St Omer Residential Home

# St Omer Residential Home

## Inspection report

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Date of inspection visit:
10 August 2016
12 August 2016

## 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

St Omer is a large detached Victorian villa, set within its own landscaped gardens in a quiet residential area on the outskirts of Torquay. St Omer provides accommodation and personal care for up to 28 older people who may be living with a dementia. At the time of our inspection there were 23 people living at the home. The home offers both long stay and short stay respite care. This inspection took place on the 10 and 12 August 2016, and was unannounced. The service was previously inspected on the 24 February 2014, when it was found to be compliant with the regulations relevant at that time.

The home had a registered manager. 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.

People said they felt safe and well cared for at St Omer their comments included "I do feel safe" "I'm very happy living here". Relatives told us the staff were lovely, and people were well looked after. Health care professionals said the staff were very caring and compassionate, people were safe. We saw people were happy to be in the company of staff and were relaxed when staff were present.

People were protected from abuse and harm. Staff had received training in safeguarding vulnerable adults and demonstrated a good understanding of how to keep people safe. The policy and procedures to follow if staff suspected someone was at risk of abuse or harm were displayed along with telephone numbers for the local authority and the Care Quality Commission.

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. Most of the people who lived at St Omer were living with a dementia, which affected their ability to make some decisions. Staff had received training and demonstrated a clear understanding of the principles of the MCA in their practice. Staff sought people's consent and made every effort to help people make choices and decisions. However, not all the records we saw demonstrated that decisions were specific, made in consultation with appropriate people, such as relatives or were being reviewed. We raised this with the registered manager who agreed the way the home was currently recording best interest decisions was not as clear as it could be. Following the inspection, the registered manager confirmed they had changed the way best interest decisions where recorded and reviewed.

People received their prescribed medicines on time, in a safe way, and given the time and encouragement to take their medicines at their own pace. We looked at how the home managed people's topical medicines or creams and found it was not possible to tell if topical medicines or creams had been applied. Staff responsible for the administration of medicines told us they routinely signed Medication Administration Records (MARs) for people's topical medicines or creams in the belief these had been applied. Following the inspection the provider confirmed they had taken immediate action to address this.

Risks to people's health and safety had been assessed and regularly reviewed. Each person had detailed risk assessments, which covered a range of issues in relation to their needs. The homes computerised care planning and monitoring system allowed for this information to be updated immediately and flagged up where action needed to be taken. Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency. The registered manager and staff carried out a range of health and safety checks on a weekly, monthly, and quarterly basis to ensure that any risks were minimised. However, not all records we saw were up to date. For instance the provider told us the homes fire alarm system was tested weekly. Records showed that this was not consistently taking place. The registered manager and provider assured us they would take immediate action to address our concerns.

People told us they enjoyed the meals provided by the home. Their comments included, "the food is very nice," and "there's plenty of choice." Where people required soft or pureed diets, because of their health needs; each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

People told us staff treated them with respect, maintained their dignity and were mindful of their need for space and privacy. When staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality. People and relatives told us they were involved in making decisions about their care and said staff continually asked how they would like to be supported. People felt their views were listened to and respected.

The home used a computerised care planning and monitoring system to enable the smooth and efficient running of the home. The system included all aspects of how the service was run, from staff reporting on duty, updates on any recent changes to people's needs, care planning and monitoring risks to people's welfare. Staff recorded every activity of care immediately it was provided. Each person had been provided with a paper copy of their care plan which was kept in their room and regularly updated. This meant people's care was closely monitored, day and night.

People spoke positively about activities provided by the home and said they had the opportunity to join in if they wanted. We saw a range of activities were available including music sessions, seasonal arts and crafts, animal therapy, board games and quizzes.

People, relatives, staff and healthcare professionals spoke highly of the registered and deputy managers and told us the home was well managed. Staff described a culture of openness and transparency where people, relatives and staff, were able to provide feedback, raise concerns, and were confident they would be taken seriously. One person said they knew who to speak to should they have a complaint and explained the registered manager was always available if they needed them.

The provider used a variety of quality management systems to monitor the quality of services provided at St Omer, which included a range of audits and checks. There were good systems in place for staff to communicate verbally any changes in people's health or care needs through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns.

People's opinions of the home had been sought through the homes annual residents' survey. This information was analysed and written feedback was provided to people and their families.

Records were stored securely, well organised, clear, and up to date.

