

Fonthill Care Ltd

Fonthill House

Inspection report

Cassius Drive
St Albans
Hertfordshire
AL3 4GG

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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?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

Fonthill House is a purpose built nursing and residential care home. The home is located in a new build housing development in St. Albans. It has the capacity to accommodate up to 64 elderly or frail people and provides nursing care and palliative care. The environment throughout was of a high standard with attention to detail such as an extensive range of books for people to borrow and large mounted photographs throughout the home that had been selected from places and events that held familiar and happy memories for people who lived at Fonthill House.

There were 57 people living at the service on the day of our inspection. There was a registered manager in post. They were registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The registered manager at Fonthill House was also the provider (owner).

When we last inspected the service on 12 August 2014 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

People told us they felt safe and secure living at Fonthill House. Staff were knowledgeable in recognising signs of potential abuse and knew how to report concerns both within the organisation and externally if required. Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. There were plenty of staff available to meet people's individual support and care needs at all times, including during the night and at weekends. People received appropriate support from staff to enable them to take their medicines.

People received care and support that was based on their individual needs and preferences. There was a 'people first' culture within the home and people were central to everything the manager put in place. People's care and support plans were reviewed regularly in consultation with the person and, where appropriate, family members to ensure the service continued to meet their changing needs. People and their relatives felt confident to raise any concerns and told us they were confident any concerns would be resolved without delay. People received their care and support from a staff team that were both competent and extremely knowledgeable with regard to people's health and care needs and demonstrated that they were skilled and experienced to meet them. People who used the service were treated with dignity and respect, and their privacy and confidentiality was maintained.

People were offered a range of innovative and diverse activities and were supported to pursue hobbies and pastimes that were of interest to them, and that were suited to their varying abilities.

Safe and robust recruitment practices were followed to make sure that all staff were of good character, and were suitable to work in a care home environment as well as being fit for the roles they were being employed to carry out. Staff records confirmed checks had been made which ensured they were safe to

work with vulnerable adults before a position was offered to them. They also told us that they had been encouraged to spend time with people who lived at the home as part of the recruitment process.

Staff were well supported by the registered manager and received an induction when they started working at the home. They received on-going training and support to enable them to perform their roles effectively. Staff had regular individual supervision meetings, team meeting and had an annual appraisal to review their development and performance.

People's views about the service were gathered using several methods, including a comments and suggestions box, a comments book, survey and verbal feedback.

Feedback was used in a positive way to improve the quality of the overall service. People we spoke to were positive and complimentary about all aspects of the service.

The manager was creative and innovative in how the service was operated. People were encouraged and supported with a focus on what they could do and they were not restricted by health or physical conditions. People were supported to take risks and make their own informed decisions. The manager had developed excellent links within the local community which enhanced the quality of life for people who lived at Fonthill House. For example they had regular high profile and inspirational speakers who came to the home to give a talk on a variety of issues and current affairs. People told us repeatedly that the management and staff consistently strived to improve the quality of lives of everyone who passed through their doors.

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 people received was safe

People were kept safe by staff who were very aware of people's safety and highly trained and knowledgeable about safeguarding people from potential abuse or harm.

People were supported to manage risks to enable them to live independent and fulfilled lives.

Safe recruitment practices were followed to ensure that potential staff were suitable to work in a care environment and there were sufficient qualified and skilled staff to meet people`s needs at all times.

People were supported to take their medicines safely by staff who were trained in safe handling of medicines and an electronic medicines administration recording system was in place to reduce risks.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who were very well trained, had their competency checked and who were supported to perform their roles.

Staff were well supported by the clinical manager and registered manager. They used reflective practice and case studies to improve effectiveness and work in a way that supported and encouraged good practice and consistency.

People were asked for their consent prior to staff providing any care or support and were involved in making decisions about their care and treatment and were given multiple choices and options.

People were supported to have a healthy balanced diet, which was restaurant standard with a full and varied menu.

People were supported to maintain their health and well-being.

People had access to a range of healthcare professionals within the service and externally when required.

Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect and spoke of the 'love' that was evident within the home.

People and their relatives were involved in their care planning, regular reviews and an innovative approach to personalised care and support.

Staff demonstrated a good understanding of people's needs and wishes and people's dignity and privacy was respected and promoted.

