Lilian Faithfull Homes

St Faith's Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 18, 19, 20 and 22 August 2016 and was unannounced.

At our last inspection on 1 and 2 April 2015 we found accurate records had not been maintained relating to decisions made in people's best interests, their care planning, risk assessments and the support staff received. The provider forwarded to us an action plan of how this would be addressed. They told us this would be fully completed by 31 August 2015. During this inspection we found this breach in regulation had been fully met.

The care home provides care to up to 69 people. People who received care were predominantly older people and some lived with dementia. At the time of this inspection there were no vacancies and there was a waiting list.

The registered manager had been in post since June 2015 and just after our last inspection in April 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service kept people safe and there were arrangements in place to ensure this remained the case. These ensured people were protected from abuse, discrimination and poor practice. People also lived in a safe, well maintained building, which was kept clean and where good infection control practices protected people from avoidable infection. People received their medicines safely and when needed. There were plenty of staff to meet people's needs and staff were exceptionally well trained and supported to do this. People and relatives told us staff were caring and compassionate. One relative said, "They care for [name] as if [name] were their own Mum, they go above and beyond". People's dignity and privacy were maintained at all times.

People told us their health and care needs were met consistently and met to a high standard. The service was able to be extremely effective. One relative said, "I want the best for [name] and I can't fault one of them [the staff]. They do everything well" and one person said, "They really treat me well, I have not looked back since I have been here". Staff supported people to make independent decisions about their care and treatment and to have these respected. People had good access to health care professionals and staff acted as advocates for people ensuring they gained access to NHS health support when required. Proactive measures were in place to identify a decline in health quickly and prevent an admission to hospital if possible.

Where people were assessed as lacking mental capacity they were fully protected by staff who adhered to the appropriate legislation. People who were at risk of not eating and drinking enough had individual support to maintain their nutritional well-being. People's choice of food was extremely good and the service

went out of their way to accommodate all food preferences and wishes. Staff promoted independence and supported time with family and friends. Where people could not engage in care planning or care reviews their relative and representatives were actively encouraged to be involved on their behalf.

The service was extremely well managed with staff fully engaged and committed to the manager's vision and expectations. The registered manager provided exceptional support to the staff and in turn they were able to carry out their work to a high standard which people benefited from. There were numerous comments about the registered manager's exceptional management skills and support. These included: "It's run very well", "There is a chain of command which is followed and everyone works as a team", "She's a tonic to everyone", "I'm able to see her any time, communication is good and things get done" and "I have not met anyone or any member of staff who has a bad thing to say about [name of registered manager]".

Robust quality monitoring arrangements were in place which resulted in continued improvement to the service. Consistent and constructive communication started at the top and filtered down to all staff levels. The views of people, relatives and other visitors to the care home were sought in order to help gauge the performance of the service and to improve it further.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against risks that may affect their health.

People were protected from abuse and any form of discrimination because staff knew how to identify this and report any concerns they may have.

Arrangements were in place to make sure people received their medicines appropriately and safely.

There were enough staff to meet people's needs and good recruitment practices protected people from the employment of unsuitable staff.

Environmental risks were also monitored, identified and managed.

Is the service effective?

Good

The service was able to be exceptionally effective.

People received care and treatment from staff who had received a particularly high standard of training and support. Staff were also supported and actively encouraged to develop professionally.

People's right to be able to make independent choices and decisions was actively promoted and supported. People who lacked mental capacity to do this were protected because the principles of the Mental Capacity Act (2005) were followed.

People received appropriate and very individualised support with their eating and drinking. Steps had been taken to ensure that what was offered was nutritionally balanced to support people's nutritional well-being.

Staff ensured people's health care needs were met and where possible hospital admission was avoided.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People's preferences were explored and met by the staff where possible. Care was delivered in a personalised way.

People's dignity and privacy was maintained.

Staff helped people maintain relationships with those they loved or who mattered to them.

Is the service responsive?

Good

The service was responsive.

People or their relatives were involved in reviewing their care. Work was in progress to further personalise people's care plans by involving them more with planning their care.

People had opportunities to socialise and take part in activities. Staff worked hard to make these meaningful to people.

There were arrangements in place for people to raise their complaints and areas of dissatisfaction. These were listened to, taken seriously, addressed and reflected on to improve the service further.

Is the service well-led?

Good

The service was exceptionally well-led.

People lived in a care home which had a proven track record of excellent service and where the management staff were committed to continued improvement.

There was a strong emphasis on wanting to hear what people and other involved individuals had to say about the service and to use their feedback to further improve the service for people.

There were very strong links with the local community. Providing better opportunities for people to live a fuller life but also to be able to provide support and education to the wider community.

The service worked in partnership with other organisations, agencies and professionals in order to provide a high quality service to those who they looked after and came in touch with.

St Faith's Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 18, 19, 20 and 22 August 2016 and it was unannounced.

Prior to the inspection visit we reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sought the views of commissioners of the service and two visiting health care professionals.

One inspector visited the care home. The views of seven people who lived at St Faith's and five relatives were sought. Ten care staff, one health care professional, the activities co-ordinator, a catering manager, the registered manager and the care director were also spoken with. The care records of three people were reviewed as well as five staff recruitment files. Other reviewed records included a selection of audits, minutes of meetings, complaint records, social activity records, medicine records, accident and incident records, deprivation of liberty applications and authorisations and one safeguarding investigation.

