

The Royal Star & Garter Homes

The Royal Star & Garter Homes - Solihull

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 5 and 10 July 2017. The first day of our visit was unannounced.

The home is situated in Solihull, West Midlands. It is part of The Royal Star and Garter Homes which was established in 1916 to provide care to military veterans.

The home provides nursing and personal care for up to 60 ex-service men and women. This includes older adults, people with a physical disability, younger people and people living with dementia. During our visit 58 people lived at the home. The home is purpose built and divided into four 'houses' called Linley, Roundel, Whiteley and Croucher.

Since our last inspection, a new manager had been recruited and they registered with us in July 2016. 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.

A fundamental aim of the home to promote people's quality of life and to ensure people had a sense of purpose had been achieved. People were extremely happy with the care they received. At our last inspection we rated the 'Caring' domain as Outstanding. At this visit the rating had been sustained. Staff were kind and spoke about people with warmth and affection. People mattered and people's lifetime achievements were celebrated.

The provider's values for the home were 'respect, dignity, companionship and hope'. These qualities were demonstrated throughout our visit. The staff team were committed to maintaining people's dignity and privacy. They continually supported people to maintain and regain their independence.

People's individual lifestyle choices were embraced. People were encouraged to maintain or develop interests which meant they lived meaningful lives. People maintained positive links with their community that enhanced their lives. People were encouraged to maintain relationships important to them and there were no restrictions on visiting times.

People and their relatives worked in partnership with the staff to plan their care. Care records were personalised and contained detailed information about what was important to people.

People's religious and spiritual needs were recognised and embraced which meant people continued to practice their religions how they wished to do so. People from the LGBT community (Lesbian, gay, bisexual and transgender) were welcomed by an inclusive staff team.

People spoke very positively about the wide variety of social activities available to them. People had positive

dining experiences at the home and staff were aware of people's dietary requirements.

The home worked in partnership with local health and social care professionals to ensure people received the care and support they needed.

People felt safe living at the home and procedures were in place to protect them from harm. Staff were knowledgeable about the risks associated with people's care. Risk assessments and management plans contained clear guidance to support staff keep people safe.

The provider's recruitment procedures minimised the risks to people safety. New staff were provided with effective support when they first started work. Staff understood their responsibilities and had the skills and knowledge to care for people effectively in line with their wishes.

People spoke positively about the way their medicines were administered by the staff. Safe administration systems were in place and people received their medicines when they needed them.

The staff, managers and the provider demonstrated their continual commitment to providing excellent dementia care to people. Since 2011 the home had sustained its high level status with a nationally recognised specialist organisation in residential dementia care.

People received a high standard of care because the inspirational management team led by example. Staff enjoyed working at the home and they felt supported and valued by their managers. There was an open and inclusive culture. Strong emphasis was placed on continually developing and improving the service in response to people's feedback. Effective audits and checks took place to monitor and review the quality of the service provided. People felt listened to and felt assured any complaints would be taken seriously and acted upon.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent to care was sought in line with legislation and guidance. Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings had taken place and the outcomes were clearly recorded.

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 felt safe and staff were available when people needed them. Staff understood how to manage the risks associated with people's care. Medicines were managed safely and people received their medicines when they needed them. The provider's recruitment procedures minimised the risks to people safety. There were processes to keep people safe in the event of an emergency such as a fire. Equipment used by people was checked by staff and external contractors to make sure it was safe to use.

Is the service effective?

Good 

The service was effective.

Staff had the skills and knowledge to care for people effectively. New staff were provided with effective support when they first started work. Staff received training and were encouraged to develop their skills. People had positive dining experiences at the home and staff demonstrated good knowledge of people's nutritional needs, likes and dislikes. The home's staff worked in partnership and maintained links with health professionals. The provider was working within the principles of the Mental Capacity Act (2005). Staff had received MCA training and they demonstrated to us they understood the principles of the Act.

Is the service caring?

Outstanding 

The service was very caring.

People were extremely happy with the care they received. People mattered and were at the heart of the service. Staff spoke about people with warmth and affection. Staff always treated people with dignity and respected their right to privacy. Staff demonstrated their commitment to supporting people to maintain and regain their independence. People were encouraged to maintain relationships important to them. The provider welcomed and supported people from the LGBT community. People's religious and spiritual needs were always recognised and embraced.

Is the service responsive?

The service was very responsive.

We received exceptional feedback which demonstrated the care people received was responsive to their needs. Staff constantly looked for creative ways to embrace people's lifestyle choices and maintain interests which were important to them. Care records were detailed and people worked in partnership with the staff to plan their care. People spoke positively about the varied social activities that were available to occupy their time. People maintained positive links with their local community that enhanced their lives. People felt listened to and had opportunities to put forward their ideas and suggestions to improve the service. People knew how to make a complaint.

