St Brelades Retirement Homes Limited

St Brelades

Inspection report

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Ratings

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

Overall summary

This inspection was carried out on 2 and 3 November 2015 and was unannounced.

St Brelades provides accommodation for up to 37 older ladies who are living with a dementia or Alzheimer's and need support with their personal care. The service is a converted domestic property. Accommodation is arranged over three floors. Two stair lifts are available to assist the ladies to get to the upper floors. The service has 23 single bedrooms, and seven double bedrooms, which ladies can choose to share. Thirteen of the bedrooms have ensuite toilets. There were 36 ladies living at the service at the time of our inspection.

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

St Brelades provides a service to ladies only and the manager employed only female care staff to meet their

Summary of findings

needs. Ladies were treated with dignity and respect at all times. For example, staff explained the care and support they would receive before they received it and asked them what they would like staff to do and when.

The manager provided strong leadership to the staff team and had oversight of all areas of the service. Staff were highly motivated and felt supported by the manager and other senior staff. The staff team shared the manager's philosophy of care and worked to make sure that care was always provided to a good standard. Staff told us the manager was approachable and they were confident to raise any concerns they had with them. The manager had taken action to continually improve the service. Consultants had been employed to review and make recommendations to make sure the service was the best it could be.

There were enough staff, who knew the ladies well, to meet their needs at all times. Ladies needs had been considered when deciding how many staff were required on each shift. Staff had the time and skills to provide the care and support ladies needed. Staff were clear about their roles and responsibilities and worked as a team to meet the ladies' needs.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were supported to provide good quality care and support. The manager had a very good knowledge of dementia and Alzheimer's and its impact on the ladies at the service, she shared this with staff to develop their skills. A plan was in place to keep staff skills up to date. Most staff held recognised qualifications in care. Staff spoke to senior staff whenever they needed to discuss any concerns they had about the ladies. Plans were in place to hold more regular meetings to give staff the opportunity to discuss their role and practice.

Staff knew the signs of possible abuse and were confident to raise concerns they had with the manager, senior staff or the local authority safeguarding team. Plans were in place to keep ladies safe in an emergency. Equipment was in place to evacuate ladies safely but staff did not know how to use it. Following the inspection the manager put plans in place to make sure all staff knew how to safely use the equipment.

Ladies' needs had been assessed to identify the physical and mental care and support they required. Care and support was planned with ladies and their representatives to keep them safe and support them to be as independent as possible. Detailed guidance had not been provided to staff in some care plans about how to provide all areas of the care and support ladies needed, however they received consistent care as staff knew them well. An independent social worker had reviewed the care plans and was working with the manager and staff to make improvements in line with best practice recommendations.

The ladies received the medicines they needed to keep them safe and well. Action was taken to identify changes in their physical and mental health, including regular health checks and GP clinics. Ladies were supported by staff to receive the care they needed to keep them as safe and well as possible.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Arrangements were in place to check if ladies at risk of being deprived of their liberty and applications had been made to the authority where they were necessary.

Consent to care had been obtained from the ladies or those legally able to make decisions in their best interests. Ladies who had capacity were supported to make decisions and choices. The manager had recognised that processes were not in operation to assess if ladies were able to make decisions or to make decisions in their best interest. This had been discussed with the independent social worker and action was being taken to put systems into operation that met the requirements of the Mental Capacity Act 2005 (MCA).

The ladies were supported to participate in a wide variety of activities that they enjoyed. Possible risks to them had been identified and were managed to keep them as safe as possible, without restricting them. Ladies were supported to continue to attend activities outside of the service, such as attending church services.

Summary of findings

Ladies told us they liked the food at St Brelades. They were offered a balanced diet that met their individual needs, including soft diets for ladies who had difficulty swallowing. A wide range of foods were on offer to the ladies each day and they were provided with frequent drinks to make sure they were hydrated.

The ladies and their representatives were confident to raise concerns and complaints they had about the service with the manager and staff and had received a satisfactory response.

The manager frequently worked on the floor with ladies and staff to check that the quality of the service was to the standard they required. Any shortfalls found were addressed quickly to prevent them from occurring again. Ladies and their relatives were asked about their experiences of the care and these were used to improve and develop the service.

The environment was safe, clean and homely. Maintenance and refurbishment plans were in place and dining rooms were being redecorated during our inspection. Appropriate equipment was provided to support the ladies to remain independent and keep them safe. Safety checks were completed regularly.

Accurate records were kept about the care and support ladies received and about the day to day running of the service and provided staff with the information they needed to provide safe and consistent care and support to the ladies.

We last inspected St Brelades in April 2014. At that time we found that the registered provider and manager were complying with the regulations.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Risks to ladies had been identified and action had been taken to keep them safe and well.

Plans were in place to keep the ladies safe in an emergency.

Staff knew how to keep the ladies safe and what possible abuse looked like.

There were enough staff, who knew the ladies very well, to provide the support ladies needed at all times.

Ladies were given the medicines they needed.

The service was clean and safe.