People told us the staff were kind and caring and they were overwhelmed with the compassion staff displayed to them.

Good 

Is the service responsive?

The service was responsive.

People achieved a level of independence over and above what they thought was possible through innovative and creative care and support.

People's care and support plans were regularly reviewed and contained up to date information, which was personalised and current.

People were encouraged and supported to pursue a wide range of hobbies and interests. The service had established excellent links with the local community and people went on regular trips and events.

People's views were actively sought and any issues addressed in a timely way. People knew how to complain if they needed to.

Outstanding 

Is the service well-led?

The service was well led by a registered manager who led by example and who listened and valued people.

People all consistently spoke positively about all the staff and management team who they said exceeded their expectations regularly.

Outstanding 

The registered manager demonstrated they were forward thinking and resourceful in achieving outstanding outcomes for people. Staff were aware of and shared the manager's aspirations.

The manager had processes in place to monitor, and manage the quality of the service and to develop practice in line with nationally recognised best practice.

The service was open, inclusive and empowering and the quality of care was excellent.

Fonthill House

Detailed findings

Background to this inspection

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

The inspection was unannounced and was carried out by two inspectors and a specialist advisor. The inspection took place on 17 and 30 March 2015. We looked at all the information we held about the home. This included information from notifications. Notifications are events which the manager is required to send us. We also sought feedback from professionals who were involved with the service.

During the inspection we spoke with eleven people who lived in the home. We observed how staff supported people and spoke with three care staff, the clinical nursing manager and the registered manager who was also the provider (owner). We also spoke with four relatives to obtain their feedback on how people were supported to live their lives.

We looked at seven people's care records, staff training and recruitment records, and records that related to the management of the service which included audits, staff rotas, and quality monitoring arrangements.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "Yes I am totally safe here, the building is secure and there are always plenty of staff around to provide reassurance". Another person said, "I have never really thought about whether I am safe, I am sure I am it's never been an issue for me". Another person said, "We only have to press the call bell and the staff are here in a minute, yes I think they have thought about people's safety and it's not a concern for me at all".

People who used the service were given a pendant button to summon assistance at any location in home. There was a call bell system with pagers that minimised the noise disturbance throughout the home and aided a prompt response for assistance. All staff were provided with headphones and when a call bell was activated it vibrated to alert staff. We observed and people told us they were always assisted quickly and never waited more than a couple of minutes for staff to respond. The manager also told us if the call bell was not answered within 3 minutes it transferred to a priority call and an immediate response was initiated.

There were sufficient numbers of staff available in the home with the rights skills, experience and knowledge to keep people safe and meet their care needs at all times. People told us staff always had time to spend with them. Additional support was provided by nursing staff, house-keeping staff, laundry staff, kitchen staff and activities staff. There were administrative support staff and the management team on duty as well. The clinical team were on hand to support care staff and we saw that care staff regularly consulted with nurses and other professionals if they needed support to keep people safe. For example people were provided with intensive physiotherapy to reduce the risks of further deterioration in their condition following a period of ill health or a specific injury.

Staff supported and encouraged people to make informed choices about how they lived their lives and respecting people's lifestyle choices. For example one person decided to go on an outing to a well-known London attraction. Staff completed a risk assessment for the person, explained the risks and then supported the person to attend the event.

People and staff told us the management and staff were 'mindful' of safety and the wellbeing of everyone who came into the home and this included visitors and professionals. For example there were health and safety notices in the arts and crafts room drawing people's attention to possible risk of injury. The safety and wellbeing of people was discussed at staff meetings, on a daily basis and shift handovers and also during clinical and quality meetings which ensured the service was continually improving its safety procedures.

The registered manager told us about the homes Automated External Defibrillators which all staff were trained to use. The machines had been used twice in emergency situations in the last 12 months.

The manager had effective procedures in place to monitor people's safety and staff had received regular training to make sure they stayed up to date with the process for reporting safety concerns. Policies and procedures in relation to the safeguarding of adults accurately reflected local procedures and included

relevant contact information. Safeguarding information posters were displayed around the home to ensure people, relatives and visitors had access to information on how to raise issues outside the service if they wished. Staff demonstrated through discussion with us that they knew how to report potential abuse both within the organisation and externally. The staff we spoke with felt confident that the registered manager and senior staff would deal with any concerns immediately. Staff told us, and training records confirmed that staff received regular training and updates and had their competency checked.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been recently serviced. All lifting equipment within the home was in good condition and had been regularly tested and serviced.