Good

Is the service safe?

Our findings

People were kept safe. We spoke to one relative about how safe they felt their relative was. They said, "If I'm not here I know [name] is being looked after and being kept safe." We observed staff monitoring people who were at particular risk, for example of falling. One person who was at risk of falls said, "They [staff] always make sure I have my call bell near me; they like me to call for help." People's risks were identified and risks assessments were completed, which gave staff guidance on how to manage and reduce risks to people.

We spoke with one relative about the risks to their relative's skin and nutritional intake. They told us they checked the repositioning charts when they visited and confirmed they had found staff always repositioned their relative on a regular basis. This helped prevent pressure ulcers developing. They told us they also monitored their relative's weight and found staff always encouraged and supported their relative to eat and drink. There were arrangements in place to ensure people were manoeuvred safely and to maintain safe mobility so as to prevent falls. One health care professional told us, "The staff know when there are changes in someone." They said, "The staff realise the need for aids to support people to walk and they will refer people to me."

Accidents and incidents were monitored closely. For example, following a fall a record was made of this and the circumstances leading up to it. Senior staff then analysed this information and made further enquires to ensure the strategies in place remained effective. People's more specific risks were also identified and managed. For example, one person was at risk of choking due to their health condition. This risk had been reduced because they had been correctly assessed by a speech and language therapist who determined what texture their food should be provided in. They had also had a seating assessment carried out by a physiotherapist and a specific chair provided to maintain an upright position.

People were protected from abuse and their human rights upheld. The arrangements in place supported a zero tolerance approach to any form of abuse or discrimination. Staff were well trained on these subjects and knew what actions were taken by senior management if there were ever any concerns. Staff also knew what to do if they personally witnessed or suspected abuse or discrimination of any form. They knew who to report their concerns to and were aware of which external agencies also had responsibilities for safeguarding people. Any safeguarding concerns were correctly reported to external agencies including the Care Quality Commission. The service was therefore transparent in their dealings relating to people's safeguarding and rights. We reviewed the actions taken by the registered manager when they suspected possible neglect had taken place prior to one person's admission. They had appropriately shared their concerns with the local authority's safeguarding team so this could be investigated.

Concerns relating to perceived poor or unsafe practice, reported under whistle blowing procedures, were taken seriously. We reviewed a full and comprehensive investigation carried out by the registered manager following one person's report of poor practice. Full statements had been taken from staff and the person involved. In this case this had not been substantiated. There was also evidence to show when well meaning, but unrealistic expectations were made of people or of their abilities that staff took action to protect the person. In some cases family members had needed guidance about people's rights, their condition and their

subsequent limitations.

There were enough staff on duty to ensure people's needs were met and to make sure they were safe. Staff told us this had improved in the last year under the present management as had the mix of staffs' skills. One relative told us there were busy times when there visually appeared to be "less staff around" but they also told us they knew staff were "nearby", "in people's bedrooms" providing care. They also confirmed when call bells rang or people needed help staff were always available. Members of staff confirmed that in situations of last minute staff sickness the registered manager and head of care always helped them. Another member of staff said, "[Registered manager] always tries to make sure the home is covered [staffed appropriately]." Another said, "It is very rare now that we are short staffed." Two relatives commented that they now rarely saw the need for agency care staff to be used.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable. Recruitment files inspected showed appropriate checks had been carried out before staff started work in the care home. Clearances from the Disclosure and Barring Service (DBS) had been requested. This enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had also been sought from previous employers and in particular, when past jobs had been with another care provider. Employment histories were requested and the reasons for any gaps explored at interview.

People received their medicines safely and when they needed them and when they were prescribed. There were arrangements in place to ensure this continued. One person told us about their medicines and said "They just get on with it and give me my painkillers when I need them." We observed staff following safe administration practice. Medicine records were monitored to ensure they remained well maintained so staff knew when people had received their medicines last. Secure storage arrangements were in place. Staff who administered medicines received specific training to be able to do this and their on-going competency was checked.

People's safety and their overall well-fare was paramount. The care home was exceptionally well maintained and cleaned. One relative said "the cleaning is really good." Health and safety was everyone's business so relevant checks and observations were always taking place. More formal checks were carried out and audits kept staff focused on what was required to maintain good health and safety and to meet the required legislation. Information was fed back to the provider's health and safety committee who had an overarching responsibility to ensure people's health and safety. Risks relating to infection control were well managed and reduced. This involved staff adhering to relevant policies and procedures. We observed practices such as the wearing of protective aprons and gloves, hand washing, colour coding of cleaning equipment and segregation and the correct management of soiled laundry. In April 2016 the Food Standards Agency reviewed their rating of the kitchen and awarded a rating of '5' again. This is the highest rating which can be awarded and means the kitchen operates a high standard of food safety and cleanliness.

Good

Is the service effective?

Our findings

At our last inspection on 1 and 2 April 2015 we found accurate care records had not been maintained in relation to: decisions made on people's behalf relating to their care and relating to the support provided to staff. This was a breach of regulation 17(2) (c) and (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider forwarded an action plan of how this would be addressed. They told us this would be fully met by 31 August 2015. During this inspection we found this breach in regulation to be fully met.