Good

Is the service effective?
The service was effective.

Staff gave ladies choices and supported them to make decisions. Action was being taken to make sure the Mental Capacity Act (2005) was followed at all times.

Staff were trained and supported to provide the care ladies needed.

Ladies were offered food and drinks they liked to help keep them as healthy as possible.

Ladies were supported to have regular health checks and attend healthcare appointments.

Good

Is the service caring?
The service was caring.

Ladies said the staff were kind and caring to them.

Ladies were given privacy and were treated with dignity and respect.

Staff treated ladies with compassion and offered them comfort and reassurance when they needed it.

Outstanding

Is the service responsive?
The service was responsive.

Assessments were completed and reviewed regularly to identify changes in ladies' needs. Ladies received the care and support they needed to help them remain as independent as possible.

Ladies and their families were involved in planning their care and received their care in the way they preferred. Action was being taken, to include in care plans, detailed guidance to staff about how to provide ladies care.

Good

Summary of findings

Ladies had things to do during the day and spent time doing things they enjoyed.

Action had been taken to resolve people's concerns to their satisfaction.

Is the service well-led?

Good

The service was well-led.

The manager and staff shared a clear set of aims at the service including supporting ladies to remain as independent as possible.

Staff were motivated and led by the manager. They had clear roles and were responsible and accountable for their actions.

Checks on the quality of the service were regularly completed. Ladies, their relatives, staff and visiting professionals shared their experiences of the service.

Records about the care ladies received were accurate and up to date.

St Brelades

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 2 and 3 November 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with four ladies living at St Brelades, the registered manager, 10 staff, and three ladies relatives. We visited ladies' bedrooms, with their permission; we looked at care records and associated risk assessments for five ladies. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the support provided to ladies. We looked at ladies' medicines records and observed ladies receiving their medicines.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe at St Brelades. One lady told us, "I feel safe, there are always lots of people around". Another lady told us, "As my home, it feels safe and comfortable". One ladies relative told us, "It is very safe here. There are always lots of staff around and I would say if there was something wrong".

The ladies received consistent care, when they needed it, from staff who knew them very well. The manager told us that staffing levels were based on the skills of the staff. They had also considered the ladies needs and preferred routines and the layout of the building when deciding how many staff to deploy at different times of the day. Mornings were a busy time of day and a minimum of 11 care staff provided the ladies care and support.

Staff told us they were not rushed and had time to spend with the ladies providing their care and support at their pace and responding to changes in their mood. The manager told us, "The care is not a production line. I want staff to have time to connect with the ladies and be responsive to them". All the staff we spoke with said that they had time to spend with ladies and were not rushed. One staff member said, "We get time to spend with the ladies and give them good quality care".

Night staff supported ladies who wanted to get up early. Ladies who woke during the night or very early were supported to go back to bed if they preferred. Staff worked to support the ladies to have regular day and night routines to help them sleep at night. Extra staff were deployed over the weekends and on other occasions such as Mothering Sunday and Christmas Day when a higher number of people visited the service on the same day.

Staff shifts were planned in advance and rotas were available and staff knew when they would be working. Cover for staff sickness and holidays was provided by other staff members in the team. An on call system was in place and management cover was provided at the weekends and in the evenings by the manager and clinical manager. The manager told us, "Staff have to feel supported at all times". The staff team was consistent and staff turnover was low, some staff had worked at the service for 30 years. There were no staff vacancies at the time of our inspection.

There were policies and processes were in place to keep ladies safe, these were known and understood by staff.

Staff had completed safeguarding training and knew the signs of possible abuse, such as bruising or changes in a ladies' behaviour. They were confident to raise safeguarding concerns or whistle-blow to relevant people, such as the manager, clinical manager or the local authority safeguarding team. Staff told us they were confident that the managers would deal with any concerns they raised. One staff member said, "I have absolute confidence that [manager] and [clinical manager] would do something about safeguarding concerns".

The manager encouraged staff to work as a team and understand they were working with colleagues and not friends. The risks of collusion with neglect and poor practice were explained and staff were encouraged to raise any concerns they had quickly. Staff told us they would be confident to whistleblow if they had any concerns. The manager told us they preferred to address any concerns at an early stage to prevent them from getting worse or going on for a period of time.

Risks had been assessed and care had been planned to keep the ladies safe while maintaining their independence. The manager had employed two occupational therapists to review areas of the care and support ladies received. Their role was to ensure that ladies were supported to take risks where the benefit to them outweighed the impact of not taking the risk. Such as the risk of getting lost when going out unaccompanied, against the risk of loneliness, anxiety and depression if a lady was not able to continue with an activity they liked.

Some ladies were at risk of falling out of bed, action had been taken to keep them safe. Some used bedrails to keep them safe whilst others, who may climb over the rails and not realise they were at risk, had mattresses on the floor to soften their fall. Shortly before our inspection the manager had employed an independent social worker to review some ladies risks assessments. They had recommended that more detail of the risks and the actions taken, including who by, be included in the risk assessment. The manager had a plan in place to review the risk assessments and make the necessary changes.