Hand hygiene checks were in place using ultraviolet lights to perform checks of staff. This helped maintain hygiene standards within the home so that people who used the service were protected from the risk of cross infection or cross contamination.

Staff demonstrated that they knew the details of these management plans and how to keep the people safe. People and their relatives were involved in the risk assessment reviews which ensured people's freedom was not restricted and people were able to make informed decisions. For example a person who wanted to go shopping, felt to be a risk initially as they didn't know the area, were supported and encouraged to go with a carer until they got to know the area and were more confident. However the person wanted to be independent and go alone. Arrangements were put in place for the person to have a fully charged mobile phone with them with the number of Fonthill House stored so they could call for support at any time.

Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations found that changes were necessary in order to protect people these issues had been addressed and resolved in a timely way. For example a specialist bed with pressure relieving mattress had been provided to reduce the risk of a person developing pressure areas.

People using the service were involved in recruiting new staff. Staff spent time meeting and getting to know people as part of the recruitment process. The registered manager told us this was important to assess how people interacted with people who lived at the home. People told us they felt that their involvement was crucial to the process as it gave them an opportunity to see how the prospective staff reacted in a number of 'real live' situations. We looked at five staff records with regard to their recruitment and employment at the home. We found that staff had been through a thorough recruitment process before they started work. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks were confirmed before staff started work at the service. The checks undertaken as part of the recruitment process helped to assess people's suitability and also reduced the risk of unsuitable people being offered employment.

People's medicines were managed safely by staff who had been trained in the safe administration of medicines. Medicines were stored and disposed of safely and were administered as per the prescriber's instructions. People had regular prescription reviews to ensure the medicines they were prescribed were still appropriate in managing their condition. Medicine administration records were completed electronically. Warning prompts automatically popped up if an attempt is made to override the instructions given on the prescription.

Is the service effective?

Our findings

People and their relatives told us they thought the staff were well supported and sufficiently trained to provide care of a high quality. One person told us, "I don't know what training the staff have had but I find all the staff very competent and professional. They never make me feel I am a nuisance and always seem to be happy and smiling". A relative told us, "The staff are "in a class of their own"; they really are marvellous; the care they provide to people really is exceptional."

Staff received a comprehensive induction when their employment commenced. All staff had access to regular training and updates and were undertaking the care certificate; a nationally recognised certificate in care. Staff received regular supervisions from their line manager where they reviewed their practice, training and development and any other work related topics. Staff told us they found these useful. One member of staff told us, "The management are very supportive and approachable, they are always willing to listen and provide good benefits for their staff, and it does make me feel valued."

The registered manager told us the home was being fast tracked for gold standard framework accreditation. This is a special programme with specific emphasis on supporting people with specialist end of life care. The manager told us they had already developed an excellent working relationship with a local hospice who supported their work and assisted with specialist training. A person who lived at Fontill House was supported to overcome a psychological condition through an effective approach facilitated by the gold standards framework which included an opportunity to obtain multiple options and opinions on treatment.

The clinical nurse manager told us that they had set up a clinical supervision group which discussed matters such as avoidable admissions to hospital and monitored admissions and length of stay in hospital. They also reviewed areas such as how many people commenced on anti-biotic therapy managed at home successfully avoiding admission to secondary care. The manager told us this approach has meant a reduction in hospital admissions. For example over the last six month 42 urinary tract infections had been treated at Fonthill House with antibiotics promptly administered avoiding hospital admission due to sepsis and increased falls.

The service had champions for various aspects of the service. For example there was an infection control champion, a tissue viability champion and nutrition champion. People benefitted from the skills and expertise of the champions who both promoted people's health and well-being and enabled them to improve their quality of life through effective and innovative management of people's health conditions.

A Chauffer driven car was provided for people to go to destinations of their choice, which included medical appointments where a member of care staff accompanied the person for the duration of the appointment.

The manager ensured a comprehensive assessment was completed before people came to live at Fonthill House. This approach helped ensure as far as possible that the home would be able to meet the person's holistic needs and their expectations. The nursing manager explained that as part of the assessment process they considered the needs of people who were already living at the home so as not to compromise the

standards of care.

