

Clifton St. Anne's Personal Care Services Limited

St Johns House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 23 March 2016 and was unannounced. At the last inspection carried out on 29 May 2014 the provider was meeting all the regulations that were assessed.

St Johns House provides residential care for up to 36 older people.

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

At this inspection we found a vibrant, happy and thriving community. There were strong and mutually respectful relationships that existed between the people living at the service and the staff team. When asked, people's feedback about the service was consistently high and people told us the care they received was, "Magnificent," "Marvellous," and, "Fantastic." The overall impression from feedback from a variety of sources was that everyone thought people living at St Johns House were receiving the best possible care from an excellent staff team.

Emphasis was given to supporting people to lead an independent and fulfilling life, which the registered manager described to us as, "Adding Life to Years," and encapsulated the beliefs and ideals of everyone working in the service. People living at the service could be as involved in decisions as much as they liked. We heard for example that people actively participated in staff recruitment and with an election to get a rescue dog, chickens, and a garden swing seat.

When we visited we found there was a stimulating, active environment with plenty of fun and laughter. Confident, experienced leadership provided a tangible presence in the service and managers successfully promoted the family values and people's wellbeing and happiness, which, they told us, lay at the heart of everything they did.

The service had attained regional and national recognition through accredited schemes which acknowledge quality practice such as Investors in People Silver award, The Living Wage Foundation and Customer First. The management team encouraged and consulted with staff at all levels to improve the quality of service and all staff were encouraged to develop positive relationships with people living at the service and with each other. Staff took key roles to research best practice and promote better outcomes for people. For example, the registered manager was the recognised change leader within the organisation for the outstanding service programme with Ladder to the Moon looking at ways to engage with people creatively.

The registered manager had completed training to enable them to deliver safeguarding training to staff to make sure that risks to people were well managed. They were confident about local safeguarding policies and understood when they needed to raise an issue with the local authority to ensure any safeguarding

concerns were dealt with in a timely manner.

Risks assessments were in place for a wide range of environmental and individual factors. This helped to ensure that risks were identified and action could be taken to reduce and minimise the likelihood of potential risks to people. Specialised cleaning equipment including laundry equipment had been purchased to minimise the risk of cross infection.

Robust recruitment systems were in place to recruit staff safely. All staff received induction training, which introduced them to the culture and values of the service. They also received training in addition to specific training for people's individual needs. There was a health and wellbeing champion who met with the GP each week to discuss people's health care, which ensured that people's welfare remained under constant review.

Staffing levels were flexible to ensure people were well supported to make full use of the facilities and go out on trips. There were dedicated activity coordinators in addition to the housekeeping staff, kitchen and laundry staff, all of whom took an active part in every aspect of the service and were also encouraged to develop positive relationships with people living there. The service was maintained to a very good standard of comfort and cleanliness and when we looked around one person described the accommodation as, "Always spotless." We saw a new extension had been built to house a new laundry, and there were plans to extend and refurbish the kitchen.

One member of staff had responsibility for the safe management of medicines to ensure people received the right medicines at the right time and that these were handled safely. Both the registered manager and the medicine champion regularly reviewed and audited medicines to ensure they met people's current needs. They were proactive in involving health care professionals whenever they felt that changes may be required.

The registered manager was clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People confirmed they were consulted about their preferences including their food and drink choices. The chef met with people on a regular basis to ensure preferences were reflected on the menu. Meals were an enjoyable occasion, tables were attractively set and people could either sit in social groups they felt comfortable with or take their meals privately in their own rooms according to preference. Themed days including special meals and celebration meals featured regularly on the menu. The service had its own minibus and people were also frequently offered the opportunity to eat out in local cafes and restaurants.

Mobile tablets had been recently introduced for care planning and to record daily records and handover records and we saw staff confidently using these. People had informed staff about the areas of their care they considered most important and care plans reflected their particular wishes.

People were encouraged to give feedback informally on a daily basis, through surveys and regular meetings and the service acted upon what people said.

Effective management systems were in place to safeguard people, promote their independence and wellbeing and drive continuous improvement.

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.

Systems were in place to manage risks safely including the safe management of safeguarding matters, staff recruitment and medicines.

The provider was proactive in addressing issues of safety so that people were supported to live fulfilling lives.

The provider had invested in innovative cleaning and laundry technologies to reduce the potential risk of infection with regard to the code of practice for health and social care and related guidance.

Is the service effective?

Good 

The service was effective.

Staff had the right skills and knowledge to meet people's assessed needs.

The provider was meeting the requirements of the Mental Capacity Act (2005) Deprivation of Liberty Safeguards. People were involved and consented to their care, treatment and support needs.

People spoke positively about the quality of the food. A choice menu was offered and food preferences were taken into account.

Management and staff were proactive in referring to health care professionals. People had access to healthcare services and good professional relationships were in place.