Outstanding 

Is the service well-led?

The service was very well-led.

People were extremely happy with how the home was run. The inspirational management team were dedicated and committed to providing high quality care to people in accordance with the provider's values. Staff enjoyed working at the home, staff morale was high and team work was good. Staff and volunteers felt valued and received recognition for their work. There were effective systems to monitor and review the quality of the home. There was a strong emphasis on continually looking for ways to improve the service people received.

Outstanding 

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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 5 and 10 July 2017 and our first day was unannounced. The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a specialist dementia nurse. The expert by experience was a person who had personal experience of caring for someone who had similar care needs to people who lived at the home.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the home, what it does well and improvements they plan to make. The information contained within the PIR was reflected during our visit.

Prior to our visit we reviewed information received about the service, for example the statutory notifications we had received. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with local authority commissioners who funded the care some people received. They were very happy with the care provided to people.

During our visit we spoke with 17 people who lived at the home. Other people were unable to tell us about their experience of the care. We therefore spent time observing how they were cared for and how staff interacted with them so we could gain a view of the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to talk with us.

We spoke with four people's relatives and five visitors. We spoke with 16 staff members including the

registered manager, the deputy manager, nurses, care workers, the catering manager, a physiotherapist, an activities coordinator and the maintenance person. We also spoke with three volunteers and one health professional.

Following our visit we spoke by phone to a further three community professionals to gather their views of the service people received.

We looked at the records of five people and two staff records. We looked at other records related to people's care and how the home operated. This included checks the management team took to assure themselves that people received a good quality service.

Is the service safe?

Our findings

At our last inspection, 'safe' was rated as 'good'. At this inspection people continued to receive safe care.

People felt safe living at the home. One person told us, "I trust the staff and I am absolutely safe here." Another said, "I feel safe here. They (staff) sit and hold my hand." They told us this was important to them because they had previously lived alone and at times they had felt isolated and 'out of touch' with the real world. One person's relative explained how staff had taken time to get to know their relation which meant they knew 'all the small things'. This made them feel confident the staff provided safe care. They said, "It is reassuring for me knowing (Person) is here."

People told us there were always enough staff on duty, and during our visit we found there were ample staff to meet people's needs safely. For example, in one house during the morning, there were 15 people who were supported by four care workers and a nurse.

Procedures were in place to protect people from harm. The provider's safeguarding reporting procedure was displayed in communal areas of the home to inform people how to report concerns if they felt unsafe. Our discussions with the managers confirmed they were aware of their responsibilities to keep people safe. They knew how to correctly report any safeguarding concerns which meant any allegations of abuse could be investigated. Records showed no safeguarding incidents had occurred in the twelve months prior to our visit.

Staff confirmed they had completed training to safeguard adults. They confidently described to us the signs which might indicate someone was at risk. For example, unexplained bruising to skin or people becoming withdrawn. Staff felt confident to report any concerns to their managers. One said, "If we have any concerns we would raise them with the next person in charge." We asked what they would do if action was not taken to investigate their concerns. They said, "I would follow up by placing it in writing to the manager, if nothing was done I would report it to the local safeguarding team."

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. The provider recruited staff and volunteers who were of good character. Potential new staff were invited to the home as part of the recruitment process to meet with people who lived there. This meant managers had the opportunity to see how they interacted with people and whether they had a suitable character to work in the home. Checks were carried out before new staff and volunteers started work. Staff and volunteers confirmed their references had been requested and checked and they had not started work at the home until their DBS (Disclosure and Barring Service) clearance had been returned and assessed by the provider. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

Risk assessments identified potential risks to people's health and wellbeing which helped to keep people and staff safe when delivering care. Staff knew about the risks and explained in detail how assessments were personalised, based on people's needs, histories and personalities. The registered manager said, "We

believe in positive risk taking and empowering people to take risks." For example, one person was at risk of falling but enjoyed going for a walk in the local area. They recognised the importance of the person going for a walk as this was something they enjoyed doing. The risk had been discussed and understood by the person.

People spoke positively about the way their medicines were administered by the staff. One person had diabetes and needed daily insulin injections to maintain their blood sugar levels. They said, "The nurse does my injections to give me a break. I can do it but I prefer if the nurses do it for me." Another person said, "My medicine is well handled by the staff. They know what they are doing."

We saw nurses followed good practice when they administered people's medicines. They had received training which included competency tests and a manager observed their practice to make sure they were competent to do so. An electronic medication administration system had been implemented at the home in May 2017. Nurses told us the system was safe because they were immediately alerted if someone had not received their prescribed medicine.