Risks to ladies' skin, such as the development of pressure ulcers, had been assessed. Action had been taken to minimise the risks and no one had sore skin at the time of our inspection. Special equipment, such as cushions and mattresses were provided to keep the ladies' skin healthy, we observed these being used.

Good

Is the service safe?

Accidents and incidents involving the ladies were recorded. The manager had recently introduced a process to review accidents to look for patterns and trends so that the care ladies received could be changed or advice sought to keep them safe. Ladies had been referred to health care professionals for support and advice if they had fallen. The support and advice was used to plan the care they received and the number of falls had reduced. Staff were informed of changes in the way risks to the ladies were managed during the handover at the beginning of each shift. Changes in the support ladies were offered were also recorded in their care plans so staff could catch up on changes following leave or days off.

Plans were in place to evacuate the ladies in the event of an emergency. Staff did not know about these plans, however, staff knew what action to take in an emergency to keep the ladies safe. Special equipment was available to support the ladies to evacuate safely; however staff had not received training in how to use it safely. Following the inspection the manager informed us that they had put plans in place to make sure that all staff knew how to use evacuation equipment. Staff were confident to contact the manager or clinical manager for support in an emergency.

The service was clean and odour free. All areas of the service were cleaned regularly and three domestic staff worked at the service each day. Special antibacterial curtains were used to screen ladies beds and were replaced according to the manufactures instructions. The local district council environmental health department had awarded the service a 5 star rating for food hygiene and safety in August 2015.

The building and equipment were well maintained and regular checks, such as hoist safety and electrical checks had been completed. Maintenance plans were in place. Some areas of the home had been redecorated and others were being decorated. One dining room was being decorated at the time of our inspection. Neutral colours had been chosen and patterns had been kept to a minimum. When ladies could not find their way around the service, staff accompanied them to where they wanted to go.

Baths were fitted with hoists and ladies used these to get in and out of the bath safely. The temperature of bath water was checked before ladies used them. A small garden and enclosed courtyard were available for ladies to use. Ladies told us they enjoyed going into the garden in the fine weather. One lady told us, “I enjoy sitting in the garden when the weather was good”. The building was secure and the identity of people was checked before they entered. Internal doors were not locked, ladies moved freely around the service and were not restricted. Risks to ladies from the environment, such as flooring, had been assessed and action taken to keep them safe.

A call bell system was fitted in ladies’ bedrooms. This was not used often as staff checked on ladies who chose to stay in the bedrooms often. One lady told us, “I just call out and someone always comes”. Staff were present in communal areas with ladies at all times and worked as a team to make sure ladies were safe. The manager told us, “Staff have to be very active in monitoring the ladies”.

There was enough space and furniture to allow the ladies to spend time with each other or alone when they wanted to. Furniture was of a domestic nature and the service was comfortable and homely. Ladies were able to bring small items of furniture and personal items with them into the service and these were on display in their bedrooms.

Staff recruitment systems protected ladies from staff who were not safe to work in a care service. The manager planned staff recruitment in advance and tried to anticipate when new staff would be required. Before staff were interviewed they were asked to complete some research into dementia and Alzheimer’s and questions about the conditions were asked at interview. Other interview questions required candidates to reflect on the skills they could bring to the role. They spent time in the ladies company and their interactions and responses were used as part of the selection process. Candidates who did not have experience had been recruited because they had the attitudes the manager required of staff, including a “natural warmth, kindness and respect”. The manager told us that if candidates were very good she would employ them even if she did not have a vacancy to make sure that she had sufficient staff with the skills, knowledge and attitudes required to provide the service.

Information about staff’s conduct in previous employment had been obtained. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Information about candidate’s physical and mental health had been requested and checked. Other checks, including identity

Good

Is the service safe?

checks, had been completed. Processes were in place to dismiss staff whose practice did not reach the required level and refer them to the relevant authorities to make sure they did not work with vulnerable people in the future.

Processes were in operation to protect ladies from the risks of unsafe management of medicines, including systems for ordering, checking, disposal and administration of prescribed medicines. Medicines were stored securely and the storage room well organised. Ladies received their medicines at the time advised by their doctor. Staff gave ladies their medicines and reminded them how to take them safely. Staff's medicines administration skills were assessed following their training and before they began to administer medicines to ladies.

Some ladies were prescribed medicines 'when required', such as pain relief or to help them manage their anxiety. Staff asked ladies if they wanted pain relief regularly and only gave it when they wanted it. When ladies were not able to tell staff they needed pain relief, staff observed their body language and their mood. Staff knew when ladies required medicines to help with their mood and agreement for this to be given was obtained from the person in charge before it was administered. Detailed records were kept of when ladies had taken their 'when required' medicine.

Staff had a good understanding of safe medicine management. They were knowledgeable and able to explain the action they would take to manage medicines safely.

Good

Is the service effective?