People lived in a pleasant, comfortable environment. Accommodation was furnished to a high standard and was suitable for people's care needs.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People told us they were treated with great kindness and compassion and there was excellent communication at all levels. The staff promoted independence and involved people in decisions on the running of the service.

Warm and caring relationships were effectively promoted and staff knew how to respect people's privacy, dignity and human rights.

Staff were knowledgeable about the people they cared for and supported, which included their personal preferences and their likes and dislikes. They responded to people in a caring way and people were actively listened to and their views were acted upon.

Is the service responsive?

Good 

The service was responsive.

People received consistent, personalised care, treatment and support.

A new system of electronic recording on mobile tablets had been introduced. This meant that essential information about people's changing needs was being effectively recorded and could be shared between staff in handover, meetings and reviews in a timely way.

People were actively encouraged to make their views known and their suggestions were acted upon.

People were offered a wide range of activities and they were also supported to maintain their individual interests. The service has established links with the local community.

Is the service well-led?

Outstanding 

The service was extremely well led.

Effective, well developed management systems were in place to safeguard people and promote their wellbeing. Feedback from a variety of sources including people who used the service; relatives; healthcare professionals and from an independent market analyst was all extremely positive.

We found there was a mutually respectful culture, which recognised and valued the contribution made by both the people living and working at the service.

Management actively sought the views of people using the service, relatives and staff and acted upon those views to provide a high-quality service with a strong emphasis on continual improvement and best practice.

St Johns House

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 23 March 2016 and was carried out by one adult social care inspector. It was unannounced.

Before the inspection the provider completed a 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 reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

On the day of the inspection we spoke with seven people who lived at the home, three visitors, the managing director, the registered manager and five members of staff. We spoke with the practice manager at the local GP practice and with a District Nurse. We contacted the GP, the contracts and commissioning team from the local authority and Healthwatch to gain their views. Healthwatch gathers the views and experience of people about their local services, and uses that information to help improve services and influence commissioning outcomes for people living in the area.

We spent time observing the interaction between people who lived at the home and staff. We looked at some areas of the home, including some bedrooms (with people's permission), communal areas, the kitchen and laundry room and office accommodation. We also spent time looking at records, which included the care records for four people. We looked at the recruitment, supervision and appraisal records of four members of staff, a full staff training matrix and other records relating to the management of the home including quality assurance checks, meeting minutes and people's surveys.

Is the service safe?

Our findings

Everyone we spoke with confirmed they felt safe living at St Johns House. One person said, "I am happy, safe and well looked after here. We appreciate everything the staff do." Another person told us, "Any initial anxieties I had on coming to live in a care home were soon allayed. I find all the staff here are very good and I feel very secure."

The registered manager had completed 'Train the Trainer' courses in safeguarding and moving and handling, which they said enabled them to deliver training to frontline staff confidently. There was a detailed safeguarding policy in place which guided staff on any action that needed to be taken. All the staff we spoke with had a good understanding of the correct reporting procedure. They told us that they would speak to one of the managers if they had any concerns and were confident that any issues they raised about people's safety and welfare would be acted upon appropriately. Records showed the staff had received training in safeguarding adults and this was regularly updated, with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected. While there had not been any recent safeguarding incidents the registered manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

A wide range of individual and environmental risk assessments were undertaken, supported by detailed action plans. Environmental risk assessments covered both the internal and external areas of the home. These identified specific hazards and control measures, which had been put in place to minimise the potential risk factors and meet people's health and care needs. The registered manager monitored and analysed all accidents and incidents and completed a monthly falls analysis. The registered manager monitored and analysed all accidents and incidents and they used this information to plan for future care. All incidents were recorded and an outcome based plan was included to minimise the risk of future occurrence.

The registered manager told us that wherever possible they contracted with suppliers who could guarantee quick response times in the event of equipment failing. They had also built in emergency back-up equipment and options wherever possible and had installed a stair lift and purchased specialist evacuation chairs to facilitate evacuation in case of emergency. The service had dedicated maintenance support and records showed that they completed safety checks such as weekly fire alarm testing, electric portable appliance (PAT) testing and water temperatures. Periodic testing was also undertaken routinely for emergency lighting, hoists, legionella and fire alarms.

The wireless call system in place meant that call buttons could be placed within close reach for people. We noted call bells were answered quickly and people did not have to wait long periods of time for assistance to be provided. The call system was also compatible with pendants that people used when they were out and about in the garden and also with pressure mats if these were required to alert staff because of an individual's mental frailty or a falls risk. The call system logged the details of calls and response times, and this allowed managers to audit response times to ensure care delivery was prompt and safe.

Robust recruitment and selection processes were in place for the safe recruitment of staff. Appropriate checks were undertaken before staff commenced work. Staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of identity had also been obtained.