## 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 said they felt safe and staff were knowledgeable in recognising the signs of abuse and the action they needed to take.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were safe systems in place for the management and administration of people's medicines.

### Is the service effective?

Good

The service was effective.

People were supported by staff who were knowledgeable about people's care and support needs.

Staff received regular training, support and supervision to carry out their roles.

People's health care needs were monitored and referrals made when necessary.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

People were supported to make decisions about their care by staff that had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

### Is the service caring?

Good

The service was caring.

People received person-centred care from staff who treated

people with dignity, respect and compassion.

People were supported by staff who were knowledgeable about their needs, likes, interests and preferences.

People were supported and encouraged to be as independent as possible.

People were supported to make choices and decisions about the care and support they received.

## Is the service responsive?

Good

The service was responsive.

Assessments were undertaken to identify people's needs and support was being provided in a flexible way that suited them.

People were encouraged to take part in activities that interested them.

People were supported to raise concerns or complaints and people were confident that the registered manager and provider would act
upon them.

## Is the service well-led?

Good

The service was well-led.

People, their relatives and staff said the service was well-led. They found the registered manager and provider approachable.

Staff felt valued and told us the management team were always available for guidance and support.

The provider had systems in place to assess and monitor the quality of care.

The service encouraged feedback and used this to drive improvement.

# St Omer Residential 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 was 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 the 10 and 12 August 2016, and was unannounced. The inspection team consisted of one adult social care inspector. The service was previously inspected on the 24 February 2014, when it was found to be compliant with the regulations relevant at that time. Prior to the inspection, we reviewed the information held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law. During the inspection, we met with six people individually who used the service. We looked at the care of three people in detail to check they were receiving their care as planned. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us, but we did use the principles of this framework to undertake a number of observations throughout the inspection.

We looked at how the service managed people's medicines. We reviewed staff recruitment, training and supervision files for three staff. We looked at how the service reviewed the quality of the care and support it provided, as well as records relating to the management of the service.
We spoke with five members of staff, the registered manager, deputy manager, chef and the provider. We looked around the service and grounds which included some bedrooms (with people's permission). We also spoke with seven relatives of people currently supported by the service. Following the inspection, we sought and received feedback from four health and social care professionals who had regular contact with the home.

Good

# Is the service safe?

## Our findings

People said they felt safe and well cared for at St Omer. Their comments included "I do feel safe" "I'm very happy living here", "The staff are very kind, I feel safe and secure". Relatives told us the staff were lovely, and people were well looked after. One relative said "The care people received is excellent you can't fault them". Another said "it's just perfect". Healthcare professionals said the staff were very caring and compassionate, people were safe and well looked after. People were happy to be in the company of staff and were relaxed when staff were present.

People were protected from abuse and harm. Staff had received training in safeguarding vulnerable adults and demonstrated a good understanding of how to keep people safe. The procedure to follow if staff suspected someone was at risk of abuse or harm was displayed in the staff office. This contained contact telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt confident in raising concerns with the registered manager should they need to. Where staff had identified concerns these had been reported to the registered manager who had taken immediate action to ensure people living at the home remained safe. Recruitment procedures were robust and records demonstrated the registered manager had carried out checks to help ensure that staff employed were suitable to work with vulnerable people. These included checking applicant's identities, obtaining references and carrying out DBS checks (police checks).

People living at the home, their relatives and staff all told us they felt there were sufficient staff on duty to meet people's needs. One person said, "I never have difficulty getting hold of them when I need them". Another person told us "staff have time to spend with me". A relative told us "There always seems to be plenty of staff when I visit, staff have time to sit and talk to people, which is important." The registered manager used a dependency assessment tool to review staffing levels which was based on people's changing needs and adjusted the rota accordingly. During the inspection, people using the main lounges and dining room received assistance when they need it and staff quickly responded to people's call bells.

People received their prescribed medicines on time, in a safe way, and given the time and encouragement to take their medicines at their own pace. Staff stayed with people to ensure they had taken their medicine before completing the Medication Administration Records (MARs). We looked at how the home managed people's topical medicines or creams and found that each person had clear guidance and body maps indicating which creams should be used when and where.

However, it was not possible to tell from these records if topical medicines or creams had been applied. Staff responsible for the administration of medicines told us they routinely signed MARs for people's topical medicines or creams in the belief these had been applied. We raised this with the deputy and registered manager who told us they would address our concerns straight away.
Following the inspection the provider confirmed that a new process had been set up within the homes computerised care planning system which now ensures people's topical medicines or creams can only be sign by staff who had applied them. We did not identify that people were not receiving topical medicines or creams as prescribed.