People and their relatives consistently told us they were well looked after and the care was of a particularly high standard. When talking to one relative about their relative's care they said, "I want the best for [name] and I can't fault one of them [the staff]. They do everything well." Another relative said, "Its good care and some staff make it really special." Another relative spoke about the time their relative came to St Faith's from another care home, which they described as providing "diabolical care". They said, "Everyone (at St Faith's) worked to get [name] back to health. Completely calm and confident changes would be made to the care and I would be informed." One member of staff spoke to us about one person's health. They said, "[Name] is not quite right, there's something going on but we are not sure what." This person was being monitored closely and staff were making sure the person had regular medical reviews with their GP. This person told us, "They look after me you know." Another person spoke about the care they received and how they felt their health had improved. They said, "They really treat me well, I have not looked back since I have been here." Another person told us how the staff looked after them. They said, "Staff are very concerned for me, I could not fault it."

People had good access to NHS health care professionals. Staff were extremely keen to ensure people received the support they required from the NHS or otherwise. Therefore exceptionally close working relationships were in place with local GPs, community nursing teams and others. Specialist health care practitioners were accessed for people when particular support was needed to manage the person's health needs. For example, advice and guidance was provided from a NHS tissue viability specialist nurse in the case of one person who was admitted with particularly deep wounds. Support and assessment was sought from the NHS continence advisory service when people required aids to help manage their continence issues. Specialist mental health practitioners provided support and assessment for people who required this.

The nursing staff also worked in conjunction with the NHS acute trust by using a specific assessment tool to assess for early warning signs of illness. This tool helped staff identify early deterioration in a person and then decide on what support a person required from community based health teams. The care home had worked successfully with the NHS Rapid Response Team in situations where a person's health had deteriorated but where their needs could now be met within the care home. For example, where the need for intravenous antibiotics over a period of several days had been identified. It had been possible to provide this care in the person's own bedroom and without the upheaval of a hospital admission by working with the NHS Rapid Response Team. Not only were the care home actively helping to reduce hospital admissions it provided people, who had previously expressed a wish not to be admitted to a hospital, further choice as

to where their health needs could be met.

People also had access to regular foot care, eye care and dental care. NHS referrals were made for these where needed and where appropriate, although many people accessed private care with the support of their relatives.

People received care from staff who had been trained exceptionally well. The registered manager confirmed the provider invested heavily in staff training and staff support. This was borne out by the levels of basic training we found staff had completed, their access to further training, its effectiveness on their practice and the support they were given to develop professionally. Training, staff support meetings, competency checks and yearly appraisals were commitments all staff signed up to when working for the provider. This related to all staff whatever their role and position. All staff had received at least two supervision sessions with the registered manager and other senior staff, and all staff had received an annual appraisal. These sessions had been recorded.

The provider's initial induction training comprised of two full weeks within the provider's training suite where all subjects considered necessary, by the provider, were covered so staff could work safely and effectively. This training was delivered in line with the provider's policies and procedures and was pertinent to St Faith's. Staff then completed further training modules relevant to their roles. On-going competency checks then followed with support from designated staff to work alongside members of staff to enhance their knowledge and skills. The registered manager explained that when recruiting staff the training and study commitments were explained to staff. The provider was working with an appropriate organisation to get their induction training accredited. This would mean that the provider's own induction training could be recognised and accredited as being of a high standard within the industry.

The registered manager explained that staff new to care completed the care certificate's modules of training. This lays down a framework of training and support for new care staff. Its aim is that new care staff will be able to deliver safe and effective care to a recognised standard once completed. Staff who wished to then study further were encouraged to do so and those who required additional support with their learning were provided with this. One of the provider's staff had been funded by them to attend a full-time teaching course. They were completing this at the time of our inspection and were due to complete this in June 2017. The longer term goal was that this would better equip this member of staff to support all types of learning needs. There were robust systems in place to identify which staff needed what training, by when, what updates were due and which staff had not attended training for whatever reason. Training specific to people's needs as and when these arose was also organised when needed. For example, training for all care staff had been booked through the Stroke Association so staff could better understand the needs of those who had experienced a stoke. This was due to commence in December 2016.

One member of staff had attended an external course specifically to help improve their skills and confidence in their role. This had been paid for by the provider. They said "to take that kind of interest in me" and "to offer that was great." The registered manager told us the investment had been worth it as the staff member and their work had really benefited from it. Another member of staff said, "If you want additional training in something you are interested in she [registered manager] will organise this." This staff member told us about a specific training they had completed and how by now being able to take people's blood meant people did not have to wait for an available external health care professional to take this. This meant the GP's request for blood investigations could start immediately. This member of staff also confirmed they had received a year end appraisal in which they had been able to discuss future training and opportunities. They said, "I was given the opportunity and I grabbed it." The registered manager told us they had recognised potential in this member of staff. This member of staff had commenced a national qualification in care

management and leadership.