Good staffing ratios were maintained to ensure care was delivered in a timely way and was safe. Staffing levels were flexible so that if people needed extra support due to illness or to take part in particular activities there were staff available for this. In addition to the registered manager and the deputy manager there was also at least one senior care worker on duty for each shift, sometimes more. The home had three activities organisers, as well as dedicated maintenance, cleaning, laundry and catering staff. People who used the service told us there were always sufficient numbers of staff on duty to meet their needs safely. Staff were very friendly and were visible to people who used the service at all times. When we spoke with people, they told us they never had to wait for assistance. One person said, "If you need help they are always there very quickly." Staff we spoke with told us there was always enough staff on duty to meet people's needs. Staff told us they worked well together as a team and they covered for each other in case of shortages due to holidays or illness, which meant that they did not have to rely on agency staff. This helped to ensure people living at the service received consistent, safe care.

Medicines were stored in individual locked cabinets in people's rooms, meaning people could choose to take their medicines in the privacy of their rooms if they wished. Medicines were stored safely and hand-washing facilities were available for staff. One member of staff had overall responsibility for ordering items and managing the medicine systems in place. They acted as a medicines champion whose role was to research best practice in medicine handling and to offer advice and guidance. They told us they were well supported by the local GP and the supplying pharmacist and said they were training another member of staff in this role, so that they were confident to take over the task when they were away.

Information about medicines was easily accessible by staff and relevant guidance was available to outline safe dosages and to help in recognising any adverse side effects. We observed that medicines were administered on an individual basis at the prescribed times and the medicines administration record (MAR) was signed when the medicine had been administered. This helped to reduce the risk of medicine error. For people who chose to self-medicate a risk assessment was in place and these were reviewed at regular intervals. This showed us that people were supported to manage their own medicines if they wanted to, with appropriate support from the staff.

The service appeared very clean and smelled fresh throughout. One person who used the service described it as, "Always spotless." There was a dedicated team of housekeepers who ensured infection control measures were followed using a regular cleaning schedule. They used an innovative air sanitisation 'fogging' system throughout the home on a weekly basis, which staff felt helped to combat the risk of infection. Specialist technology was used in the laundry which allowed clothing to be washed at lower temperatures, while achieving disinfection and thus reducing the potential risk of infection. When we visited we saw that a new extension had been built to house the new laundry. This will provide a dedicated larger space for the laundry tasks in future, to further reduce the potential risk of infection. The registered manager also told us they were planning to extend the kitchen and planned improvements to the layout to ensure safe and effective movement of staff; separate the dishwasher from the kitchen area and install a condensation canopy to further reduce the potential risk of cross contamination. They said the purchase of a new blast chiller, fat fryers and lower working surfaces would all offer a more ergonomic design to improve safety.

Is the service effective?

Our findings

People we spoke with told us they trusted the staff supporting them and felt they were well trained. One person told us when speaking about the staff, "They are lovely carers and importantly they know what they are doing." Evidence was available to demonstrate communication between relatives and the service was well developed and the outcomes from conversations and meetings were effective.

Newly appointed staff had received a full induction where they shadowed experienced staff until they felt confident to care for people unsupervised. Staff told us that the induction programme was "thorough" and they were introduced to the individuals who lived at the home, so that they understood each person's needs and preferences in detail before they worked unsupervised.

Records and certificates showed staff training was provided in a range of topics and this was kept up to date. It was evident that the provider considered training for staff to be an important aspect of their personal development programmes. Staff were offered a variety of training options to make sure that they were kept informed and up to date about better care practices. For example, staff had access to an interactive television channel, which filmed in real care settings to provide education to healthcare and social care staff working with older people. In addition, staff told us they were regularly consulted over which training they might find useful to offer tailored care for people with specific care needs. Staff told us that they undertook regular training and were encouraged to share their learning with other staff to enhance people's care. One member of staff told us, "We are encouraged to take on additional training and they [the managers] support you so you become more confident." All the staff we spoke with were extremely positive and enthusiastic. They said they were encouraged to undertake regular training and to cascade knowledge to their colleagues to enhance people's care. For example, knowledge and information was cascaded through individual training sessions and shadowing a more experienced member of staff to understand the way they worked. Monthly staff meetings were used to provide staff with a forum in which they could share professional ideas and discuss best practice.

We found that the service had an established staff team and the provider was meeting and exceeding sector norms regarding qualifications of staff. Rotas showed there was a good skill mix on each shift led by a senior care worker, who delegated care tasks and we saw all staff participated in a handover prior to starting their shift. This made sure that essential information was passed on effectively to new staff coming on duty at each shift change. The deputy manager had two days per week to oversee services and undertake monitoring, mentoring and training staff. She used the personal care monitoring forms as a basis of some supervision sessions, observing staff and giving feedback with regard to their performance. This meant the provider had put in place management systems to monitor and improve the quality of staff practice to deliver better care to people. When we spoke with the registered manager they consistently expressed a desire to offer the best care possible and look continuously for ways to improve.