Some people were prescribed 'as required' medicines. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Protocols (medicine plans) for the administration of these medicines had been implemented to make sure they were administered safely and consistently. This was important because some people did not have the capacity to verbally inform staff of their pain. We asked nurses how they knew if someone who was unable to tell them, was in pain. One said, "We know people really well. Some people cry out in pain others hold the body part which was causing them pain so I look for the visual clues." A series of medicine checks took place so if any errors were identified prompt action could be taken. Records showed no medication errors had occurred in the 12 months prior to our visit.

There were processes to keep people safe in the event of an emergency such as a fire. The fire procedure was on display in communal areas which provided information for people and their visitors about what they should do. We saw the level of assistance people would require in an emergency had been documented. This meant staff and the emergency services would know what support people would require to evacuate the building safely. A review of the safety of the building by an external Health and Safety consultant had taken place in June 2017. The review confirmed the information available was sufficient to keep people as safe as possible in the event of a fire.

Equipment in use at the home was checked by staff and external contractors to make sure it was safe. For example, the gas system was checked in December 2016 to make sure it was working correctly. A maintenance team worked at the home to undertake general repairs and complete safety checks such as weekly fire alarm tests.

Is the service effective?

Our findings

At our last inspection, 'effective' was rated as 'good'. At this inspection people who lived at the home continued to receive effective care.

Staff demonstrated an in-depth knowledge of people's care and treatment needs, and were skilled and confident in their practice. Comments from people and their relatives included, "You can't fault them (staff) here." And, "Training must be excellent because staff always know how to help me."

New staff were provided with effective support when they first started work. Their induction included learning about the provider's dementia care philosophy which was about looking, listening to and feeling what living with the condition was like for people. One staff member said, "The induction here is fantastic." Another explained they had been assigned 'a buddy' who was an experienced member of staff. They had worked alongside their buddy to learn how people preferred their care to be provided. Completion of the induction meant staff understood the provider's procedures and values in-line with the Care Certificate. The Care Certificate is an identified set of standards expected of social care workers.

Staff told us they received regular training updates which the provider considered essential which included equality and diversity and health and safety. The staff team also had opportunities to complete health and social care diplomas from level two to level five (level five is equivalent to degree level). Staff told us the training opportunities made them feel valued because they could develop their knowledge which meant they had a good understanding of what good care looked and felt like. Staff felt supported by the management team and they received regular supervision of their work. They had regular opportunities to meet with their manager to discuss their role and to identify how to develop their skills.

The provider appointed a team of physiotherapists who worked with people at the home. The team provided training to the staff team which included how to move people safely. A physiotherapist told us, "I train the staff and I observe how they provide care. It's a good way to make sure things are done correctly." We saw staff put their training into practice. For example, we saw staff members used a piece of equipment to safely move people from their wheelchairs into more comfortable seating.

All the people we spoke with provided positive feedback about the food and dining experiences at the home. Comments included, "Excellent." "Very good," and, "Lovely food." People had the opportunity to attend meetings with the catering manager to be involved in creating menus and to give feedback on the meals provided. Minutes from a recent meeting showed us people had requested bread and butter pudding. This had been added to the menu and one person commented, "It was delicious."

We saw people had positive mealtime experiences. People were shown 'plated up' meals so they could smell and see the food available, to help them decide what they would like to eat. Staff were attentive, and provided the support people required to enjoy their meals. Staff we spoke with, including the catering manager, demonstrated good knowledge of people's nutritional needs, likes and dislikes. Some people were lactose intolerant and they were provided with soya milk as an alternative to cow's milk. Other people

had health conditions which meant they required all of their meals to be pureed. Moulds had been used to improve the presentation of the pureed meals, so that each portion was served separately. Staff told us this maintained people's dignity 'whilst they dined' because their meals looked very similar to other people's.

People and the staff had opportunities to attend a 'silver service, fine dining experience' each month. The catering manager said, "We do fine dining candlelit meal experiences for people. I put on my big chef's hat so we are 'in the moment'. People told us they had enjoyed this experience and they had chosen to wear their 'best clothes' to make the experience extra special for them.

Staff worked in partnership and maintained links with health professionals to benefit people. One person had been unwell and this had resulted in weight loss. We saw advice had been sought from the GP and a dietician. Guidance was in place for staff to follow which included the approaches they could use to encourage the person to eat. People confirmed they saw a doctor if they needed to and they requested a visit from an optician, dentist or chiropodist when necessary. 'Wellness clinics' were held with the home's physiotherapists and lead nurses to address any minor concerns people had about their health to promote their wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the provider was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty were being met. The managers understood their responsibilities in relation to the MCA. People who lived in the home had been assessed to determine whether they had capacity to make their own decisions. Where people did not have capacity to make specific decisions, appropriate discussions had taken place with those closest to them to make decisions in their best interests. The outcome of these were clearly recorded.