Our findings

The ladies were able to make choices about all areas of their lives, such as when they got up and when they went to bed. One lady told us, “I get up about 7.30 and go to bed when I like”. Another lady told us, "I used to be very active but now don't get around much but I get up and go to bed when I like”. Ladies choose how they spent their time and who they spent it with. We observed them being offered choices and staff responded consistently to the choices they made.

Staff knew the ladies very well. They understood what the they were telling them and knew how to share information with the them so they would understand it. For example, staff knew that some ladies would not remember complex instructions, when they asked where their bedroom was, staff smiled at them kindly and told them, “I’ll show you were it is” and walked with the lady to their bedroom. Some ladies were not able to hear very well and staff took time to make sure they understood what they were telling them, including writing things down and checking with ladies that they had heard them correctly.

Staff had received training in relation to the Mental Capacity Act 2005 (MCA). The manager had recognised that they needed to develop their knowledge further and make sure that the practice at the service met the requirements of the Mental Capacity Act. They had employed an independent social worker to review the practice and put processes in place to make sure that ladies’ capacity was assessed and decisions were made in accordance with the Act.

Most ladies were unable to make complex decisions about the care and treatment they received and needed other people to make these decisions in their best interests. Decisions made in ladies’ best interests had been made by friends and relatives who knew them well, with health and social care professionals on occasions. However, the ladies’ capacity to make the decision had not been assessed and records of how the decision made in their best interests had not been maintained. This did not impact on the ladies and all decisions had been made in their best interests by people who knew them well. Some ladies were unable to make simple decisions, such as what they wanted to eat or drink. Staff knew them well, they knew the choices they had made previously and observed their body language to understand what they wanted. Other ladies were able to chat to staff and tell them what they wanted. Staff demonstrated that they understood how to communicate effectively with the ladies.

Staff understood what the ladies were telling them and supported them to make decisions. We observed staff respecting decisions ladies made and offering them alternative choices to keep them safe and well. For example, at lunchtime we observed one lady refuse their lunch. Staff encouraged the lady to eat in a gentle way and offered alternatives they knew she liked when she continued to refuse. The lady refused the alternative and staff spent time sitting with her chatting about other things that interested her. We later saw the lady eat their meal and the alternative when they were ready.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The manager was aware of their responsibilities under DoLS and had employed an independent social worker to support them to put processes in place check the risk of ladies being deprived of their liberty. Applications had been made for urgent and standard authorisations were ladies were at high risk. We observed that ladies moved freely about the building.

Staff told us they had completed training and had the skills and competence they needed to fulfil their roles. We observed that staff knew what they were doing. Staff had received an induction when they started work at the service to get to know the ladies, the care and support they needed and to understand their roles and responsibilities. The induction started before staff began working with the ladies and included three or four, two hour ‘pre-employment training sessions’, including the provider’s philosophy of care, safeguarding and moving and handling. New staff were working towards the Care Certificate, which is an identified set of standards that social care workers adhere to in their daily working life. New staff worked along experienced staff to help them build relationships with the ladies and provide care in a consistent way.

Staff received the training they needed to perform their duties, including first aid, fire safety and end of life care. A

Good

Is the service effective?

training plan was in place and the manager knew what training staff had been completed and when it needed to be refreshed. Staff had completed further qualifications and many staff team had acquired level 2 or 3 qualifications in social care.

Staff received in depth training and mentoring in relation to the care of people with dementia and Alzheimer's from the manager and other experienced staff. Some staff had other formal qualifications which informed their practice at the service. For example, the clinical manager was a registered nurse and although she could not practice nursing at the service because it was not registered to provide this, she could use her clinical skills to support the ladies and communicate effectively with health care professionals.

Staff told us they felt supported by the manager and the clinical manager to deliver safe and effective care. Staff did not have regular meetings with senior staff to talk about their role and the ladies they provided care and support to. However, they told us they were able to raise any concerns they had about ladies with the manager, clinical manager and team leader quickly as they were always available and worked alongside them. The clinical manager and team leader told us that they discussed staff practice, as well as ladies needs, with staff throughout the shift to make sure they were supported to provide effective care. Plans were being put in place at the time of the inspection to make sure that each staff member received six supervision sessions each year in addition to the day to day support they received. An annual appraisal process was in operation.

The ladies were supported to maintain good health. The manager worked with each lady and their family to get a true diagnosis of their dementia condition, and a prognosis. The manager and staff were aware of other illness that may affect each lady and monitored for these so they could be quickly identified. A doctor was contracted by the manager to provide a service at St Brelades, including a weekly surgery at the service, telephone consultations and home visits when ladies needed them. This meant that any concerns the ladies had about their health were shared with their doctor quickly. Other health care professionals, including a chiropodist and optician visited regularly. One lady told us, "My teeth are dreadful they seem to be falling out and I might have to have dentures but it's all in hand". The manager had arranged for the lady to see a dentist and receive the treatment they needed.

Care was provided to meet ladies' health care needs. The ladies had been offered an annual flu vaccination. Staff worked with community nurses to assess and meet the ladies' needs. At the time of the inspection several ladies had been assessed for continence products. St Brelades had supplied the products they required while they waited for supplies to be delivered. Community nurses visited some ladies to provide treatment for short term illnesses and when they reached the end of their life.