The provider also ran specific courses to promote and support management skills within the organisation. Staff who showed potential and who wished to progress and manage teams were supported to do so. This was the case for one member of staff who had completed four days of training in team management and leadership. They now effectively managed a team of eight staff in St Faith's. The results of their effective management of this team could be seen during this inspection in the cleanliness of the building and in the way the cleaning staff organised their work. Two further staff said "the training is brilliant" and "you can suggest a course you would like to do and it's organised." Another member of staff said "She [registered manager] likes you to train and the training is very good." One member of staff had also been provided with additional knowledge and support to become a dignity champion. Their role was to promote and support dignity in care and to ensure staff upheld this at all times. A principle which was pivotal to the provider's philosophy.

Another member of staff's particular skill in personalised care planning had been recognised and used. They had been provided with designated time to sit with other staff and help improve their care planning skills. Care plans were beginning to improve in order to provide staff with better guidance and to support more personalised care. Two more senior staff told us how staff training helped to benefit people. They said, "They [senior managers] listen to what is needed by the staff. [Registered manager] knows what training will benefit people. For example, more end of life training had been suggested and further training provided." The service was already working with the Gold Standards Framework (GSF) Centre in end of life care. Staff had received training through this and the service planned to put forward their evidence for GSH accreditation in September 2017. Another member of staff said, "You are encouraged to suggest trainings that you may like to do and which would benefit people. I just happened to mention [name of training] and it was booked straight away and we were off to Bristol to train." This training had been in tissue viability and wound care. This training had enabled these staff to bring back up to date and new knowledge which they could share with colleagues to improve practices in pressure ulcer and wound care.

One relative spoke of their relative's specific dementia care needs and severe anxiety. They told us they knew staff had received specific training in dementia care and this had a positive impact on their relative. They said "they deal with it really well and the anxiety that comes with it – excellent". The registered manager had completed the dementia leadership course co-ordinated by the local county council and delivered by specialist dementia care health care professionals. They supported staff who had also completed dementia link worker training. The role of dementia link worker was to support staff generally to deliver better outcomes for people who lived with dementia. These staff attend local dementia forums and workshops to keep their knowledge and skills up to date.

The activities co-ordinator and all activity champions had completed training through the National Activity Providers Association (NAPA). This training is specifically designed to train staff to become specialist activity providers in their own care setting. It supports and provides the knowledge and skills to provide activities which are meaningful to people. This training had benefited people because the activities provided at St Faiths were designed around people's abilities and preferences. They were also evaluated to ensure they remained meaningful to the person. An example of why specific training is important and how this positively benefited people was evidenced in one person's particular case. The activities co-ordinator had been evaluating the activities their team had been carrying out with one person who lived with dementia. By analysing the person's level of engagement with the various activities they had identified a change in the person's abilities to engage. Activities which the person had previously enjoyed had become difficult for them. The person's perception of their surroundings, in particular their bedroom floor, had altered and there was a reluctance on the person's behalf to walk on it. By having an understanding of this person's type of

dementia more sensory based activities were introduced. This included the use of brightly coloured items, items which made sounds and different tactile experiences. They found the person was better able to engage when these were used. The person's relative told us it was now difficult for them to interact with the relative but the objects helped them do this. We observed the person interact with their relative when one of these objects was introduced. Advice was taken from dementia specialists about the floor and this was altered to resemble a floor which was familiar to the person with good results.

The provider actively encouraged senior staff to attend train the trainer courses with the county council so they were able to deliver set subjects to their own staff teams. During the inspection the registered manager completed her observed teaching session on safeguarding people and passed. She was due to attend the same course to be able to deliver training on the Mental Capacity Act. Monthly learning sessions took place. For these a particular topic would be chosen. For example dementia care and training sessions would be delivered on this subject. People's relatives were invited to these.

People were supported to make independent choices and decisions even if others did not necessarily agree with these. Sometimes we observed support being given for very simple decision making, such as what a person wanted to eat and at other times for more complex decisions about treatment. Staff recognised that people's abilities to make decisions could alter and where this was the case this was recorded in the person's care plans. For example, one person's care plan stated they required more support to make decisions around what they ate and their personal care when their mood was low. The same person had been informed of the benefits of taking the GP's and nurse's advice about one aspect of their care. However, sometimes the person still chose not to take their advice. The care records recorded the person as having capacity to make their own decision about this. Another person's care records recorded them as being able to make simple decisions but needed support for others. An update to this person's records stated: "now just answers yes and no to simple questions". This showed staff were continually assessing the person's ability to make independent decisions and recognising that, although their ability to be involved had lessoned, they still needed to give the person the opportunity to make decisions. Another person's care records recorded the fact they lived with dementia but also recorded their ability to make their own decisions about various aspects of their care. We also observed staff seeking people's agreement before delivering their care and support.

Where people lacked the ability to make decisions about their accommodation and their care and treatment they were protected under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) because the staff adhered to the legislation. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions, but they are helped to do so when needed, as evidenced above. The MCA also says when people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We therefore saw MCA assessments in place for specific decisions, these decisions incorporated in to people's care planning and risks were managed in the least restrictive way. Where people had not been able to consent to living in the care home deprivation of liberty safeguard applications had been made to the local authority (the supervisory body). Safeguards had been authorised for four people and numerous other applications had not yet been formally assessed by the supervisory body.