The provider had regularly scheduled meetings for each department, in addition to general staff meetings and 'Residents' and Relatives' meetings. Records showed all meetings were well attended. The registered manager had received specialist coaching and had devised their own appraisal and supervision system

together with the registered manager from the organisation's sister home. The registered manager met with senior managers both formally within the senior staff meetings and informally with the other manager for peer support and to share best practice. All staff had an annual appraisal with the registered manager and a minimum of six supervision sessions. Records of supervisions, appraisals and training were recorded on the electronic record with review dates set to flag if any were overdue. These were reported within the Home Quality Assurance (HQA) and the monthly management report.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

When we visited, the registered manager confirmed people living at the service had capacity and were able to give consent. Training records showed that staff had received detailed up to date training on DoLS and the MCA. The registered manager was clear on the process for DoLS and mental capacity assessments as well as best interests decision making and the implications of lasting power of attorney. This meant that people could be protected regarding their mental capacity.

We spoke with the chef who told us their role was to promote best practice with regard to the food provided and give people an enjoyable meal time experience. They clearly knew about everyone's dietary preferences and met regularly with people who used the service to discuss the menus and gain feedback on the quality of food provided. They were very familiar about the food information regulations that came into force in December 2014 and said all staff had been trained on the seven common food allergens.

People using the service were involved in drawing up the menu and the chef told us that choices were regularly adapted in line with people's preferences. People were offered a choice menu at each meal and a copy of the day's menu was displayed on each dining table. Meals were attractively presented and there was a relaxed and sociable atmosphere. The chef kept a list of all those who required a special diet and of their meal preferences although they said people could always choose something different if they wished. Most people took their breakfast in their own rooms and we saw photographs displayed in the kitchen to show staff how to set the breakfast trays to an agreed standard. Everyone we spoke with said the meals were very good and they could choose what they wanted to eat.

People were offered drinks and were regularly asked if they would like something to eat or drink throughout the day. Staff showed that they understood people's preferences and they listened and acted on what people asked for. People told us they enjoyed their meals, with people sitting wherever they preferred either in one of the communal dining areas or in their own rooms. People could choose to sit in social groups they felt comfortable with and we saw that tables were set attractively with table cloths, napkins and flowers. There were sufficient numbers of staff to serve people, spend time with them and to chat while they ate. People expressed their appreciation of the food on offer. One person told us, "The food is very good." Another person said, "The food is great." People's nutritional needs were assessed and when people were at risk strategies were written into care plans and referrals were made to the dietician, diabetes nurse and the Speech and Language Therapy (SALT) team as needed.

When we spoke with people who used the service they told us communication was excellent and they were always involved and consulted about decisions regarding their care and welfare. The deputy manager had a

key role for supporting staff to ensure people experienced good health outcomes. This role included meeting with the local GP weekly and discussing people's health care needs. This showed us that people's health was kept under constant review to ensure that their care and treatment continued to meet their health care needs. They had also completed specific training to enable them to undertake tasks such as monitoring and recording people's blood pressures and taking blood samples with the support of the community nursing team. This ensured that care and treatment to meet people's changing care needs could be provided in a timely way.

The managing director told us they worked in partnership with other organisations to make sure they were training staff to follow best practice and where possible in order to contribute to the development of best practice. One example of this was an initiative with the Clinical Commissioning Group (CCG) locally to trial the use of communication and information technologies that supported healthcare at a distance.

We found the provider had considered the design of the building and put arrangements in place to ensure the premises met people's needs in accordance with national guidelines on living and care environments. Residential accommodation was organised over two floors in a large detached, extended property. There were a number of communal areas comprising several smaller lounges and dining areas, which all resembled domestic living arrangements and helped people find their way round the service. All bedrooms had en-suite facilities and areas throughout the home including, bathrooms and WCs were well designed to accommodate people's health, physical and wellbeing needs. In addition to the communal areas equipped with televisions, people had a number of areas where they could sit quietly, such as in the sun lounge and bar on the first floor. Internet access was available across the whole site, a computer was available in one of the lounges and direct dial telephones. All furniture and fittings were highly attractive and designed to a very high standard. People had easy access to lovely landscaped gardens with seating. One person told us they particularly appreciated their bedroom on the ground floor, which had private access to a patio area. In an independent survey, which the provider had commissioned, people had commented, "The general effect when one walks in is a small private hotel – not a care home" and, "Top marks for the 'hotel' like quality and friendliness." We saw that people used every area of the service and they looked relaxed and comfortable in their environment and with staff.

Is the service caring?

Our findings

Without exception everyone we spoke with was extremely positive about the care provided at St Johns House. People who used the service, relatives and healthcare professionals were consistently positive and praised the kindness and the caring attitude of the staff. The overall impression from people was that everyone thought those who lived at the home received the best possible care from an excellent staff team. People who used the service variously described the care they received as, "Magnificent," "Marvellous" and, "Fantastic." One person told us, "It's the Rolls Royce of homes." Another person commented, "I couldn't imagine living anywhere else."