Staff from St Brelades worked closely with the local mental health team to support the ladies to maintain good mental health as their dementia and Alzheimer's progressed. Community psychiatric nurses held clinics at the service every three months. Referrals to mental health services were made promptly when staff identified changes in ladies mental health.

The ladies were supported by staff or people who knew them well to attend health care appointments, including emergency visits to hospital or outpatient appointments. This was to support the ladies to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service.

Meals times were pleasant, social occasions at St Brelades and ladies enjoyed their meals in a calm environment. Meals were provided in different areas of the service dependant on ladies' needs and preferences. Ladies who required assistant to eat were supported to do this with dignity by staff who took time to make sure they were comfortable and ate at their own pace. Other ladies ate in a quiet dining room where distractions were kept to a minimum. This meant that they did not lose concentration and remained as independent as possible at mealtimes.

Ladies told us they had enough to eat and drink. Food and drinks were offered regularly throughout the day and were available if ladies wanted them during the night. Snacks were offered between meals, such as afternoon tea and cakes, which the ladies enjoyed. Staff offered ladies drinks frequently to make sure they did not become dehydrated. Ladies were offered adapted cups, cutlery and crockery to help them eat and drink independently.

Good

Is the service effective?

Ladies told us they liked the food at the service. One lady said, “The food is very good and I get plenty of it, there is a good choice of fresh vegetables”. Another lady told us they enjoyed the food at the service and said "it is nicely cooked". We observed ladies eating the meals and snacks they were offered. Ladies were offered second helpings of things they particularly liked, such as puddings. Their nutrition and hydration needs were regularly assessed and reviewed and action was taken to meet ladies’ needs. When ladies lost weight they were quickly referred to health care professionals including the dietician for support and advice. Their advice had been put into action and they had gained weight.

Meals were planned to meet ladies’ needs and preferences. Ladies who were at risk of losing weight were offered fortified foods and drinks including custard and milky drinks made with double cream. Ladies who required a low sugar diet were offered the same foods as everyone else but made with sweetener rather than sugar. Vegetarian options were available. Some ladies were at risk of choking and required their food to be pureed. Food were presented separately and looked appetising. Meats were minced for other ladies who required a soft diet.

Menus were balanced and included fresh fruit and vegetables. All meals were homemade, including homemade cakes and puddings. Sandwiches with a variety of high protein fillings were made throughout the day and ladies could have a sandwich whenever they wanted. Staff knew ladies’ likes and dislikes and offered them alternatives if they did not fancy the food they were offered. For example, staff knew who did not like fish and alternatives were offered when fish was on the menu. Staff told us they some ladies preferred alternatives such as egg and chips to fish and chips.

Communication between care staff and catering staff was good. Catering staff were told quickly about changes in ladies’ needs. The chef on duty during the inspection to us, “The girls (care staff) tell us immediately if someone needs a different diet. Things change all the time, no two days are the same”.

Outstanding ☆

Is the service caring?

Our findings

All the ladies we spoke with told us the staff were kind and caring, their comments included, “Everyone is very kind, they know what I am like. One lady’s relative told us, “The care is good, she is taken care of by the staff”. Staff told us there was a strong philosophy of care at the service. One staff member described it to us as, “The feeling that ladies get from staff, they may not recognise the staff member but they recognise the comfort staff give them. We look for signs that ladies may be anxious and try to make them feel safe and secure”.

The atmosphere at St Brelades was calm and welcoming. The ladies and staff were happy and cheerful, visitors told us they felt welcome. There was lots of laughter and smiling during the inspection and we heard ladies singing or humming or saw them tapping their feet to music. Staff spoke to us about ladies in a positive way and described them to us in terms of their personality and achievements, rather than their care needs. Staff took time to introduce us to the ladies, again describing them positively, such as “This beautify lady is ….”. Ladies responded with smiles. Care and support was offered to ladies in a positive way, with a smile, making each activity sound pleasant and enjoyable. For example, ladies were offered a ‘lovely bubbly bath’.

Ladies’ care plans contained detailed information about their lives before they moved into the service, including the different places they had lived, their family and jobs they had done. Staff used this information to help them get to know the ladies and provide their care in the way they preferred. Staff were able to anticipate times when ladies may become upset or worried and talked to them to reduce their anxiety, or offered them things to do which made them forget what was upsetting them. One person became a little upset and told the manager they wanted to go home. The manager chatted to the lady about where she had lived before and how she had told the manager she was worried about being alone during the winter and reminded her it was November. This calmed the lady and she decided to stay at St Brelades. One lady’s relative told us, "My [relative] is comfortable here, she has had some difficult situations but staff diffuse the situation, talk to her and sometimes walk away with her and she calms very quickly”. Another lady’s relative told us, "The staff know how to deal with the difficult situations when my relative becomes agitated and it calms down very quickly."