Staff had received MCA training and understood the principles of the Act. They gave examples of applying these principles to protect people's rights, which including asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. For example, one staff member said, "The lack of capacity has to be proven and it is decision specific. I do not presume people cannot make their own choices." Another told us, "People are encouraged every day to make their own choices."

Is the service caring?

Our findings

At our last inspection, in July 2014, we rated this key question as 'outstanding'. From what we saw and heard from people, their relatives and the staff, we found the home continued to provide outstanding care.

People were extremely happy with the care they received. One person said, "Amazing care, it's top notch." Another explained nothing was ever too much trouble for the staff and this made them feel 'doted on.' Relatives used words such as, "Mind blowing, "Exceptional," and "Brilliant" when we asked them to describe the care provided. One relative told us they had been provided with emotional support which had helped them to gain an understanding of their relation's health condition. Another said, "Staff make me feel like part of the team. They give me hugs and a shoulder to cry which I have really needed at times." One health professional commented, "It's a brilliant nursing home, I don't have to go looking for good care." Another said, "The caring, compassionate nature is endearing and makes our work a pleasure."

Staff practices demonstrated people mattered and they were always at the heart of the service which meant the provider's value of providing a warm and caring atmosphere was achieved. Staff went beyond what was expected for their roles. For example, they visited people in their own time if they were admitted to hospital, to be a 'familiar smiling face'. They also visited the home on their days off, to bring their pets or children to meet people and to share parts of their lives with them.

One staff member told us they always used 'the mum test' which made them feel confident they provided high quality care to people. They said, "I always ask myself is the care good enough for my loved one? My answer is yes." Another said, "Our model of care puts people at the heart of the service. I take great pride in my work and everyone here touches my heart." The registered manager confirmed staff were encouraged to use the 'mum test' approach which underpinned the values for the home. This approach demonstrated the commitment from the staff to provide outstanding care. One person confirmed this approach had an extremely positive effect on their well-being. They said, "They [staff] treat me like their family, I genuinely feel adored and that puts a spring in my step."

Within the home, Roundel House provides specialist care for people who are living with dementia. All staff completed in depth dementia care training to obtain the skills needed to effectively support people. The person centred model of care used at the home was called the 'butterfly approach'. This was a 'feelings based' approach which promoted a family environment. One staff member said, "It's a brilliant approach and creates an atmosphere where everyone feels at home." The ethos of the training was clearly embedded by the way every staff member interacted with people, putting them at the centre of everything that happened in the home. For example, when the staff on duty changed they introduced themselves to people as friends who had come to visit them. People responded well to this and welcomed the staff. This was important because some people who lived with dementia became anxious if they spent time with people who they thought were strangers.

All staff we spoke with demonstrated compassion for people's wellbeing and shared a commitment to provide outstanding care to people. Staff took time to acknowledge and greet people whenever they met

and turned these tasks into opportunities to hold meaningful conversations. Because staff knew people well they recognised when people needed reassurance and stopped what they were doing to provide it. For example, one person felt worried because their visitor had not arrived. A staff member supported the person to make a telephone call which assured them their visitor would arrive later in the day.

During our SOFI, we saw and heard staff were helpful and thoughtful towards people. For example, a staff member said to one person, "Let's paint a picture together, everything is better together." We saw they then completed the picture together. Afterwards the person gave the picture to the staff member as a gift. The staff member responded by giving the person a hug and saying, "Absolutely beautiful, I will take it home, pin it on the fridge and keep it forever." The person responded well to this by smiling.

A lead nurse was responsible for the end of life care provided to people at the home. Another nurse was a 'syringe driver champion'. (A syringe driver is a small, battery-powered pump that delivers continuous medication through a tube to treat symptoms such as pain at the end of a person's life.) This nurse had received in depth training in this area and had shared their knowledge with others. The home had worked in partnership with the local CCG to implement the 'Six Steps to Success: improving end of life care in care homes' in the local area. This supported staff to develop their skills to provide high quality end of life care to people. A lead nurse said, "Providing excellent end of life care is my passion." (Clinical commissioning groups CCGs are commissioners of services funded by the NHS in England.)

People told us staff always treated them with dignity. One person explained the staff always helped them to style their hair in the way they liked and helped them to apply their make-up. This was important to them because their smart and 'well groomed' appearance was something they were proud of. A staff member said, "Dignity means different things to different people. For [Person] maintaining their dignity is all about them feeling good."