There were safe systems in place to monitor the receipt and stock of medicines held by the home. When medicines arrived at the home the MARs showed they had been counted into stock and staff had signed to say the right numbers had been received. Medicine stock levels were monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines, which were returned to the local pharmacy. MARs clearly identified people, allergies and protocols for 'as required' medicines (PRN). We saw from these records where changes to prescriptions had been made these had been appropriately documented. This meant there was an effective audit trail to ensure medicines were being given as prescribed. Staff told us they had received training in the safe administration of medicines and records we saw confirmed this.

Risks to people's health and safety had been assessed and regularly reviewed. Each person had in place detailed risk assessments, which covered a range of issues in relation to people's needs. For example, risks associated with skin breakdown, malnutrition, falls and mobility. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk, as well as action staff should take in order to minimise these risks. The homes computerised care planning and monitoring system allowed for this information to be updated immediately and flagged up where action needed to be taken, for example, if a person's weight had changed significantly. This information was instantly available and flagged as Red, Amber or Green to all members of the management team so they could ensure action was taken.

Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency. These plans gave clear guidance to staff and others about the level of reassurance and assistance each person required. This meant people's safety was protected during the evacuation of the building in the event of fire or other emergency. First aid boxes were accessible and staff had been trained in first aid.

All accidents and incidents were recorded and reviewed by the registered manager. They collated the information to look for any trends that might indicate a change in a person's needs. They reviewed staff practice and updated people's risk assessments and care plans to ensure that any risks identified were minimised. The registered manager and staff carried out a range of health and safety checks on a weekly, monthly, and quarterly basis to ensure that any risks were minimised. For example, fire alarms, fire doors, emergency lighting and equipment.

However, not all records we saw were up to date or carried out in line with the homes expectations. For instance the provider told us the homes fire alarm system was tested weekly. Fire records we saw showed this was not consistently taking place. We raised this with the registered manager and provider who assured us they would take immediate action to address our concerns.

The registered manager provided clear guidance to staff on infection control and action they should take to reduce risks where they had been identified. For example, staff were helped to understand the importance of good hand washing techniques in order to prevent cross infection. We saw the provider had purchased a hand hygiene testing kit and developed protocols for testing staffs hand hygiene. The deputy manager tested staff randomly. Where they identified concerns, training was provided to support staff to adopt good hygiene practices.

Good

# Is the service effective?

## Our findings

People, their relatives and health care professionals were positive about the quality of the care provided and told us staff understood people's needs and knew how to meet them. People told us they had confidence in staff. One person said "they all know me very well." Relatives comments included "staff seem very knowledgeable," "I know they have training" and they "look after people very well, I have no concerns." Health care professionals told us "Staff seek advice appropriately and when I visit staff seem to know people well." Another said people are "happy and well cared for they don't tend to miss much, they keep us on our toes".

People had access to a range of health care services and supported by the home to keep their own GPs, dentist and other health and social care professionals were possible. People's care plans included details of their appointments and records showed people had regular medicine reviews with their GPs and local pharmacist.

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. Most people who lived at St Omer were living with dementia, which affected their ability to make some decisions. Staff told us they had received training and demonstrated a clear understanding of the principles of the MCA in their practice. People told us they were involved in all aspects of their care and support, including regular reviews and had access to their records. We saw staff sought people's consent and made every effort to help people make choices and decisions.

However, not all records we saw demonstrated that decisions were specific, made in consultation with appropriate people, such as relatives or were being reviewed. We raised this with the registered manager and provider who agreed the way the home was recording best interest decisions was not as clear as it could be. Following the inspection, the registered manager confirmed they had changed the way best interest decisions where recorded and reviewed to ensure they worked within the principles of the act. We did not find that people had been disadvantaged or that decisions taken were not in people's best interest.

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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection three people supported by the home were subject to DoLS applications and we saw the home was acting in accordance with these applications. The registered manager told us a number of DoLS applications had been submitted and were waiting for, the local authority to carry out assessments. Where people had no one to represent their wishes and no longer had the capacity to make decisions. Independent Mental Capacity Advocates (IMCA) had been appointed by the court of protection to oversee their well-being and ensure that their rights were respected.