People were supported to have enough to drink and eat and their nutritional risks were managed well. People's weight was monitored and concerns about these reviewed with the person's GP. We spoke with the head chef about how the food provided to people was nutritionally assessed. Each serving of an individual food item, on a four week menu, was given a nutritional value. This work was completed by the provider's nutritionist. Menus for the four week period were devised with the help of the nutritionist with people's

involvement. Lunch comprised of two main options with 13 alternatives all nutritionally assessed. Following consultation with people about their likes and dislikes information about each individual was held in the kitchen as well as the person's care plan. Where people had fed back that they did not like a particular meal option, this would be removed from the menu. An example recently had been a mixed bean salad.

People made their daily food choices the day before but for people who found this difficult staff provided support on the actual day to make choices. We observed staff doing this in practice. Food allergens had been identified and information provided for people and their relatives. Staff on each unit also had access to relevant information. Specialised diets were prepared freshly and the kitchen staff were fully aware of who required fortified meals in order to help them gain weight. Fortification was carried out by adding extra butter, cream and powdered whole milk to the food, sauces and drinks these people had. A choice of cakes and biscuits were prepared each day to serve with hot drinks in-between meals.

People with swallowing problems were assessed by a speech and language therapist who would determine what texture their food should be provided. This ensured the risk of people choking was reduced. Both pureed and soft textured meals were prepared freshly from the same ingredients as used for everyone else. As there were many people who required support to eat and drink and in order to manage this well, the care home employed care staff whose designated task it was to help people throughout the day with their eating and drinking. These staff had been specifically trained to feed people safely and to solely focus on ensuring people received the support they required. They had designated time to specifically support those who were in bed and poorly or people who lived with dementia where supervision with their food was required in an unrushed manner. One person said, "They always cut my food up for me and make it easier for me to eat. I prefer fruit to cakes and I always get that." We observed one person, who declined their main meal and several other options. They were offered small plates of their favourite snacks, one at a time, in order to encourage them to eat something. The chef said, "We will try to get whatever anyone wants." One person had got into a routine of liking a particular food as a snack during the night so this was now on regular order. Another person said, "We now have salmon and peaches which I love." This practice ensured people's nutritional well-being was supported and for those who found food choices difficult, to have access to what suited them best.

People's eating experiences were improved by the staff supporting special events and gatherings with family and friends. The chef explained they catered for main house events, parties, relative gatherings and more intimate meals with partners, wives and husbands. A recent barbeque for 80 guests and people who lived at St Faith's had been organised by the catering team as part of the care home's summer fete. We saw photographs of this with people enjoying time and the food with their family and friends. The chef told us people's relatives also often stayed for meals and other family gatherings. To improve people's experiences further there were plans to provide restaurant style dining. People would be waited on and there would be a refrigerated display unit for several sweet options and the option of wine with the meal.

Good

Is the service caring?

Our findings

People and their relatives told us the staff and the service as a whole was caring. The director of care told us, "You cannot teach caring and compassion so when we interview staff we are looking to see if the person also has this quality". One relative told us what caring and compassion meant to them. They said, "It's the little things staff do like wipe a person's mouth and hands after a meal. It's important to me, because it was to [name] when [name] was well that [name] looks nice each day. The staff know this and they always make sure [name] looks lovely". Another relative said, "[Name] wanted to come here". They went on to say this person had visited people at the home before they were poorly and they knew the staff would care for them when it was their turn.

A health care professional gave one example of where a person's quality of life had really mattered to the staff. They explained to achieve this care had been given with compassion and it had not been easy because the person had been so frail for so long. They said "they managed to care for this person beautifully". Another health care professional confirmed that they considered staff to be caring and compassionate. One relative told us their relative had improved since being admitted to the care home. They said, "They see [name], they talk to [name] and take [name] into the garden; [name's] happy here". One person told us, "The staff are lovely, some have become friends". This person showed us a wipe board with caring and personalised messages on it which staff wrote when they visited them. The person's favourite soft toy was also placed each day in a position where they could see it. Another relative said, "They care for [name] as if [name] were their own Mum, they go above and beyond". This relative also told us that their relative had been supported to attend family gatherings but what had impressed them was staff who their relative had a particular rapport with were ready to receive them back after the gathering. They said "they [staff] stayed with [name] to ensure she was not in a situation where she had been surrounded by family all afternoon and then was suddenly on her own". The relative considered this to be "very caring".

We observed kindness and compassion being shown to people. One person was particularly distressed and the member of staff was understanding and reassuring in what she said and in the way she put her arm around the person and comforted them. There were examples of staff visiting people in their own time to bring extra quality to people's lives. One member of staff brought their pet in to visit one person on a regular basis because they had found out by talking with the person that they particularly liked their breed of dog. One relative told us a member of staff prayed with their relative which they considered to be "over and above" what they would expect but they appreciated this as they knew this would be important to their relative. The member of staff said, "I'm the same faith as [name] so we pray together; [name] likes me to do that."

People were involved in planning their admission to the care home and if they could not do this their relatives were usually involved and spoke on their behalf. People were able to bring in personal items which helped them personalise their bedrooms. Relatives' involvement was actively sought for people who were unable to be involved in planning and reviewing their care. One relative told us they were involved in this process and said, "The care is really centred on the person, it's genuinely caring".