The provider demonstrated its commitment to treating people with dignity and respect after their death. When people moved into the home their end of life wishes were discussed. When a person passed away, a white butterfly was attached to the door handle of their bedroom. This ensured the person's death was discreetly communicated to the staff, volunteers and other people. With the person's prior consent, a ceremony adapted to their preferences regardless of their faith, culture or ethnicity was held with their family members and people in the reception area of the home to pay their final respects as the person left home for the final time. The ceremony was accompanied by a piece of music chosen by the person or the people who were closest to them. Recent feedback regarding the ceremonies included, "Very fitting with the whole ethos of the home, caring to the very end". And, I was able to witness this ceremony and it was moving and touching and demonstrated a respect for those people who had passed on."

People told us staff always respected their right to privacy. One said, "The staff respect that my bedroom is private. They do not enter unless they are given permission." We saw staff knocked on people's bedroom doors before they entered. People told us they always felt respected by the staff. Some people liked to be greeted by their title from when they served in the armed forces. Staff knew this and respected this. A relative commented, "All the staff are respectful here, they treat the war veterans with such kindness and patience they all deserve a medal."

The staff team were committed to supporting people to maintain and regain their independence wherever this was possible. The registered manager was proud of their recent successes in responding to people's needs because physiotherapists provided on-going support to people. (Physiotherapists work with people to help with a range of problems which affect movement using exercise, massage and other techniques.) For example, when one person moved into the home they were unable to walk. Continual support was provided

over a nine month period and this resulted in the person being able to walk again. The person told us, "Just marvellous, I am so happy to be up and about again." Another person told us the support from the physiotherapists had been beneficial to them because they had the opportunity to use an exercise bike. This helped them to stay mobile which they told us was very important to them because they were less reliant on the staff to assist them when they walked.

People were encouraged to maintain relationships important to them. Friendships had developed between some people who lived at the home. Staff recognised the importance of these relationships and the positive benefit this had on people's well-being. For example, we saw two people attempted to hold hands but they could not reach each other. A member of staff quickly noticed this and supported them to move closer together.

Some people had been provided with tablet computers by The Royal Navy Veterans Association. They had received training on how to use the internet and how to connect with their friends and family. Relatives and visitors were encouraged to be involved in their relations care and there were no restrictions on visiting times. A relative told us, "I always feel part of the family." This made them feel welcomed.

A large team of volunteers worked alongside staff to organise events and spend time with people. Part of the role of the volunteers was to provide people with companionship. One person told us, "I have a befriender volunteer, they have so much time for me and I enjoy our time together." During our visit we saw a volunteer sat and chat to people and helped them to complete crossword puzzles. This showed that volunteers worked in line with the provider's 'star quality' of providing companionship to people which encouraged positive relationships. Volunteers told us they felt part of the staff team and they were involved in planning upcoming events which included the summer fete which was due to take place the week after our visit.

People's family and friends also had the opportunity to attend a dementia 'outreach café'. The purpose of this was to offer support and to provide information and advice so people's families and friends could gain an understanding of the condition and how it affected people in different ways.

People's religious and spiritual needs were always embraced. People's different cultures were recognised and celebrated during events held at the home. Representatives from different faiths visited the home which supported people to practice their chosen religions and acknowledge events that were important to them such as, Remembrance Sunday. People also had opportunities to visit places of worship if they chose to do.

The provider welcomed and supported people from the LGBT community (Lesbian, gay, bisexual and transgender). The provider's policy called, 'veterans, spouses and partners' was inclusive to everyone regardless of their sexual orientation. The care planning process included a sensitive discussion with people around how they choose to express their sexuality to ensure their needs could be met by the home. All staff completed equality and diversity training. We were made aware that future training for staff will include more examples and scenarios from more diverse groups of people. A meeting was planned shortly after our visit to discuss how to incorporate different scenarios of the LGBT community.

Is the service responsive?

Our findings

Since our last inspection where people received a 'good' service from responsive staff, we have seen further improvements and 'responsive is now 'outstanding'.

A fundamental aim of the home was to promote people's quality of life. People, relatives, visitors and professionals provided us with feedback which demonstrated the responsive and personalised care people received was exceptional. Comments received included, "The service goes that extra mile for people." "My life is good. Every need here is catered for, amazing place." And, "I feel in control and involved."

Providing positive opportunities to live life to the full was another fundamental aim of the home. People were encouraged to maintain interests which were important to them to lead meaningful lives. Strong emphasis was placed on people overcoming any obstacles such as health conditions, to aim high and be in full control of their lives. One person had a passion for travelling the world. They explained in 2016 a member of staff had accompanied them and their relative on a cruise. They said, "When I moved here I thought I would never be able to go on holiday again. The support from everyone was brilliant and I really enjoyed my holiday." Their relative told us, "Nothing is ever too much trouble for the staff. It was a wonderful experience, the trip added hugely to the quality of both of our lives."