Staff told us and records showed, they received training to ensure they knew how to effectively meet

people's needs. New staff undertook a detailed induction programme which followed the Skills for Care framework, including the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Training records showed staff received regular training in various topics including, dementia care, safe medicine practices, first aid, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), infection control, pressure area care, moving and handling, and nutrition. Staff were supported to develop their skills and given the opportunity to take on increased responsibility. The home had recently identified a staff member to become their Dementia Champion. This involved raising awareness, knowledge and understanding of people living with dementia. This person was keen to tell us how; their learning would enable them to promote awareness, good practice and provide opportunities for staff to discuss practical solutions in caring for people to live well with dementia. For example, each person had their own memory box, which were used to inspire conversation, and helped people recall fond memories of their youth, personal interests and pastimes.

Staff told us they received regular supervision, they were able to discuss people's care needs, identify any concerns and plan their training and development. The registered manager assessed staffs' knowledge by observing staff practices and recording what they found. Records contained information on what had been observed, what the staff member did well, what had not gone so well and any action that needed to be taken to address any concerns. Staff told us they found supervision very useful and gave them the opportunity to discuss and identify any gaps in their knowledge.

People told us they enjoyed the meals provided by the home. Their comments included, "the food is very nice," "I enjoy the food here," and "there's plenty of choice." One relative told us "there is a good variety of food available". Another said, "They have good quality fresh food and you should try the chefs biscuits, their amazing." People were able to have their meals in the dining room, their bedrooms or in the lounge if they wished. Where people required soft or pureed diets, because of their health needs; each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals. People, who did not wish to have the main meal, could choose alternative meals. One person told us they were a fussy eater and were always able to choose something else if they didn't like the choice on the menu. A relative told us [person's name] often chose to have their meal in the garden which they enjoyed. It was clear meal times were a social occasion, enjoyed by all as we heard people laughing and chatting. Throughout the inspection, we observed staff offering people choices during meal times and tea, coffee, soft drinks and wine were freely available.

The chef had been provided with detailed guidance on people's preferences, nutritional needs and allergies which were reviewed and updated regularly. People's individual care records contained food and fluid intake charts, nutrition, hydration, swallowing assessments and weight management records. Records contained up to date and accurate information, this meant there was a range of safeguards in place to promote people's dietary support needs.

Good

# Is the service caring?

## Our findings

People told us they were happy living at the St Omer. One person said, "If I can't live at home this is the place I want to be, I'm very happy living here, just look at that beautiful garden". Another person said "I feel well and truly looked after, it's a lovely home".

There was a relaxed and friendly atmosphere within the home. Staff spoke affectionately about people with kindness and compassion. Staff told us "Its great place to work", "I love my job it's amazing". Relatives told us "The staff have a genuine affection for the people they look after, you can really tell when you visit". Another relative told us the "staff are exceptional, they're always friendly, cheerful and most of all they have time to engage with the people they look after". Healthcare professionals spoke highly of the home, staff and registered manager. One healthcare professional told us the staff had a "real compassion for people and their relatives", "The registered manager and deputy are really on the ball and double check everything".

People told us staff treated them with respect, maintained their dignity and were mindful of their need for space and privacy. We saw staff knocked on people's doors and waited before entering. When staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. People's care plans were clear about what each person could do for themselves and how staff should provide support. We saw staff gently encouraged people to be as independent as possible and allowed people time to complete care tasks themselves, people told us they did not "feel rushed".

People and relatives told us they were involved in making decisions about their care and said staff continually asked how they would like to be supported. People felt their views were listened to and respected. Staff encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences. For example, we saw staff asking people where they would like to have their lunch as well as offering choice with food and drinks. Staff told us they supported one person to send out for late night snacks (pizza) when they felt peckish. Although we were unable to speak to the person about this, the registered manager told us the person had said this made them feel valued and "warm inside". The registered manager supported people to shop for things they needed and where people were unable to go out, these were purchased for them.

The registered manager told us they were passionate about providing the best possible care and support to people. They recognised the special relationship between people and their pets and the positive benefit to a person's quality of life and overall well-being. St Omer belonged to the Cinnamon Trust, a specialist national charity which seeks to respect and preserve the treasured relationship between owners and their pets. Over the years the home had accommodated many pets. More recently we heard how the home had supported one person when their beloved companion had become unwell and passed away. Their relative told us how much this had meant to [person's name] as their relationship with their pet was so important to them.

The home had appointed one member of staff as their End of Life Champion. This person was keen to tell us how their learning had been instrumental in changing the homes policy and procedures.