Staff recognised where people wanted to be independent and supported this. People were supported to be as independent as they could be. People's choices were respected and supported. People were free to go out when they wanted to and to treat the care home as their own home when their family and friends visited. This meant they were able to entertain where they chose to, be it in their own bedrooms, lounge areas, or in the attractive garden. Relatives were made welcome. One relative said, "I'm welcomed and spoilt really. One to one support was provided to people to maintain independence and quality of life

We observed people's dignity being maintained. This included the practice of covering people's legs with a blanket when manoeuvring them in a hoist and making sure their clothing was protected when helping them with their food. People's privacy was also maintained, for example, personal care was always delivered behind closed doors and staff did not talk about people's care in hearing range of others.

We observed staff delivering kind and compassionate care to people who were very frail and who were being kept comfortable, pain free and safe. Through conversations with relatives we found staff actively supported them to be involved in their relative's care at this point. Where people were unable to express their wishes staff worked closely with relatives to ensure, as best as possible, the person's wishes were upheld. Where people had already expressed specific end of life wishes these had been recorded so staff were aware of these. The care home provided a lot of end of life care and the registered manager and other staff told us this was done well. At the time of the inspection no-one was receiving immediate end of life so we were unable to capture relative's views about this. However, the numerous compliments received from relatives following the death of a person spoke very highly of the care given. Including the support afforded to relatives and others who mattered to the person.

The service had wanted to improve people's opportunities to be involved in making decisions about their future care and end of life care, at a time that suited them, but also when they were able to be fully engage in this. The Director of Care was a member of the Gloucestershire Care Commissioning Group (CCG) Palliative Care Board and through this St Faith's promoted and supported the use of the CCG's "Planning for Your Future". This was a form of advanced care planning. The registered manager belonged to forums which supported this approach and staff had been trained and supported to have these conversations. The registered manager had spoken with the local GPs about their part in this advanced planning. Time for their involvement still needed to be planned. Their role was to have specific conversations with people about future medical decisions and the decisions the person would ultimately like made in their best interests, if and when they were unable to make these. This was to be recorded and at an appropriate time all health care professionals involved in the person's end of life care would be aware of their decisions and wishes.

Staff also requested information about who held power of attorney for health and welfare so they knew who to have significant conversation with and who was able to make certain decisions on behalf of a person.

Good

Is the service responsive?

Our findings

At our last inspection on 1 and 2 April 2015 we found accurate care records had not been maintained in relation to: people's care plans and risk assessments. This was a breach of regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider forwarded an action plan of how this would be addressed. They told us this would be fully met by 31 August 2015. During this inspection we found this breach in regulation to be fully met with further improvements being made to people's care plans.

People received the care they needed in a way that suited them best. Care was personalised to people's individual needs. One relative said, "They [staff] are marvellous. If I feel [name] is uncomfortable and I ask the staff to move [name] they do this immediately and make her comfortable". One relative had not wanted to complain but they told us of a situation that they felt had not been responded to quickly enough. With their permission we spoke with the registered manager about this. The registered manager explained, in this case, she considered the staff had responded as soon as they could and appropriately with the information they had. They also clarified that learning can be derived from any situation and this would be one that would be reflected to try and ensure a relative was not left feeling this way again. One person told us, "I like to go back to bed after lunch, I'm tired then and the staff know this and always help me". When talking with another person about how staff respond to their needs they said "they deal with things straight away, I like that."

People's care needs were recorded in care plans which were maintained and which gave staff accurate guidance on how to manage the person's care. Care plan auditing by the registered manager and other senior staff had identified that the care planning content was accurate and maintained but could be more personalised. One audit comment in July 2016 summarised what the registered manager wanted to see. It said "whilst accurate does not place [name] at the centre." Therefore work had commenced on personalising the care plans. We spoke with a member of staff taking part in this project and they told us this involved talking (where possible) with the person about how they wished their care to be delivered and including their comments within the plan of care – putting the person's voice at the centre of the plan. One person's care file had very detailed care plans in it and by reading these we had a good picture of the person's needs and how they liked these met. In another care file the care needs were well explained, as was the care required, but detail about the person's religious beliefs, were not recorded in a relevant care plan. The care records reviewed also showed good evidence of relative involvement on behalf of people and good communication with relatives when people had fallen or become poorly.

People had opportunities to join in social activities and activities which they particularly liked. The care home hosted external entertainers on a regular basis and we observed a singer being enjoyed by a large group of people. The activity co-ordinator and staff who were activity champions also promoted activities that were meaningful to individuals, enjoyed either in small groups or individually. All staff were encouraged to get involved and encouraged to come forward with specific suggestions. For example, one member of staff had found that one person "loved" James Bond movies, so an escorted visit to the cinema was organised for this person to see the latest Bond movie. Another person chose not to leave their bedroom but

enjoyed socialising with staff and taking part in activities, so these were taken to them and completed on a one to one basis in their bedroom. Innovative ideas were used to promote conversation. For example, an IPAD was used to bring up maps of the world and through this people reminisced about where they had lived and travelled. The IPAD was then used to look at those parts of the world as they are now.