Where people had fluctuating needs care staff were made aware promptly and in the case of one person we saw that their monitoring needed to be increased to hourly which was immediately put into place ensuring the person received an effective service which met their changing needs. One person told us "it does not matter which member of staff assists you, they know all about you so we don't have to explain what to do, that can get tiring if that happens".

The clinical nursing manager told us they were, "Enthusiastic and excited about the delivery of nursing and care at Fonthill House". They also told us that excellent care was at the forefront to their objectives and that the wellbeing of the residents underpinned the ethos of the home. For example, the nursing manager told us that they identified that the mattresses in people's rooms were not the highest quality. The manager immediately ordered 'high user comfort, pressure relieving mattresses' to be installed in to all people's rooms to ensure everyone enjoyed the comfort and clinical benefits they provided.

Daily electric mattress checks performed along with photographic evidence of their settings and functions which ensured they were providing maximum benefit to protect people's skin from breaking down. For example A person who came to live at Fonthill House with long standing pressure ulcers were healed within two months of living at Fonthill House. The clinical staff told us this was a direct result of outstanding nursing care and the use of high grade equipment. In addition the registered manager told us they had significantly reduced the risk of people developing and have had no avoidable pressure areas acquired in the home in the last three years.

Nursing staff were able to provide intravenous therapy to enable a person to return to the home from hospital earlier than planned. This enabled the person to be cared for in their own home with familiar carers and still receive necessary treatment. We saw that numerous other people had successfully been treated in the home with intravenous antibiotics preventing an admission to Hospital. Feedback received from one relative showed early intervention by staff had been key to treating their relative's medical condition and assisting in their recovery. A health professional told us, "(Staff Member) knows their stuff and the decision to send (Person) to hospital was spot on as if they hadn't (Person) would have been in a far more serious situation within a couple of hours."

We spoke with two registered nurses who told us they felt the delivery of nursing care at the home was exceptional. Both told us they found working at Fonthill House to be a very positive experience regarding the delivery of nursing care. They told us they had not worked in an environment where the emphasis on the use of technology (in the reporting and reviewing of care plans) was so evident, but were highly impressed with the effectiveness of the system, which supported their efficiency and meant that they could spend time supporting people as opposed to completing paperwork. Both were keen to describe the positive aspects of the level of communication provided, and how it kept them one hundred percent updated on the care needs of the people who used the service. They both told us how it enabled them to stay connected at all times "So that we don't miss important developments".

The staff at Fonthill House demonstrated a passion for their work. We saw they were motivated by the environment and the standard of care they provided. We were told about one person who had a specific condition and who had been receiving treatment for months. Following intervention by clinical staff at Fonthill House they were taken to hospital for surgery. They then returned to Fonthill House and were supported with recovery and rehabilitation. The person now enjoyed a much better quality of life and was relatively pain free. Another person was referred for specialist intervention after disclosing a long term concern to their named nurse. Again the person received timely treatment and returned to Fonthill House

following the surgery and was supported back to a better quality of health than they had enjoyed for a long time.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA and found that they were. The home had made one Deprivation of Liberty safeguards [DoLS] application to the local authority which was pending an outcome.

We noted that people's consent was obtained for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. For example consent had been obtained for the person's care plan, for their photograph to be taken and consent to take their medication.

People told us the range of foods was fantastic and suited everyone as meals were cooked individually if, for example someone wanted less spicy food theirs was cooked separately. There were selections of hot and cold food, finger food, soups, pulses a range of cheeses and a vast selection of individual dishes and snacks for people to choose from. Meals were mainly provided in the restaurant however people could choose to have their meals in their rooms or one of the many lounges if they preferred. People had a choice of when to have their main meal from either in the daytime or during the evening. The mealtimes had been made very flexible and took into consideration that not everyone wanted to eat at the same time of the day. We saw people also had a choice of wine or a soft drink with their meals as well as a wide choice of teas and coffees.

We saw several examples of staff assisting people with both their choice of meal and supporting people who required assistance with eating. This was carried out in an unrushed and respectful manner, with the staff member explaining the food they were about to receive. One person told us, "I love the food but have to be careful; there is so much to choose from, it is an exceptionally good quality and it's far too tempting". Another person told us "I never thought food could be so lovely, really we are spoilt for choice, I can't remember everything we have but if we wanted something and it's not on the menu, we only have to ask and they order it in specially".