Another person had not been able to attend a family wedding. Their family was very important to them and in response to this the provider and staff had supported arrangements for the wedding to be re-enacted at the home. The home was decorated with flowers and balloons and catering staff had prepared a wedding buffet. The bride wore her wedding dress and also walked down the 'aisle'. The bride and groom had a first dance and a 'cutting the cake' ceremony was held. The registered manager told us the day had been a huge success and was enjoyed by many people. Photographs of the wedding showed the person smiling surrounded by their family, as treasured memories were captured.

The staff team were highly motivated and constantly looked for creative ways to embrace people's lifestyle choices which meant people lived their lives how they wished to do so. For example, one person was a qualified doctor and had previously worked as a GP. A table with several pieces of medical equipment was located outside of their bedroom door. The person held 'GP surgeries' and gave staff members a 'check up'. This made the person feel valued and important, with a sense of self-worth.

All people who lived at the home had a connection to the military. Staff spoke with pride about the people they cared for and celebrated their achievements. One said, "People have lived such wonderful lives serving their country. They gave so much and I am honoured to look after them." Information that people chose to share about themselves was displayed on the walls outside of their rooms. The information was personalised and people shared as much or as little as they wanted to. For example, one person's army career was displayed in pictures and another person chose to have a single picture on display which was taken on a holiday they had enjoyed. The information served two purposes. One was to help people to locate their bedrooms so they were not reliant on staff to help them and the other was for them to know what people liked so they could 'spark up conversations'.

The provider was innovative and gave people and their visitors opportunities to get to know 'all the small things' about the staff. Staff had shared information about themselves and 'staff profiles' had been created which were available in communal areas. One person told us it was important to get to know the staff who provided their care. They said, "I like reading the profiles it's a nice touch and I can talk to the staff about things I know they are interested in. Otherwise I would get stuck on what to say to them."

The home was committed to providing an inclusive family environment. Staff did not wear uniforms and we saw some wore brightly coloured clothing and others chose to wear items of fancy dress. The purpose of this was to break down barriers between staff and the people. For example, a nurse was dressed as a fairy with a bright pink tutu and a pair of wings. The nurse told us, "I dress up because it brings a smile to people's faces, that makes my day. There is no barrier between us." Staff who worked at night time wore pyjamas. This thoughtful approach was helpful to some people because it provided them with a visual clue to let them know it was night time.

All staff wore colourful aprons around their waists and the pockets contained small items such as, sweets and hand massage cream which they used to stimulate memories or offer a sensory experience when people appeared agitated or anxious. A sensory area with colour changing light bulbs and bubble tubes was available to people. We did not see this used during our visit but staff told us this was beneficial to some people's well-being as they liked to sit and relax whilst watching the lights change colour.

Before they chose to move in, people were fully involved in a person centred detailed assessment of their needs based on what was important to the people from their perspective. People and their families worked in partnership with the staff to plan their care which meant staff had an in-depth knowledge of people's preferences and support needs. For example, people completed 'life books' and frequent reviews of their care took place to ensure their changing needs were continually met in line with their wishes.

Care records were personalised and contained detailed information about people's life histories and daily routines. For example, the type of aftershave people liked to wear and the number of pillows they liked on their bed to make sure they had a good night's sleep. A health professional told us, "People are assisted with all aspects of their physical and social care, ensuring freedom, choice and control is given at all times." Care records we looked at had been reviewed in the month prior to our visit. The information reflected people's needs which helped the staff to provide the care people needed. Staff told us if a person's needs changed they would tell the manager or a nurse and the care plan was then rewritten.

Handover meetings took place at the beginning of each shift as the staff on duty changed, and daily 'stand up' meetings were attended by senior members of staff. The welfare of people living at the home was discussed and information shared. This helped staff ensure people received the care and support they needed. We attended a handover meeting during our visit. People were discussed with warmth and affection. For example, at the end of the meeting the nurse said to the staff, "And that's our family."

People spoke positively about the varied social activities that were available to occupy their time. Comments included, "Excellent social calendar," "Always something of interest going on," And, "There is not time to get bored here its go, go, go. I love it." Another person told us they had enjoyed recent trips to a war museum and a meal at a local pub. They also enjoyed going out to different places on the minibus.