The service's motto was, "Adding Life to Years," which the registered manager said encapsulated their beliefs and ideals. In their Provider Information Return (PIR) the registered manager told us that:

"Residents are listened to and their wishes met if possible. Residents were actively involved with electing to get our rescue dog, Lady, our chickens, our bar, minibus and our swing seat. We were proud to also help our choir realise their ambition to become the Guinness World record holders for The Oldest Choir in the world. There is an atmosphere of fun and love within the home and laughter is regularly heard."

When we visited we found a vibrant, happy community. People were actively engaged with external organisations and supported local charities in the wider community on a regular basis. For instance, the service supported a local pet sanctuary, which specialised in visits for children with disabilities, special needs and life limiting conditions. Pets from the sanctuary were also brought on frequent visits to the service and people told us they loved these visits and enjoyed being part of helping to create smiles and memories for a younger generation. This meant that the service was proactive in supporting people to contribute and to feel they were making a difference.

It was evident there was an inclusive culture, which focused on developing friendships and strong relationships between the people who used the service, staff and families and friends. We found people were treated with respect as individuals with unique life histories, interest and needs. We observed staff encouraged people to express their views and they were patient and kind. People confirmed staff were always proactive and highly sensitive to their needs. For example, one person described how staff had treated them with exceptional compassion and empathy during a recent bereavement. They said, "We appreciate everything they [the staff] do for us. I would describe it as a very happy home." Comments from relatives in the independent customer satisfaction survey undertaken were also highly positive and full of praise. We saw comments included, "Entirely pleased with all aspects of the home and treatment of residents," "Extremely helpful. Nothing is ever too trivial for them to deal with" and, "We are delighted." One person who had singled out particular staff for mention went on to comment, "But truthfully, I think all the staff are gems – so much laughter making an atmosphere like one's own home."

We saw the relationships between staff and people receiving support consistently demonstrated a high regard for people's dignity and respect. We found that staff were very good at supporting people to express their views so they could be involved in all aspects about their care, treatment and support. For example,

each person was allocated a care partner who was encouraged to really get to know the person. Care partners were involved with actions like choosing personalised gifts on festive occasions and organising birthday meals. In addition, the domestic supervisor, kitchen team, laundry and activity team all met with people straight after admission to ensure the service they received was personalised. This also encouraged positive relationships to develop to ensure that people felt respected and valued.

Our observations and discussions demonstrated that staff understood and were committed to delivering high quality, compassionate care. The service was the first care home (together with its 'sister' home) in the country to achieve the Customer First standard and had maintained this award for a number of years. The Customer First award recognised services which placed their customers at the heart of decision making. People who used the service confirmed they were actively involved in the development of the service and it was clear that people's views were actively encouraged and acted upon. As part of staff recruitment, one person told us they had assisted with the selection process for the new deputy manager. They said, "Being part of the process meant I was able to put questions from a resident's perspective, which is important." This showed us that the views of people living in the home were positively taken into account in the running of the service.

People told us they could get as involved as much as they wanted to be in every aspect of the service. For example, one person told us they had introduced the idea of recorded musical accompaniment to the religious services, which they said had been a great success and resulted in increased attendance at services. They had also helped with the recent research into finding a suitable greenhouse for the gardening club, which was held on the day we visited. This showed that people were supported to form and work towards goals to increase their sense of wellbeing.

Staff engagement was also encouraged and promoted through initiatives such as Ladder for the Moon, which used staff coaching to improve, encourage and promote inclusion and participation and challenge stereotypes. For example, staff had supported people to attend Zumba classes locally. People also went swimming regularly and had experienced bathing in a Jacuzzi for the first time at the local swimming pool. During our visit we spent time observing staff interaction in the lounge and dining areas. We saw that people were treated with great kindness and respect. Staff were caring and treated people affectionately and recognised and valued them as individuals. We saw and heard staff speaking in a friendly manner and took time to listen and respond to people throughout our visit. Staff included people in conversations and actively listened to what people were saying. In the afternoon gardening club we saw people were having great fun as they posed for photographs and there was lots of laughter and friendly banter about who was going to grow the tallest sunflower.

We found people's human rights; beliefs and their personal aspirations were respected. Staff spoke knowledgeably about what they would do to ensure people had the care they needed for a variety of diverse needs, including spiritual and cultural differences. Staff training focused on the law relating to people's diverse needs and life choices, so staff understood the implications of language used every day in a care setting to help them provide a safe and inclusive environment. It was evident from our observations that staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans. People were encouraged to build and retain their independent living skills. Care plans set out how people should be supported to promote their independence and we observed staff following these. For example, people contributed to the menu planning, the activities programme and how they wanted to spend their day.

Staff told us they really enjoyed their work. When asked for feedback about their work one staff member said, "It's all about putting people first here. We know [the provider] wouldn't have it any other way."