The manager told us that family members were always welcomed to the home to join people for meals, special occasions were celebrated and cakes or buffet food provided when people had guests or to celebrate a birthday. There was a range of specialist diets from soft to vegetarian and all culturally specific dietary requirements were available.

Is the service caring?

Our findings

One person told us, "I cannot think of any occasion when staff have not been exemplary, they are so kind, and are all just so sweet they are like this all the time". A family member described the care provided to both them and their relative as being excellent and compassionate. They said they would never forget the kindness and expertise they received at Fonthill House at a time when they were in crisis.

During our inspection we observed many happy interactions between staff and people which clearly demonstrated the positive, kind and jovial atmosphere of the home. Another person told us, "It's a wonderful place, I am very happy with everything, this place is just like being in a hotel, and nothing is too much trouble". Another person told us "It's like having the best of both worlds, hotel standards but a homely atmosphere, it's perfect." One relative said they said they couldn't have wished for a better place for their relative to live.

The manager told us about one person who had moved to Fonthill House as they were extremely poorly and were planning ahead for end of life care. The person's family said that Fonthill House was a truly unique place with highly skilled nurses, compassionate care staff quality activities/excursions, and hotel type services. The person to be able to socialise, make new friends and retain a good quality of life despite being very poorly. Another relative told us about how their family member had "got a new lease of life" since going to live at Fonthill House. They told us "my (person) has been nurtured and motivated to get involved and now has a reason to get up every day".

We saw staff were extremely caring and committed and people were treated respectfully with both their dignity and privacy at all times. A staff member told us, "I miss these people on my day off and I am always happy to come in to see them, they become part of your life".

The overarching message from people we spoke with was about "what a difference" living at Fonthill House had made to their lives. One person told us, "I have got my mojo back, if you know what I mean, I am interested again and enjoy my life now". People's care was regularly reviewed with their keyworker and the management and clinical team also demonstrated that they had an in depth knowledge of people's care needs, and encouraged them to fulfil their dreams and inspirations.

People told us about numerous positive experiences. One person told us, "They knock on the door regularly to check if I am ok, I feel so cared for here, everyone is treated kindly". Another person who said, "I have made some truly lovely friends here. . . of course it is a big adjustment but it's much better than being on my own at home."

In the morning we saw the Nurse Manager speaking with a person in the café - the person appeared a little distressed and the manager took the time needed to speak with the person and offer reassurance. We observed throughout the day staff stopped and assisted people when and where they wanted.

As we were shown around the home both the managers and staff greeted people by name and spent time asking questions about for example what their plans were for the day. People were observed to be comfortable in the company of the various staff from care staff to house- keeping and nursing staff.

There was a great sense of industry and creativity in the arts and crafts room where a group of people were busy working on an impressive mosaic. Some people were walking around the garden area, or spending time sitting on the benches. Staff were visible but non-intrusive. One person's relative told us "They have got it just right, they are not in the way and we have our privacy but if you need them they are here in a flash".

During lunch we observed many kind exchanges between both the serving and the catering staff towards people. The Chef took time to chat to people from the serving hatch area. We saw that they knew people by name and we saw many happy and positive discussions between the kitchen staff and people who used the service.

We observed that people were treated with warmth, kindness and compassion and staff had time to sit with people and chat to them. One person said, "When I press my buzzer [staff] appear with a big smile and are ready to help me with whatever I need."

Another person we spoke with described the staff and managers as, 'Second to none'. One relative said, "I feel very blessed that we found this place, already my (Relative) has made some lifelong friends and never has a bad word to say about the place." One person told us, "I don't have to worry about a thing... the 'girls' are so very kind and are always happy to help me, the place is heaven!"

The registered manager had appropriate plans and procedures in place to support and care for people at the end of their life. Staff had received training in supporting people with their end of life needs to help people have a dignified, pain free end of life care pathway. Families were welcomed and accommodated during people's final days of life as part of end of life care. Families were cared for and supported by managers and staff throughout the difficult time.

The seven care plans we looked at provided detailed information about people's personal histories and life stories were well known by the staff. One member of staff said, "I love reading about people's lives and the people who live at Fonthill House are so amazingly interesting. They come from such diverse backgrounds and I learn something new about people all the time."