Staff provided the ladies with information about their care and support before it was offered. For example, they told ladies they were going to move their chairs before they moved them and checked that the lady was ready. They continue to speak to ladies during the provision of care, such as, “We are just going to go backwards and them we will turn round”. Some ladies chairs were easier and safer to move backwards. A staff member usually walked in front of a lady being moved so they could see the staff member and feel reassured.

We observed several relaxed chats between staff and ladies, in small groups or one to one, about what they had done in the past. Staff used their knowledge of the ladies to start the conversations and involve others. One conversation started with a general question from staff about a pet a lady had had and led to a group conversation about pets, holidays and how ladies had cared for their pets when they went on holiday. The ladies enjoyed chatting and sharing their experiences and there was lots of laughing. They told us they always had someone to talk to when they felt like a chat. Ladies who did not feel comfortable to chat in groups chatted to staff on their own and staff made sure they were not isolated. One lady told us, “Staff respect that I am a loner, the staff come and talk to me but I do not like mixing with the others”.

Staff were highly motivated and inspired by the manager to offer care to the ladies that was kind and compassionate. They showed genuine affection for the ladies and ladies responded in a similar way. Staff approached ladies in a gentle way at all times, making sure they were at the same level as them and using their preferred name. Staff used touch, such as holding ladies hands or placing their hand gently on their arm or shoulder to comfort and reassure ladies. One staff member told us, "I care about the ladies and it’s hard not to think of them as family, although I know they are not”. All the staff we spoke with said that they would be happy for a relative of theirs to receive a service at St Brelades.

Because St Brelades only provides a service to ladies and employs only female care staff, ladies always had a staff member of staff of the same gender to support them to meet their personal care needs. Staff had an awareness of

Is the service caring?

their impact on the ladies and the way they behaved, they withdrew when ladies demonstrated they did not want them around. When ladies required staff with them to monitor their safety, staff worked together as a team to make sure they were safe.

The philosophy of care at St Brelades was to support the ladies to maintain their independence and this was included in staff training and development. Care plans concentrated on ladies strengths and included information about what the lady was able to do for themselves. Staff supported ladies to retain their independence in all areas of their life. Ladies told us they wanted to stay as independent as possible and staff supported them to do this. One lady told us they needed "Help with washing" and wanted to retain as much independence as they could for as long as possible. They said, "Staff allow me to be independent". Another lady told us, "My independence is very important to me and staff respect that".

Ladies were treated with dignity at all times. Staff asked ladies about their needs and offered them support in a discrete way. At lunchtime we observed two ladies leave and return to the dining room but we did not know why. Staff told us later they had supported the ladies to the toilet. Ladies who required a hoist to help them safely transfer between one piece of equipment and another were supported to transfer in their bedroom only. This maintained their privacy and dignity.

Staff treated each lady as an individual and with respect. Ladies' choices about how they looked and dressed were supported by staff. A hairdresser visited weekly for the ladies who chose to see her. Ladies were supported to wear makeup and jewellery when they wanted and carried handbags. During the inspection one lady said she was cold and staff got her a cardigan that matched the rest of her outfit. Systems were in place to make sure that ladies' laundry, including underwear, did not get mixed up and items were returned to the correct person. Staff did not call the ladies 'dear' or 'love' but referred to them by their title or preferred name at all times.

There was flexibility in the routines of the service to respond to changes in ladies' needs and to their requests. One staff member told us, "We have to be vigilant to changes in ladies moods, how they feel and respond to these". Other routines were less flexible to help keep ladies orientated to time and place, such as meal times. Staff knew ladies' preferred routines, such as where they liked to spend their time and who with. Some ladies had preferred seats in lounges and dining rooms, staff knew where these were and provided support in the way they preferred. Staff responded to the ladies' requests, such as to stay in their bedroom or eat in a private room; this gave ladies control over their lives and reduced the risk of them becoming anxious or worried.

The ladies had privacy. Staff knocked on their bedroom door before entering. They described to us how they maintained the ladies' privacy while they supported them to wash and dress. One staff member told us that ladies were supported to have privacy whilst using the toilet. She said, "I ask ladies, 'would you like me to help you or would you like me to wait outside'". Ladies who did not require help were given privacy to meet their own needs. One lady told us her ensuite was, "Very important to me as I am very fussy about personal hygiene".

Ladies and their relatives had spoken to staff about the care and treatment they wanted at the end of their life. Some ladies had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place which staff knew about. Ladies' preferred place to be at the end of their life had been discussed and some ladies had requested to stay at St Brelades if they were able to. Staff knew ladies' spiritual preferences; such as if they wanted a priest and plans were in place to make sure these would be met. Other things that were important to ladies, including people, possessions and funeral wishes were recorded. One staff member described to us how they had been involved in assisting another staff member to 'lay out' a lady when they had passed away. They told us they had been unsure they could do it but were supported by the other staff member. They told us, "It was brilliant and it was so well done, I really felt I had done my best for that lady and it wasn't scary after all".