Another member of staff told us, "I just love my job." They went on to say, "It is such a privilege to work with people with such interesting and varied backgrounds and I've learnt a lot from people who live here." Healthcare professionals reported that the staff were especially caring and responsive to people and their families' needs. A senior member of the practice described the people they had met as very settled and happy. They told us that the feedback from reception staff, who had been invited to visit the service and meet with the people living there, was wholly positive. In their written feedback to us their comments included phrases such as, 'brilliant', 'kind', 'efficient' and, 'organised'. A member of the community nursing team who described the staff as very caring and friendly said, "This is one of the nicest places we visit; the whole staff team are confident and competent."

Reviews of care were undertaken with the person using the service, the registered manager, care partner and relatives to discuss progress. Each month the registered manager met with the deputy and the managing director, who was an occupational therapist. Among other things this meeting was used to identify any barriers to promoting further independence. For example, when we visited a door in one lounge was being rehung on the opposite side of the frame to improve access to the room. People's wellbeing was also discussed in staff handovers and meetings to ensure essential information and people's changing needs were known and acted upon.

We saw people received care and support in accordance with their individual preferences and interests including for example, their age, disability and personal beliefs. The registered manager showing us round was careful to introduce us and made sure people were happy to speak with us and this demonstrated a concern for people's wellbeing. We saw people were not rushed and were given time to speak and when they did, staff listened and acted on what they said and respected their views. People told us they were involved in all parts of planning and delivery of care in the way they preferred. The registered manager also participated in the regular 'Residents' meetings', which ensured they were highly visible within the home to promote regular comfortable discussions and feedback. This meant people who used the service were partners in their own care, experienced care that was empowering and provided by staff who treated people with dignity, compassion and respect.

Is the service responsive?

Our findings

People's rooms were highly personalised with lots of evidence of their individual interests and pursuits, such as music, bird watching and writing. Several people told us they liked to spend time privately on their own in their rooms. However, we saw that staff were aware of who were in their rooms and made sure they did not become socially isolated, while respecting their privacy. One person told us there was no pressure to join in the arranged groups but they still liked to keep busy. They showed us examples of the little hats they were knitting for premature babies in support of a local appeal. Many people had a daily paper delivered and the registered manager told us it was their job to do the paper round. They said this also provided them with the opportunity to have an informal chat with people on a daily visit and helped them to pick up on any emerging issues. This demonstrated that people received highly personalised care that focused on the individual's personal preferences.

Each person had a comprehensive assessment of needs and this was used, together with the care plans as the basis on which people's abilities, hopes and preferences were recorded and shared between staff. We saw that staff were using the newly introduced mobile tablet system confidently and this ensured that effective handovers, meetings and reviews could be used effectively to share essential information about people's changing needs in a timely way.

When asked about the activities on offer one person told us they were, "Inundated with things to do." Another person, who was 100 years old said, "You can dance all night and sing all day here if you want to and I often do." The service had its own transport, which was used to take people on trips of their choice around the local area and further afield.

A weekly activity programme was displayed in the service and an individual copy was provided to each person so that they could choose the activities that were of interest to them. The programme for the week we visited included dominoes, music to movement, swimming, a 'bar and quiz' night and a 'knitting and natter' afternoon. We heard there was a thriving book club, where people met to discuss the most recent book choice or took turns to read aloud from the chosen text. The service had three dedicated activity coordinators. However, the registered manager stressed that all the staff were responsible for developing creative ways to ensure people could live as full a life as possible. They said wherever possible they matched people with a care partner who had shared interests, to foster the development of positive relationships. We saw this happened in practice when a staff member came in especially on their day off to take an active part in the gardening club, which everyone clearly enjoyed.

We found the service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. One person described how, when they decided they needed to come into the home, great efforts had been made to facilitate their admission quickly, which they had found very reassuring. There were no restrictions on visiting times and some visitors stayed all day. People could contact family and friends at any time through a specialised, adapted, easy to use computer system. This had enabled people to view the places where they were born, set up email accounts or simply search the internet. People could also use this system to make video calls, which

enabled them to keep in touch with family members and was of particular benefit for people with families living a distance away. For one young family member who visited weekly a high chair had been provided so that they could enjoy mealtimes together with their relative. Visitors we spoke with told us they were involved with their relative's care and everyday activities. Photographs of recent activities and trips out were often posted on the service's social media page, which again was of particular benefit for families living away, as they could see what their relatives had been doing. When we visited we saw photographs were taken of the gardening club to much hilarity and these were later posted online.

The service regularly held meetings to gain people's feedback and also often asked for the views of relatives and other visitors which were recorded. One request was from people who wanted a shop onsite to allow sundry purchases. This had resulted in a small trolley shop which staff took to each person's room selling toiletries and small items at cost price. The registered manager had also introduced a suggestions / comments box and the contents of this were reviewed during the monthly home quality assurance audit. This ensured that the service was evaluated on a regular basis to spot trends and to identify any action required.