They were supported by the homes management team to develop internal training resources. This was used to enhance people's well-being at the end of their lives, improve partnership working and support people, relatives and staff during these difficult times. This meant people were supported to express their preferences, should they wish to do so. Information is recorded and shared; to help ensure that people were provided with high quality care by staff that have the knowledge and skills to do so. A relatives we spoke with said the support they had received from the home was "second to none".

Good

# Is the service responsive?

## Our findings

People and relatives were involved in identifying their needs and developing the care provided. The registered and deputy managers carried out an initial assessment of each person's needs before and after they moved into the home. This meant that people were involved in identifying their care needs and how these should be met.

People's care plans were informative, and designed to help ensure people received personalised care that met their needs. Care plans provided staff with information on people's likes, dislikes and personal preferences, personal care needs and medical history. For example, one person told us how they liked to have a cup of tea in the morning before they got ready for the day ahead. Another person said they preferred to have their meals served on a small plate as they found a large plate overwhelming. Staff we spoke with were aware of this and this information was recorded in the person's care plan.

Where people's care plans identified they needed support to manage long-term health conditions, staff had sought professional advice and guidance. This had been incorporated into the person's plan of care. For example, one person's care plan provided guidance for staff on how to help the person to manage their diabetes. Their care plan provided staff with information on how to recognise signs and symptoms that would indicate this person was becoming unwell and what action staff should take should they have any concerns about the person's well-being. Healthcare professionals told us the management team at the home were proactive in seeking advice and support and always appeared to be well informed.

People told us they were involved in their care planning and reviews and asked how they felt about the care they received. For example, people we spoke with told us staff sat with them and went through their care plan and wrote down what they had said. Relatives told us staff actively encouraged their involvement in people's care and kept them fully informed of any changes. One relative said it was the staff's attention to detail which was so wonderful. For example, one relative told us how important it was for [person's name] to maintain their personal appearance. "[person's name] clothing choices had always mattered and was important to them". Staff always ensured [person's name] clothes matched and their hair and nails were immaculate

Staff used a computerised care planning and monitoring system. Each staff member had access to an electronic device or a fixed terminal from which any information they needed about each person was readily available. When any aspect of care was provided the staff member was able to record this immediately. This meant people's care was very closely monitored, day and night. For example, if a person refused care for any reason this was evident from the record, which included the reason why. This meant planned care should not be missed without being 'flagged' on the system as needing to be addressed or reviewed. Each person had been provided with a paper copy of their care plan which was kept in their room and regularly updated.

Care plans contained information on the level of support the person normally required with specific tasks and had been regularly updated to ensure it accurately reflected the person's current care needs. Where a

person's needs had changed this was documented during the review process and additional guidance provided for staff on how to meet the person's changing care needs. For example, one person had recently been referred to their GP and prescribed a nutritional supplement to promote weight gain. Records showed this information had been used to update the person's plan of care.

People spoke positively about activities provided by the home and said they had the opportunity to join in if they wanted. We saw a range of activities were available including music sessions, seasonal arts and crafts, animal therapy, board games and quizzes. The home had recently identified an 'activity coordinator' from within their existing team who was responsible for the home's activity programme and developing social interactions. They told us activities were designed to encourage social interaction, provide mental stimulation and promote people's well-being.

The home produced a seasonal newsletter which highlighted recent events, informed people about upcoming events as well as any changes to the home. We saw from the Summer 2016 edition, the home had hosted a variety of events were people celebrated St Georges day, St Patricks day and Shakespeare's birthday. Staff had recently set up a knitting circle and their first challenge was to make blankets for a local guide dog charity.

The activity coordinator told us they had the time to support people on a one-to-one level and within groups depending on people's preferences. This meant that everyone had the opportunity to participate if they wished to do so. The activities coordinator was keen to share with us people's life story books which they said enabled them to develop individual activity plans based on people's past interests and hobbies.

People who wished to stay in their rooms were regularly supported by staff in order to avoid them becoming isolated. People were encouraged to personalise their rooms with things that were meaningful for them. For instance, photographs of family members, treasured pictures from their childhood, favourite ornaments or pieces of furniture.

People and their relatives felt able to raise concerns or make a complaint if something was not right. They were confident their concerns would be taken seriously. One person said they knew who to speak to should they have a complaint and explained the registered manager was always available if they needed them. Another person said, "I have no complaints, all the staff are very good". Relatives told us they had no concerns about the care provided to their loved ones. One relative said they felt "comfortable speaking to the provider or registered manager" and were confident they would listen and deal with any concerns they might have promptly.