We saw one care plan that described how to support a person with dementia who on occasions became anxious and distressed. The guidance was written in an empathic way and described how staff should support this person. We saw this type of support being demonstrated during our visit and found it to be effective in de-escalating a potentially challenging situation for both the staff member and the person themselves. The staff member gently took the person's arm and guided them to a quiet area where they sat down with the person and were able to reduce the person's anxiety and return their mood to a state of calmness.

It was clear to us that staff knew people well and we observed staff anticipating people's needs and responding to them quickly. Support was offered discretely in order to preserve people's dignity. People told us that staff respected their dignity and privacy when they were providing any personal care. We saw that staff noticed when one person was in need of some support and they responded quickly and discretely to take the person to their room to provide this.

People were able to access advocacy services whenever required to support with a variety of topics and family were also supported to access advocacy services to provide support and advice.

Is the service responsive?

Our findings

People told us the manager responded promptly when people's needs changed and strived to ensure people could be cared for in the home rather than hospital wherever possible. One person told us, "My 'Relative' became poorly last year and under normal circumstances they would have had to go into hospital for treatment. However through clinical expertise at the home they nursed (Relative) and their health needs were responded to which enabled them to be cared for within a familiar environment and offered continuity of care". The person went on to say this was definitely a positive experience and their relative made a full and sustained recovery.

Nursing staff showed us that they had access to high quality equipment readily available for end of life care and care of more acute conditions. For example, intravenous administration, syringe drivers and specialist assessments all routinely used in response to people's changing health care needs. People were monitored daily and equipment changed and upgraded on the same day where required as all equipment was available to use immediately within Fonthill House.

Feedback from professionals was positive. One visiting professional commented that Fonthill House "set the benchmark for excellence in elderly care". One person told us that following deterioration in their health their quality of life had become very poor at home. They had reluctantly moved to Fonthill House so they could be 'cared for'. However since moving to Fonthill House they had been 're-habilitated' and made a good recovery. Their relative told us, "(Relative's) changes are remarkable, they have exceeded all our expectations and taken an interest in their live again, they have something to live for now and are always busy these days, it is amazing the transformation". Another person who was on end of life care pathways made such great progress that they are now living almost independently at Fonthill House and enjoying a standard of life that they "never thought possible".

Another example of staff responding to people's needs and improving their quality of life was a person with complex health needs who had been supported to a better level of health and well-being than they had enjoyed for years and had gained confidence and independence. Initially they had been supported to transfer by means of a mechanical hoist but had worked with in house physiotherapist and were now able to transfer safely using transfer board. A pressure sore they had when they had been admitted had now healed. They no longer required clinical intervention for bladder and bowel functions and had been assessed for an electric wheelchair to enable them to have increased mobility. The person was now living a fulfilling life due to the care and support that had been afforded them at Fonthill House.

The management team had taken time to discover the special interests of the people who lived at Fonthill House. On the walls in the corridors were large, vivid, photographs reflecting the many interests of different people living in the home. For example there were several prints of ballet dancers because one person had been a professional ballet dancer. The registered manager explained they liked to include photographs of places that people could visit locally. If a person showed an interest in a particular photograph, the staff arranged a visit to that place. These included a visit to the London eye, a Riverboat experience, Kew gardens and Flower shows. More recently a picture of Paris was put on show and a trip to Paris is now being

considered. People were able to suggest any places they would like to visit and staff planned and arranged this for them.

The daily activities programme was displayed throughout the home and gave a wide choice to people. These included a dedicated ground floor room for arts and crafts which led onto an outdoor garden/patio with raised beds and a green house. People had produced large outdoor mosaics depicting the seasons of the year using ceramics. There were also several paintings displayed around the garden that had been produced using special paints. Inside the house the manager had mounted large canvas prints of scenes that were special to people who were living at Fonthill House. We observed the relationship between the activity workers and the staff to be both inspiring and one of mutual respect. People had produced beautiful art and crafts that everyone took pride in showing us. One person said "I did not know I had an artistic streak in me" another said "I love the art and crafts events, we have made such beautiful things for the garden".