Personal, confidential information about ladies and their needs was kept safe and secure. Staff had received information about how to maintain ladies' confidentiality. Staff told us at the time of the inspection that most of the ladies who needed support were supported by their families, solicitor or their care manager, other ladies were supported by an Independent Mental Health Advocate and staff consulted with them when they needed to.

Good

Is the service responsive?

Our findings

Ladies had been involved in planning their care, with their relatives when necessary. Some ladies were able to tell staff how they liked their care provided and told us that staff did as they requested. They told us staff knew what they were able to do for themselves and encouraged and supported them to continue to do this. One lady told us she needed some help with 'washing her back' and that she did not "Want to think about any other care, all the time I can manage". She said that this was because she valued her independence and staff supported her to remain independent.

Some ladies were unable to tell staff how they preferred their care provided. Staff referred to information they had about the ladies and their life before they moved into St Brelades and observed their reactions to the care and support they were offered. They used this to understand the ladies preferences, including any changes in their wishes. This was a constant process as ladies preferences changed as their dementia progressed.

Staff knew about all areas of the ladies' lives and the care and support they required. They described to us in detail the way that each lady preferred their care to be provided, including the support they required. Staff knew the equipment ladies used to move safely around the service and when they may need extra support. Staff knew the signs that ladies were becoming anxious or upset and ways to reduce their anxiety and help them remain calm and happy.

Before ladies were offered a service at St Brelades their needs were assessed to make sure the staff could provide all the care they required. Ladies and their relatives were also invited to visit the service before deciding if they wanted to move in. Further assessments of ladies' needs, along with discussions about how they liked their care and support provided were completed to find out what they could do for themselves and what support they needed from staff to keep them safe and healthy. Assessments were reviewed regularly to identify changes in ladies' needs. This information was used to plan ladies' care and support.

Ladies' care plans contained information about what they were able to do for themselves and how they preferred their care to be provided. Plans contained some specific information about ladies' choices and preferences. Information was provided to staff about how to reassure ladies if they became anxious, such as 'reassure her and try a calm area. Try to divert and talk about dogs and football'. One staff member told us the care plans, "Are very insightful", and provided staff with lots of information. One staff member involved in writing the care plans said, "We try to make the care plans person centred, for example we include the things that reassure the ladies". Another staff member told us they provided them with information about how to "Prompt, encourage and care for the ladies".

Detailed guidance had not been provided to staff about how to provide care to all the ladies. This had been recognised in the recent care plan review completed by the independent social worker. Staff understood the changes that needed to be made to the care plans to make sure staff had all the information they needed. The lack of information in some ladies care plans did not impact on the care they received. They received consistent care, in the way they preferred, to meet their physical, mental and social needs at all times.

Ladies' care plans had been regularly reviewed to make sure they remained up to date. Staff told us that the care plans "might not all be up to date as things change quickly from day to day". Systems were in place to make sure that staff had up to date information about the ladies, including handovers between shifts. Time was allowed for handovers in the shift plan and included strategies to manage changes in ladies care needs. Daily logs, including changes in ladies needs, were maintained so staff could refer to them when they returned from leave or days off.

The manager and staff knew that isolation was a risk for people with dementia and planned the routines of the service to reduce the risk of ladies becoming isolated, including social mealtimes and spending time with other ladies and staff they could chat with. Ladies were supported to follow their preferred routines, including spending time on their own if this is what they wanted to do. Some ladies found that sharing a bedroom reduced the risk of them being isolated or becoming anxious and depressed. One lady told us, "I love it here, I don't feel lonely as there are always people around". Another lady told us, "I am a loner, it was the way I was brought up but that doesn't matter". We observed the lady spending time in the company of other ladies when she chose to.

Good

Is the service responsive?

The ladies had enough to do during the day and spent their days doing activities including reading and listening to music. An activities coordinator worked at the home on four days a week and was supported by a member of the care staff. A variety of activities were on offer for the ladies to choose from each day. New activities were introduced gradually, ladies were able to explore and ask questions about them before deciding if they wanted to take part. An armchair exercise session, done by a visiting exercise instructor, took place once a week and ladies could join in if they wanted to. When they were unable to visit the service, such as when they were on holiday, the activities coordinator worked an additional day so ladies did not miss out on activities

On both days of our inspection a small group of ladies chose to knit squares to make a blanket and other ladies were doing jigsaw puzzles. Ladies and staff chatted together and some ladies chose to chat rather than participating in an activity. Music was playing in the background and ladies sung along. The activities coordinator spent time each week chatting to ladies who did not want or were unable to participate in group activities. Ladies were offered one to one activities with staff if they found being in a group caused them anxiety.

Ladies were supported to stay in contact with people who were important to them. Staff supported ladies to receive visitors at the service and to visit relatives. Ladies' relatives and friends were able to visit them at any time but were requested to avoid mealtimes to support ladies concentrate on their meal. Ladies were supported to continue participating in groups outside of the service, such as regular church services, that they had attended before they moved into the service. Services were held and communion given at the service for those ladies who were no longer able to visit their chosen place of worship. Representatives of different faiths provided the services to make sure that people were able to follow their beliefs. Staff made sure that ladies were supported to attend the correct service.