Activities were enjoyed by the people we spoke with. One person said, "I go to the hairdresser once a week and then I was invited to a sing-a-long. I did not want to go initially, not really me, but did and found myself singing to the songs. I would go again". Another person who was very hard of hearing said they found some activities difficult as they cannot hear but go to one's they enjoy such as the exercise classes. They said "I really enjoy these." Another said they enjoyed watching their television and using the interactive button. Staff had moved their bed so it was at the right angle for them to do this independently. One person did not want to speak with us and chose not to socialise with others. We observed they had a daily newspaper which they told us they enjoyed reading. Staff told us several people had daily newspapers which were delivered to them early in the morning.

We reviewed information recorded of meaningful interactions staff had with people. This showed that not only were activities taking place in the form of organised social events but socialising through conversation and spending time with people took place. One entry by a member of staff recorded the fact they had sat in the sun, in the garden with a person with a cup of tea just outside their bedroom. The activity co-ordinator explained that this person loved chatting to people and staff spending time with them. They also particularly enjoyed the garden and had their own flower pots outside their patio doors.

A service had been started to support people on a one to one basis to start or maintain links with groups and clubs which they had been part of before their admission to the care home. This included local church groups, lunch clubs and Probus Club memberships.

People were able to raise a complaint have this listened to, investigated and responded to. The provider's complaints procedure was well advertised. We heard through numerous conversations with relatives and staff that the registered manager's office door was literally always open and they were always available and would want to sort any issue out straight away. One relative said, "Concerns very quickly go to the top and come back down again. I'm in the home a lot and I'm looking for problems. I know if I'm worried about something it is acted on, not the next day but the same day". The registered manager told us they viewed any form of dissatisfaction expressed as someone effectively making a complaint. They told us these were always recorded along with the investigation carried out, the findings and when the person was responded to. Therefore between January and August 2016 there were 16 entries in the complaints file. These varied in how they had been received but predominantly by talking with the registered manager during a visit. This showed that the registered manager was clearly someone people and relatives felt they could talk with.

Issues raised included individual care issues, for example, how a person had been fed, how they had been moved, to lost footwear, to staff not making foot care appointments, waiting long periods of time for NHS appointments, relatives wanting care delivered in a certain way, how the staff were deployed, one invoicing mistake, a person getting upset with their visitor and waiting too long for the front door to be opened. The majority were responded to initially on the same day and all with a final response within the provider's set time-frame.

Issues raised about care were investigated fully as were any allegations of poor practice. One situation had resulted in further training being identified for a 'feeder carer'. The registered manager explained that quite often relatives needed to understand why care was being delivered in a certain way and that staff cannot make people do things they do not want to do. Other issues were managed immediately for example,

allocating staff to answer the front door and increased hours for reception staff. The registered manager explained that by talking with relatives straight away helped resolve issues and provided reassurance. They also explained that where an apology was necessary, for example following incorrect invoicing or loss of an item this was always given. Complaints and areas of dissatisfaction were used to improve the service and for staff learning.

Good

Is the service well-led?

Our findings

People and relatives told us the care home was well managed and the management team were visible and approachable. The following comments were from different individuals, "This home is the top one, I looked at seven care homes first", "I feel it's one of the best care homes", "It's run very well" and "There is a chain of command which is followed and everyone works as a team."

The following comments are all from individual people, relatives and one health care professional and are specifically about the registered manager. "She's a tonic to everyone", "I'm able to see her any time, communication is good and things get done", "I have not met anyone or any member of staff who has a bad thing to say about [registered manager]", "She gave me time, everything is excellent", "When I met [name of registered manager] and re-visited the care home it was quite evident things had changed. Things were more structured, it was efficient and effective, she had changed staffs' way of thinking", "Her door is always open, staff have commented to me about this" and "She is on it all the time, she's all over the home following things up."

The following are a selection of the many positive comments made by the staff specifically about the registered manager. "Small person but big character. She has the ability to like everyone", "She is very supportive and is accessible at any time", "I get loads of support from her, it's great that she took the interest in me", "She has done incredible work in the home. She always supports us and we try to support her. She likes to see good team work and the job done properly", "She's firm but fair – amazing really", "She is contactable weekends and night-time if you have a problem", "She deals with any matter straight away", "She does not tolerate bad feeling, she says let's address this now", "Best boss I have ever had", "She is a nurse herself, has patient care experience, so understands what we say, she listens, wants to hear our ideas and is there for us. I look forward to coming to work" and "She is really amazing."

Staff members told us what impact they felt the registered manager had on the outcomes for people and the service as a whole. One said, "We are all here first for the residents and she supports me and my colleagues to do our job well so people get very good care." Another, whose role it was to improve people's quality of life said, "The success I have had comes from her encouragement and support of my role." Another said, "She has got to know the home and has turned it around for people." A further member of staff said, "The difference, the impact on residents is, they now receive person centred care, she knows them, she makes sure we know them and she wants the best for them."

The registered manager ensured that she personally remained fully aware and up to date with current adult social care affairs and older people's care so she could advise and support her staff and act as strong role model. She did this by maintaining her own professional learning and development as a registered nurse with the Nursing and Midwifery Council (NMC). Also by engaging with and working alongside health and social care agencies and professionals who specialised in older people's care and the care of those who lived with dementia. She was involved with a local health care trust in an advisory role on adult social care issues and dementia care in a community setting.