We observed other activities which included a drop in yoga session being enjoyed by several people during the morning, and a film in the cinema room in the afternoon. Careful consideration had been given on how people could access the garden areas of the home safely. People took great pleasure in showing us their work. We saw other activities provided included mastermind, quiz nights, mosaic classes, weaving classes, poetry hour, floristry, crosswords, racing coverage, carpet bowls, current affairs and history groups, and the Sunday afternoon matinee. The range of events and activities was varied and inclusive. For example people with reduced mobility could participate in whatever activity they wished, supported by staff. For example on the day of our visit one person was attending a yoga class and told us they had been to the art class earlier and had another activity planned in the afternoon, despite being using a wheelchair. Additionally where people preferred one to one activities or 'personal time' this was available and staff supported people in their own environment which could be their bedroom or on one of the many lounges or areas within the home.

Links with the local community were encouraged. The coffee shop on the ground floor was open to the community and people were observed to be enjoying this facility. Trips and events were arranged within the local community and people told us they had a garden party, BBQ and other garden events where the local community were invited to attend. There was also an annual art exhibition in which people had the opportunity to display all their work where the general public were invited to as well as families and friends. People told us how much they enjoyed the art classes and staff confirmed that even where people did not communicate much verbally they were able to express themselves through art.

People told us they went on regular organised days out and these were both stimulating and enjoyable and included a day at the Henley regatta, London skyline and a top London hotel where people enjoyed afternoon tea. These group trips involved outings to venues usually pre-determined via the weekly residential meeting. People voiced ideas of what they would like to do outside of the home. We saw lots of photographs of people enjoying the trips, including a person who was over 100 years old. In addition people were able to access local places of interest. The manager had a pool of mobility scooters which people could use when they went out.

The manager told us they were in the process of commissioning a rickshaw to enhance the enjoyment for people when accessing local events. When people attended events they had the option of being taken in a chauffeur driven car. One person had recently been taken to a family birthday party and had told the registered manager how they had "enjoyed the journey and the company of the driver". Another person was taken to spend Christmas day with family for lunch, bringing them much enjoyment.

People told us the home catered positively for people's different cultural and diverse needs. The manager

told us they had developed relationships with representatives from various religious denominations and people were supported to follow their faiths and celebrate any holidays or events they wished. This included catering for specialist dietary requirements.

People's rooms were spacious and well furnished. The nursing manager told us that rooms were always refurbished and newly carpeted before anyone moved in. They told us they wanted people to feel like it was 'home'. For example people had the choice of traditional sheets and blankets, or duvets. People told us they enjoyed all the comforts the home had to offer.

The communal bathrooms were well appointed with appropriate lifting equipment for those who required it. The baths were spacious and contained features of a Jacuzzi. People were offered a wide range of personal grooming including: hairdressing, nail and beauty care, chiropody, and a range of therapeutic treatments.

Complaints were dealt with quickly and learning was used to improve standards. None of the people we spoke to had needed to make a complaint, however they told us they knew how to complain if the need arose. For example we saw that one person's clothing had gone missing following a trip to the laundry. Staff replaced the items and put additional checks in place to reduce the chances of items becoming lost in the future.

Is the service well-led?

Our findings

People consistently spoke highly of the home and how it was run. One person told us, "I came here with a heavy heart, I was not relishing the idea of spending the rest of my life in a care home, I could not have envisaged the vibrancy of this place, I have friends, a brilliant standard of life I am so busy now and look forward to each day". One relative told us, "I am constantly astonished at their innovation; they really do go the extra mile always. They think of everything, my (relative) is so involved and happy and that's what is important to me".

We found the manager and management team to be open honest and transparent. The environment and atmosphere was one of inclusion, everybody was treated as an individual and was valued. For example the manager and management team listened to people and their families, and to members of nursing and ancillary staff about what would make this an exceptional service. Staff told us, "We involve everyone, some people are more vocal than others, but we like to make sure everyone is heard so we support those who are less confident about airing their views". They went on to say, "Sometimes people just need that little push and once they get their confidence it's brilliant to watch them participating in important and meaningful discussions".

People told us they were involved in regular 'resident's meetings' and had formed a 'council' to formalise discussions with the management team. People told us they were listened to and one relative confirmed, "The manager is always on the side of the people, it is so refreshing". It's an amazing home whatever they are doing they are doing it well". The residents/relatives' meetings identified the need for a resident to lead the residents committee to drive the philosophy of giving residents choice to have the freedom on what they want to do in their home.

