engaging with forums for managers organised by the local authority and provider groups. This helped them continually drive improvement.

#### Working in partnership with others

- The service worked in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. Professionals spoken with were all positive about the services approach to partnership working.
- The management team were clear about who and how they could access support from should they require this. This included from social services or health providers. They demonstrated an "open" attitude to seeking support.
- Staff supported people to attend local community events and to access activities and support from external agencies.