In addition, to the Customer First Award mentioned previously the provider recently commissioned a 'mystery shopper' from an independent training provider who had family experience of life with dementia. The registered manager told us they had subsequently worked with staff to enhance the experience for people contacting the service. They had also undertaken internal satisfaction surveys and an independent survey was commissioned biannually to gain people's feedback. Comments we saw in feedback given directly to the service and through the independent surveys were all extremely positive. People said they were settled and happy and feedback from relatives was that staff knew their loved ones very well and many commented on the friendly and welcoming atmosphere and the number of social opportunities provided.

Detailed information about the service was made available in the enquiry pack sent out to all prospective residents and a copy was also issued to people on admission. The enquiry pack contained clear information about the service's aims and objectives and the facilities and services available. Among other things it included the service's terms and conditions of residence, a 'Residents Charter of Rights', and information on how to make comments, suggestions and complaints. This meant that people had important information relating to their care, which they could refer to as needed.

In their PIR the registered manager told us that they did not get many complaints as they tried to anticipate issues and always took a proactive approach in such matters. For example, they informed people in advance of any anticipated works onsite and involved people in the choices. We saw the home's complaints procedure was freely available in the home and clearly outlined the process and timescales for dealing with complaints. During our visit the registered manager told us about two complaints, which had been investigated. This showed they had provided a prompt response to people's concerns and had used these positively and learned from them.

The registered manager's told us that their high visibility within the home and regular practice of speaking to all residents each day ensured that any emerging issues were dealt with immediately. The managing director also made a separate visit each week and both the registered manager and the managing director shared their direct contact details with families. This meant people were able to express their concerns, had access to a robust, effective complaints procedure, were protected from abuse and had their rights protected.

Is the service well-led?

Our findings

St Johns House is a residential care home. When we visited there was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. At the time of our inspection the registered manager and managing director were available on site to speak with us.

The managing director explained that family values and people's wellbeing and happiness was at the heart of everything they did. The stated aim in their mission statement was to:

"Provide the highest possible standard of residential care in a safe, supportive and friendly environment where both residents and staff achieve fulfilment in their lives."

We found the registered manager's leadership in the home was exemplary with a strong emphasis on promoting independence and inclusion. Our discussions with people who lived at the service, relatives and staff and our observations showed the registered manager instilled a positive, inclusive and open culture. People told us the registered manager was proactive and provided a highly visible, daily presence. For example, the registered manager had devised the idea of delivering the newspapers each morning. They had discussed this idea with people who used the service and staff and had involved an activity coordinator who made a special delivery bag. People told us the sound of the bell attached to the bag was reminiscent of a bicycle bell and alerted them to the registered manager's arrival. This offered a wonderful opportunity for the registered manager to connect with people in a relaxed, friendly way each day.

All of the feedback was exclusively positive and people expressed great satisfaction with the care they received. People told us that they often saw the registered manager who spent time in the communal areas of the home, talking with people and finding out what they preferred and needed. One person said, "We are treated as individual people and I feel they know me very well." Another person told us, "I like to have a lot of fun and they have made it possible for me to do so many things I would not have thought of, because they have taken the time to get to know all about me." Relatives and healthcare professionals who visited the service were also extremely complimentary. Healthcare professionals told us that staff regularly consulted with them and asked their views on offering the best care possible and one healthcare professional told us they always found the service was exceptionally caring, efficient and well led.

The registered manager had extensive experience of delivering care within a variety of settings and had led the team at St Johns House for 6 years. They had undertaken a wide range of training including culture change in dementia care and acted as the recognised change leader within the organisation for the outstanding service programme with Ladder to the Moon. This was an independent organisation that provided workforce and service development to enable health and care organisations to develop active, stimulating care services. The registered manager had also been a regional finalist within the Yorkshire and Humber Care awards in the category of best Registered Manager of a care service. This provided us with further evidence that the registered manager was an effective and visible role model. They worked alongside staff and offered support and guidance when needed. This showed that the registered manager was responsive and proactive within the service to support staff and people who used the service when needed.

We found there were strong, mutually respectful relationships between people living in the service and all staff. The staff team were very enthusiastic and dedicated to their work and were all very friendly and helpful throughout the day. Staff confirmed that they received exceptional support from the senior managers and they told us that their training was varied and of a high quality. They demonstrated an excellent understanding of the values and ethos of the home in the way they interacted with and cared for people. When asked, one staff member said about the registered manager, "They [the registered manager] are really superb; always supportive and kind." The registered manager in turn described their pleasure in seeing staff 'blossom' and flourish' as they became increasingly more confident in their roles. This attitude ensured that staff were supported to offer people caring and well informed support. For example, some staff had taken on specific roles within the service in specialist areas such as moving and handling, safeguarding, infection control and medicines. They were able to offer support to their colleagues which in turn improved the quality of service for individuals in their care.