We saw several group activities took place which included an entertainer who sung to people. People clearly enjoyed this because some people chose to get up and dance together; others clapped their hands and sung along to the music. One person commented, "This is great, the place is alive today." People were supported to follow their individual hobbies and interests. One person enjoyed brushing people's hair and

we saw they were combing and plaiting the hair on a hairdresser's mannequin. Others chose to sit and read books or cradle dolls in quieter areas of the home. Staff told us some people who lived with dementia found comfort in cradling dolls which reduced their anxieties. ('Doll therapy' can be an effective way for a person with dementia to decrease their anxieties.) Staff understood the importance of accepting the person's reality and working alongside it. They told us having a doll to care for had given people responsibilities and had added structure to their day.

Relatives spoke positively about the social activities available to people. One explained some people had attended a garden party in June 2017 at Buckingham Palace in London which they had enjoyed immensely. The event was held to celebrate and honour HM The Queen who had been the charity's patron for over fifty years.

The provider had a long established history and close links to the military and was working with a range of other military charities and academic bodies to share their knowledge and help raise standards, particularly linked to dementia care.

People maintained positive links with their local community that enhanced and benefitted their lives. The home had established links with many local community organisations which included the Solihull Rotary Club and the Royal British Legion. People had been involved in making and selling poppies for the Royal British Legion in the local area to raise money for Remembrance Day. One person spoke about how their involvement made them feel, they commented, "It's our contribution for giving something back."

The home also had close links with a local school with children from the school visiting the home once a week. People really enjoyed the weekly visits. One person told us, "The children keep us up to date especially with technology." This positive and proactive approach ensured that people felt a part of their wider community.

Everyone we spoke with told us the management team listened to them and prompt action was taken in response to their feedback. For example, one person explained they had reported that their call bell was not working properly and this was immediately fixed. This was important because they were reliant on staff to help them move.

People had opportunities to put forward their ideas and suggestions to improve the service provided by the home. Meetings were held each month in the four different 'houses' of the home. Minutes from a meeting held in June 2017 showed us action had been taken in response to requests people had made. For example, one person requested that saucers were provided with cups. We saw this request had been responded to because everyone who chose to eat their meal in the dining room on the first day of our visit were provided with a cup and a saucer if they wanted one.

People knew how to make a complaint and felt comfortable doing so. A typical comment was, "I would go straight to the manager's office and she would sort out any problems." People and their relatives felt complaints were handled effectively and they felt their views were respected and acted on. For example, one person had complained because an item of their clothing had gone missing. They had met with the registered manager and the head housekeeper to discuss and resolve their complaint. They were satisfied with the outcome. We looked at the complaints log maintained by the registered manager. Six complaints had been received about the home in the last 12 months. All complaints had been resolved in-line with the provider's procedure.

Is the service well-led?

Our findings

The provider has a history of compliance with regulations and since our last inspection, where people received a 'good' well led service further improvements had been made and 'well-led' is now 'outstanding'.

The home had recently been rated on a care comparison website as one of the best care homes in the area, with an average rating of 9.4/10. This comprised of 5 reviews made up from people who used the service in the last 12 months. We looked at a selection of these comments which included, 'It is very difficult to compare The Royal Star & Garter with other homes as it is so obviously outstanding.' And 'From the facilities, activities to the amazing staff. The Royal Star & Garter exceeded our expectations.'

The management team were dedicated and were committed to providing excellent care to people in accordance with the provider's values. People were extremely happy with how the home was run. One person described the managers as 'inspiring and full of empathy' which demonstrated the provider's value of appreciating the needs and emotions of people was achieved. Another person felt the registered manager was approachable because their door was always open. They told us they often went to see the registered manager to have a chat and they always had time for them.

We saw people were always at the heart of the service. They were supported to achieve a sense of purpose and lead meaningful lives. We saw managers engaged with people and they talked with people and their relation's about their care to ensure they knew what people were thinking and feeling about the care provided by staff.

A relative felt the managers led by example which meant they were good role models for the staff. They said, "Team work is clearly good, you get a consistent message from all of the managers which is excellent." Another told us, "The managers are the best I have ever known." This was because they always took the time to greet them and were always able to any questions they had about their relation's care. A health professional told us, "The managers do a really good job, they are organised and staff receive really good training which shines through. The leadership style is inclusive and they (managers) are open to new ideas and that really benefits people."

The registered manager had been in post for over 12 months and had many years of experience working in health and social care. They were supported by three lead nurses and lead care workers. The registered manager met with the provider's director of care and service development each month to reflect on their leadership style and to gain assurance the home was being run in line with the provider's values for the service.

The provider demonstrated its commitment to supporting the registered manager to further develop their skills to support the values of the organisation. Leadership training was planned to take place in the near future. The purpose of this was it to support the registered manager to engage with the staff team in the best possible way to encourage team work and continually promote a positive organisational culture.