This knowledge and involvement had enabled the registered manager to meet the shortfalls identified in our last inspection in April 2015, improve on practices and systems generally and then maintain and sustain the improvement. She had used her skills and knowledge but also utilised the support and skills of others within the provider's group. The Director of Care said, "She is an outstanding manager, so efficient and has the ability to bring the best out in her staff."

There was an open and positive culture within the care home. This originated from the support and guidance provided by the board of trustees, to the senior management team of which the care director was one, to the registered manager and down through the entire staff team. It was clear that both the provider and registered manager made their expectations known in a consistent and constructive way. Staff believed in these, had taken ownership of their individual responsibilities and were committed to providing an exceptional service to people. Our observations and conversations with people, relatives and staff told us first and foremost the service was all about the residents' quality of life. Staff meetings and meetings with people and relatives were held as well as informal conversations to consistently seek opinions on the services provided.

All management staff in the home were committed to continually striving to improve what was already in place. Staff took pride in their work and told us they were proud to work for Lilian Faithfull Homes as a whole. They were happy in their particular roles and wanted to do well. This was seen in the way the care home was cleaned and maintained, in the way people's care was delivered, how the food was prepared, how people's quality of life mattered to staff, how relatives were supported, often through very difficult journeys and staffs' enthusiasm for their training and development. Very robust quality monitoring took place both by the registered manager and provider. We reviewed a selection of what were many audits which were carried out across a year. The findings of these resulted in actions which ensured the service met with required regulation, legislation and the provider's own expectations. All managers were responsible, at various stages, for producing information which was fed back to the board of trustees. The board of trustees consisted of people with a range of relevant expertise and who were committed to upholding the original founder's principle which was: "a desire to improve the lives of others through care and dedication".

The management team empowered people, relatives and staff to voice their opinions because they truly wanted to hear what these were. The registered manager provided ample opportunities for feedback and was highly visible. One member of staff said, "I don't know how she does it, she is everywhere." Staff told us their meetings were a two way process and the registered manager made them think and get involved. Relatives told us they felt included and very involved. Where relatives had wanted to the registered manager had met with each family in the last year to talk about their specific relative and the services provided to them. One relative told us, "They [staff] want you to be involved." This relative had taken on responsibility for some of the flower displays in the garden. They said, "I'm able to do it and I like to do it for [name of relative], the other residents and [name of registered manager]."

Various actions had taken place in response to people's feedback and relative suggestions. These included: the initiative to make a specific area available for people to enjoy their meals and partake in afternoon tea with their relatives and friends, changes to the garden which now offered a safe walk way, seating with colourful furniture, sensory stimulating plants and objects and a heated summer house, a pamper session room which offered manicures, pedicures, hairdressing and a gentlemen's facial hair removal service. This had been suggested because many people wanted to still experience these services but were not able to access these in the local community. Feedback had also included the wish to have more designated one to one time with the nursing staff. In response to this arrangements had been made to reduce the time nurses spend administering medicines so more time could be afforded to people by the nursing staff.

Staff told us they felt valued and that they were aware the provider and registered manager went to great lengths to contribute to their well-being. Actions ranged from the Chief Executive Officer (CEO) presenting long-service awards and gifts being given to staff who had been judged to be staff member of the month. This recognised big and small contributions which were viewed as being over and above what was expected. People, relatives and other staff could nominate a staff member for this award. Staff told us the registered manager always recognised and said thank you to them for their contributions. It was explained that on one hot day recently ice creams were brought for everyone who wanted one including the staff. Staff, as well as people received fresh fruit daily. Staff had access to highly subsidised meals which could be ordered before they arrived at work or whilst at work. The registered manager explained that sometimes staff came to work without time for breakfast or lunch. The provider was interested the well-being of their staff and the registered manager also supported staff with personal problems. They said, "Problems at home or elsewhere in staffs' lives can affect their performance at work. It has a knock on effect and we want happy staff". Staff also had access to a confidential counselling service which was payed for by the provider. In particular the provider had recognised that in their staff group there were issues relating to bereavement and domestic issues which sometimes required additional support. The senior management of Lilian Faithfull Homes visited the care home frequently so that people and staff had access to them and could voice their views. The Provider Information Request (PIR) also told us this included late evening calls so night staff were included.

The provider and registered manager wanted to ensure the care home provided a service but also support to the local community. St Faith's had good links with the local community which included the involvement of the local church and schools. Students from schools nearby visited the care home on a regular basis as part of their community studies. Some visited as part of their work towards the Duke of Edinburgh Award. The registered manager explained that some then just wanted to carry on as volunteers. One younger member of staff started visiting the care home from school and they now worked part-time whilst studying to gain entry to nurse training. The Director of Care regularly visited local schools to talk about life in a care home, older people in society generally and dementia care. There was a desire to offer what expertise they could to the wider community and a desire for adult social care for older people to be better understood.

Another of the provider's initiatives had proven to be very successful and was called The Memory Awareness Support Team (MAST). This meeting ran monthly and was held alternately at St Faith's and one of its sister homes. It was aimed at carers still caring for someone in the local community and the relatives of people who lived with dementia within the care home. It provided support, companionship, advice and education. The registered manager explained that part of her work involved speaking with people from the community who sometimes contacted the care home for advice and support. Her knowledge of adult social care in the community and the MAST group enabled her to sign-post people to something tangible which could provide support.