A process to respond to complaints was in place. Information about how to make a complaint was available to ladies and their representatives. The manager and staff supported ladies and their families to raise concerns or make complaints about the service. No formal complaints had been raised for over a year. The manager told us that any concerns raised were addressed immediately "So they do not escalate". Action had been taken to address concerns or worries to people's satisfaction. Staff recognised when ladies and their relatives had raised concerns about the service and had passed the information to the manager for their action. Ladies and their relatives we spoke with told us they had never had cause to complain about the service they received.

Good

Is the service well-led?

Our findings

The registered manager was also one of the registered providers and had been working at the service since it opened over 30 years ago. She knew all the ladies and staff very well. Staff told us they felt supported by the manager and senior staff at all times. One staff member said, "There is a lovely feeling about the service, it is warm and welcoming. I am confident it is a well-run home".

Staff told us they were motivated and enjoyed working at the service. One staff member told us, "I love my job. The best bit is the ladies. I get a lot out of my job. I go home and I'm satisfied". Another staff member said, "The ladies are fun to be around, we have fun together". A third staff member said, "My job is really good, I really enjoy it". Staff said they felt appreciated and were thanked on occasions for the work they did.

The manager had a clear vision of the quality of service she required staff to provide and how it should be delivered. One staff member told us, "I have the utmost respect for the manager's knowledge and care. They have a zero tolerance to collusion and abuse".

The philosophy of care at St Brelades was clear and understood by all staff. Staff knew the aims of the service and shared the manager's vision of good quality care and supporting ladies to remain as independent as they could be. Values including privacy, dignity, and independence underpinned the service provided to the ladies each day. Staff had job descriptions and knew their roles. They were accountable and responsible for the service they provided.

Staff worked together as a team to support each other and to provide the best care they could to the ladies. For example, a lady asked a staff member for a cup of tea while the staff member was helping another lady. The staff member acknowledged their request and asked another staff member to make the lady a cup of tea, which they did quickly, so they did not have to wait. Some ladies required lots of support from staff and could become upset if they had the same staff member with them for long periods. Staff worked together to anticipate when the lady would like another staff member with them and took turns, this reduced the ladies worries. Staff asked each other for advice and guidance about the best way to complete tasks and made sure that ladies were safe while other staff provided the care the ladies needed in private. All the staff we spoke with told us that the staff worked well together as a team.

Shifts were planned to make sure that the ladies received the care they wanted, when they wanted. The registered manager, clinical manager and team leader, were present in communal areas of the service during our inspection and demonstrated leadership and support to staff. Staff told us that they felt supported by the management team. They told us the managers were approachable and available to discuss any concerns they had. One staff member said, "The managers are very good at training us in what we need to do".

Ladies and their relatives were involved in the day to day running of the service. Systems were in place to obtain the views of ladies and their relatives, including annual quality assurance questionnaires. Annual questionnaires were also provided to staff and visiting professionals. The process for 2015 was due to begin shortly after our inspection. The previous survey had been completed in November 2014 and showed that ladies were happy with the service they received.

Staff had other opportunities to tell manager their views about the quality of the service and make suggestions about changes and developments, including staff meetings and supervisions. Staff felt involved in the development of the service and felt that their views were valued. One staff member told us, "The managers are good listeners. They are very supportive, caring and motivated". Another staff member told us, "We are not perfect but we try to be as good as we can be". Staff told us that they were listened to.

The manager had the required oversight and scrutiny to support the service. They monitored and challenged staff practice to make sure ladies received a good standard of care. Staff told us that they told the manager about situations that concerned them, and were confident that they would be listened to and action would be taken. The effective running of the service was possible because of good communication between staff. One staff member told us the communication between staff was "Great". Processes were in place such as handovers to share important information between staff.

The manager constantly monitored the care and support the ladies received to make sure that it was of a

Good

Is the service well-led?

consistently good quality. This included observations of support being provided to the ladies and chatting to ladies and their relatives. When areas for improvement were identified, action was taken to address the shortfalls found. Accurate and complete records in respect of each person's care and support were maintained.

The manager kept up to date with the changes in the law and recognised guidance. They were aware of recent changes in health and social care law and the way that the Care Quality Commissions (CQC) inspected services. Policies were available in the service for staff to refer to when they needed them. The manager had arranged for a consultant to review and amend the policies and procedures to make sure they remained current and gave staff the information and guidance they needed to take the correct action at all times. The review was due to start shortly after our inspection.

The manager worked to constantly improve the service. She had recently commissioned four outside professionals to assess the quality of different areas of the service, such as policies, and provide support to staff and herself to make any necessary improvements. The aim of these reviews was to make sure that the service was provided in line with best practice and current guidelines and was of the highest standard possible.

The manager had sent notifications to CQC when they were required. Notifications are information we receive from the service when significant events happened at the service, such as a serious injury to a person.