All of the staff we spoke with told us they enjoyed working at the home, staff morale was high and team work was good. They confirmed they had opportunities to attend staff meetings and contribute their ideas to the running of the home. One described the home as a happy and caring place to work and this was because the provider and managers cared about them and they worked hard to make sure people continually received high quality care.

We asked nurses and care staff if they felt valued and supported by their managers. One said "Yes, absolutely. The manager's very supportive, great, open to new ideas, I always get a positive response." In June 2017, the home held its annual awards ceremony to thank its volunteers for sharing their skills and friendship with people who lived at the home. The registered manager said, "It's always lovely to celebrate our volunteers and share a special evening with them recognising their contribution." In May 2017 the home celebrated international nurse's day and a celebratory lunch was provided where the nurses who worked at the home were guests of honour. A nurse said, "I felt really appreciated on that day." Other staff confirmed they also received recognition for their hard work and were often thanked with small gifts to acknowledge their contribution to the home.

The registered manager felt valued by the provider because their ideas to improve the service to benefit people and the staff had been listened to. For example, changes to the management structure had taken place since our last inspection. The changes meant a manager was always on duty to ensure management support was always available if it was needed. One lead nurse commented, "The changes had benefited people. It's a large home having a manager on duty at weekends has improved things."

The provider, the management team and all of the staff were committed to providing excellent quality dementia care to people. Since 2011 the home has worked with a nationally recognised specialist organisation in residential dementia care to achieve Level 1 Butterfly Home status. This is the highest level that can be achieved. Each year the home has to continue to prove that it is meeting the high standards expected of the care model to maintain its status. Shortly after our visit we were made aware that this status had been maintained following a visit from the organisation in August 2017.

The provider was a member of the National Care Forum which supports its members to improve the quality of care people receive and provides opportunities to attend forums to share ideas and good practice. The registered manager also attended regular meetings with other home managers in the local area to share their knowledge and discuss best practice to benefit people. The provider also used social media and had a dedicated 'page' which was another way of effectively communicating with people, their relatives, staff and the local community.

The home had established effective links with national military charities and with local organisations such as The Royal British Legion.

The home was accredited to provide student placements for military nursing students with Birmingham City University. A lead nurse told us, "I am a mentor to students and it's a privilege. Supporting the future generation of nurses is something I am proud of." The home had won two awards at the 6th National Dementia Care Awards in Birmingham in November 2015. One award was for the best dementia team and the other was for best resident/relative contribution. The homes housekeepers were also finalists in the 'Solihull Together Awards 2017.' The Awards celebrate outstanding work by individuals and organisations from the local area.

People told us the communication between them and the staff, was very good. One said, "I am informed of everything I need to know." People also told us they were involved in the running of the home and this made

them feel important. For example, one person told us in the very near future they would be involved in interviewing potential new staff with the manager. This meant they were involved in deciding who provided their care. People and their relatives were invited to attend regular meetings so they could make suggestions about how the home was run. The managers promoted an open culture by encouraging feedback from people, their relatives and staff. Suggestion boxes were located around the home and the registered manager checked the boxes monthly and took action to respond to suggestions. For example, one person had requested that the carpet in rooms be replaced with wooden flooring. In response to this wooden flooring had been provided in some areas and was available if people requested it.

The provider sent newsletters to people which communicated any upcoming changes and shared a variety of 'good news' stories. For example in the spring 2017 newsletter the Chief Executive communicated their plans to redesign the café bar and the dining room of the home later in the year. People told us they knew this planned change was happening and they had been given the opportunity to contribute their ideas on what the newly decorated areas of their home should look like. This demonstrated an open and inclusive culture.

There were effective systems to monitor and review the quality of the home. There was a strong emphasis on continually looking for ways to improve the service people received, and also looking at learning if care fell below the standards the provider expected. Managers completed frequent observations of staff practices and conducted daily 'walk arounds' of the home. Checks which ensured areas such as medicines were managed safely, and care plans were up to date benefitted the people who lived at the home. Any areas identified for improvement were addressed quickly. Depending on the area being looked at, checks were carried out weekly or monthly. There were also weekly senior management meetings where any issues were discussed.

The provider welcomed external audits from health professionals. The lead nurse who was responsible for infection prevention within the home, explained the audits were a good opportunity to highlight areas which could drive further improvements at the home. An infection prevention audit had been completed by the CCG in August 2016. The audit had achieved 99 percent out of 100. Action had been taken to make improvements and the lead nurse said, "Next time there is no reason why we will not get the 100 per cent."

The registered manager told us which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the home. It is a legal requirement for the provider to display their ratings so that people are able to see these. We found their rating was displayed in the foyer of the home and also displayed on the provider's website.