The service was accredited to silver status with Investors in People, which demonstrated a strong commitment towards excellence in management, communication and training. The registered manager also told us they were also extremely proud to have achieved accreditation from the Living Wage Foundation in recognition of their investment in their staff. The managing director communicated regularly with staff directly or in writing and attended meetings with them. We found they were extremely inclusive in their approach and were continually looking at innovative ways in which to engage with people who used the service, relatives and staff. For example, in response to their request, the last staff survey was undertaken via text, with a much higher response rate than previously via letter. Staff confirmed the senior team were highly visible, led by example and encouraged them to make suggestions about how the service could be improved. For instance, the laundry assistant had been involved in decision making about the new laundry extension being built and had chosen the colour scheme, flooring, layout and equipment. They had also been involved in meetings with suppliers, as had the chef in relation to the proposed kitchen refurbishment.

The registered manager played a pivotal role in ensuring that organisational initiatives were not only implemented positively at their service but also developed and enhanced in response to local need. The registered manager told us they worked to continuously improve services and provide an increased quality of life for people who used the service based on the feedback that they regularly sought from people. This feedback was gathered both informally through chatting with people on a daily basis and more formally through surveys, reviews and meetings. When we reviewed the minutes from the last 'residents' meeting' we saw that the CQC inspection had been an agenda item, which meant when we visited people were well informed and prepared to engage with us, not only on the service they received but also about the inspection process. People we spoke with confirmed that they felt involved in the development of the service and the work previously mentioned within caring and responsive, such as the wide range of individual activities, reflected this and was clearly driven by the leadership at the service.

The service also sought external evaluation of their work and had achieved very good results from an initial survey undertaken by an independent market analyst in 2012; they had maintained and built on these results in the last survey undertaken in 2014, with all questions scoring well above the mean score for all homes surveyed by the company nationally. The service was one of the Top 20 recommended care homes in the Yorkshire and the Humber area in 2016, based on 34 reviews and recommendations in the past two years. Comments we saw included, "I just can't recommend this home enough," "I would have no hesitation in recommending St Johns House to anyone wishing for a care home" and "This care home is outstanding. The level of care is excellent and the staff are exceptionally friendly and caring."

Records were well maintained and organised in a structured way, which made information easy to find. Managers attended a wide variety of regional and national conferences and events, which enabled them to bring back professional ideas and provided a strong knowledge base from which to share best practice.

Examples included Care Management Matters (CMM) and Naidex disability, rehabilitation and homecare events.

The commitment to continuous improvement was underpinned by a comprehensive range of audits in place which focused on positive outcomes for people. We found monitoring of the service to be very thorough. The managing director visited and met with the registered manager, staff and people using the service weekly. The registered manager showed us a home quality assurance audit (HQA), to audit care plans, medicines, accidents and incidents and complaints monthly. We saw any shortfalls were identified and action taken within agreed timescales. This ensured any identified improvements were put into place in a timely way to improve people's quality of life. For example, when we visited we saw work was being carried out to improve people's access to a lounge. All meeting minutes and the results of audits were forwarded to the directors for analysis and continuous monitoring.

In addition an annual business plan summarised the organisation's aims with defined goals and forward strategic planning implemented.

There was a programme of maintenance checks and independent annual health and safety audits and fire audits were also undertaken. This showed that the registered manager sought external support in monitoring the quality of the service which provided as an extra check on in-house practice. The results of audits were also discussed in meetings and all staff made aware, so that any shortfalls were addressed to improve the overall quality of the service. For example, the provider had installed back-up equipment including a stair lift and stairway evacuation chairs that could be used in case of emergency and staff had been trained in the use of these.

In meetings, plans for improvements and progress towards achieving them were also openly shared with people who lived at the home. People told us they were kept informed, up to date and consulted and agreed that they had a strong influence on the way the service was delivered. For example, interview questions had been written based on the ideas expressed by people who used the service; kindness, compassion, and empowerment were some of the key questions one person told us they wanted to ask candidates being interviewed. The catering team also met regularly with people to make sure they were actively involved in producing the seasonal menus.

The organisation's directors were extremely experienced and had demonstrable expertise and strengths in driving forward improvement both in their current roles and in positions they had held previously in social care, education and health. The managing director was a member of the Institute of Directors, and had gained professional recognition with the Certificate in Company Direction (Cert IoD). All of the directors took an active interest and provided a tangible presence in the service and the level of expertise they could offer was apparent in the confident, competent staff team, which we observed and which we commented upon. Staff told us that all the senior managers were highly proactive, treated feedback from people extremely seriously and acted upon what was said to them. For example, in response to feedback from a relative the provider had recruited an additional activity coordinator to increase and further enhance the activities they offered. We found the leadership, management and governance of the organisation promoted an open and fair culture. Proven management systems were in place to effectively manage the service and drive forward continual improvement, support learning and innovation, and provide high quality care.