The home's complaint procedure was displayed in the main hallway and dining room. This clearly informed people how and who to make a complaint to and gave people guidance along with contact numbers for people they could call if they were unhappy. We reviewed the home's complaint file and saw that the home had not received any complaints since the last inspection. We raised this with the registered manager who told us this was because they were proactive in seeking people views and responded to them in a timely manner, which meant people and relatives had not needed to use their formal complaints procedures.

Good

# Is the service well-led?

## Our findings

People, relatives, staff and healthcare professionals spoke highly of the registered and deputy managers and told us the home was well managed. Comments included, "they are always available", "they set a high standard and lead by example", "they act on advice and support offered", "I am able to speak with them about anything", "I'm happy with the care [person name] receives and I have confidence in the whole team", "they are always professional and listen to our suggestions".

The provider and registered manager had a clear vision for the service, which they told us was to maintain a happy, stimulating and stable environment for their residents, with the objective of sustaining both a high quality of life and high quality of care. The homes philosophy of care was described on their website, and in the information they provided to people and their families, as Independence, Choice and Respect. Staff had a clear understanding of the values and vision for the home which they demonstrated in the way they told us about how they met people's care and support needs. Staff believed in people's right to make their own decisions and choices and of the importance of treating people with dignity and respect.

The homes management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to go to if they required help or support. Staff described a culture of openness and transparency where people, relatives and staff, were able to provide feedback and raise concerns. Staff and relatives described the registered manager and provider as open, honest and approachable. Relatives told us they were very visible within in the home and had an excellent working knowledge of people who lived there. Staff were positive about the support they received and told us they felt valued. The provider told us it was important their staff team felt valued, supported and recognised for the work they do, and they were always looking for innovative ways to recognise their efforts. For example, they had recently enabled a member of staff to purchase a bicycle through the Cycle to Work Scheme.

The provider used a variety of quality management systems to monitor the quality of services provided at St Omer, which included a range of audits and checks. For example infection control, care planning, health and safety and falls. The registered manager told us they were committed to a continual programme of improvement and had been ISO 9001 certified since 2008. ISO 9001 is an internationally recognised standard for internal quality management which can be used as a foundation to guide improvement. More recently the home had gained the Investors in People award. The Investors in People award is an internationally recognised standard for better people management. The registered manager used a computerised care planning and monitoring system to enable the smooth and efficient running of the home. The system included all aspects of how the home was run, from staff reporting on duty, updates on any recent changes to people's needs, care planning and monitoring risks to people's welfare. Staff recorded every activity of care immediately it was provided. The registered manager and provider were able to closely monitor the service, whether at the home or not. Access was password protected and set at different levels according to staff's need to know.

There were good systems in place for staff to communicate verbally any changes in people's health or care needs through handover meetings. These meetings facilitated the sharing of information and gave staff the

opportunity to discuss specific issues or raise concerns. The computer systems allowed the provider, registered manger or individual staff member to communicate specific information to, an individual or staff team via an internal email system, which tracked and logged responses. Regular staff meetings enabled staff to discuss ideas about improving the service. Staff told us they felt able to make suggestions and request training. The registered manager used these meetings to discuss and learn from incidents; highlight best practice and challenge poor practice were it had been identified. For example, we saw the provider had used information regarding a recent incident within the home to enable staff to learn from the experience and drive improvement.

People who used the service and their relatives told us they were encouraged to share their views and were able to speak to the registered manager when they needed to. We saw were people had raised concerns or suggested new approaches these had been adopted. For example, one person had expressed their room was too hot during the winter months. The provider had purchased individually programmable e-thermostatic valves for all bedrooms and was in the process of having them fitted.

People's opinions of the home had been sought through the homes annual residents' survey. The information was analysed and written feedback was provided to people and their families. We reviewed the most recent of these (December 2015) and saw the home had asked people and relatives to rate various aspects of the home for example, staffing, safety, food, activities, involvement and meeting people's needs. The results showed that people and relatives had rated the services provided at St Omer as good or excellent. Where concerns were identified as part of this process, we saw the provider had made changes as a result. For example one person had raised with the registered manager that many of the activities were not suited to their abilities. The registered manager had reviewed their activity programme and introduced more variety as a result, for example, invited a greater range of speakers to present various subjects, and local topics.

Records were stored securely, well organised, clear, and up to date. When we asked to see any records, the registered manager was able to locate them promptly. Minutes of meetings were freely available to residents, relatives and staff.

The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.