People told us the manager had a real presence in the home and expected the highest standards. One person said, "I like that, (Manager) leads by example and works as part of the team". We observed the home to be forward thinking in the way it was run and managed with much research having been undertaken prior to the building and layout of the home. Staff told us that the manager made resources available and they could get anything they needed that would improve the service for people.

The manager demonstrated that they continually looked for ways to make improvements so that people who used the service benefited from exceptional care and expertise. For example, the setting up of a clinical supervision group. This was set up to coordinate the clinical care which was managed by five different GP practices. The group, consisting of all clinicians involved in people's care: nurses, care staff, District Nurses, Macmillan Nurses, Physiotherapists, Dieticians, GPs and the Palliative Nurse met monthly. This was being developed further and there were plans to include the Pharmacist and tissue viability nurses. The registered manager described the meetings as an opportunity to pool ideas, and explore ways of improving people's care explaining the group 'thought outside the box' and took the approach that anything was possible if it supported people to have a better quality of life. For example, people having surgery and returning post operatively to the home to be rehabilitated and supported in familiar surroundings with the provision of in house physiotherapy and gentle exercises specifically developed to suit the ability of the individual person.

The culture of the home was based on core values which related to promoting people's independence, recognising their individuality and providing the care and support in a way that embraced people's culture and diversity. The registered manager told us that several representatives from different religious groups attended the home regularly to enable people to attend services or visit individuals. In addition people told us that they were supported to celebrate religious festivals. Specialist food was provided for such occasions and family and relatives were invited to attend if they wished. During the course of the inspection we found that this culture and philosophy was shared and promoted by all staff. The calibre and knowledge of the nursing and care staff was consistently high as was the housekeeping and kitchen staff who all contributed towards providing a high standard of care to people. People had access to a range of professionals which ensured their health needs were fully met. These included access to GP's who visited the service when required, the in house physiotherapist, occupational therapist, chiropodist, and dietician.

Staff fully understood their roles and responsibilities and were very positive about the registered manager and the benefits they had in place. One staff member told us, "We get the open culture of the service. Hot meals provided for staff daily free transport provided to take us to and from work". The manager also provided the services of a 'Nanny' for staff who needed support with childcare. One staff member told us, "These little things demonstrate we count, we are valued and respected". All the staff we spoke with demonstrated a commitment to the service and the philosophy the manager had created.

The manager had taken steps to ensure that he and the staff working in the home developed their knowledge and skills in line with nationally recognised best practice. The manager had established a team of Nurse Champions for areas such as - falls, pressure ulcer prevention, diabetes, palliative care, DOLS/MCA and wound care to oversee practice in these areas and ensure the quality of care. The manager told us about work they were doing with a local university to improve clinical practice for example around inter venal (IV) therapies. This had contributed to nurses in the home being able to provide intravenous therapy to people which had meant people could avoid admission to hospital or be discharged earlier and remain in familiar surroundings of the home. Nurses and staff were funded to attend conferences for example on falls intervention, duty of Candour responsibilities and conferences at the national institute of excellence (NICE) to ensure clinical practice was excellent, current and effective.

We found the owner and senior management team to be both creative and proactive in their approach to providing a place in which people were cared for in a dignified and caring manner and where every attention to detail had been considered and maintained. For example a baby grand piano was purchased for a resident on moving to the home, a potter's wheel for art room and computer tablets available for residents to video conference to their family members and friends. People told us they enjoyed a superb level of home comforts and activities. People made comments like, "I have never been happier" and "I don't know how I managed before I came to live here".

The management team carried out case studies along with some reflective practice which ensured they were working and promoting good practice and were aware of current changes which could then be shared with staff and implemented. In the case of one person who was part of a case study they had been seeing a back specialist whilst living at home for month. They had had multiple spinal blocks and months of treatment for chronic back pain. Following them coming to live at Fonthill House nurses monitored their condition and reviewed their symptoms. The person was then admitted to hospital where they were treated for discitis. They received intensive treatment in hospital for weeks before they were able to expedite their discharge with treatment back at Fonthill House the specialist hospital in London informed the manager in this type of case the person would normally have been referred back to a local hospital while the IV treatment was completed. However they were able to have this treatment at Fonthill House which greatly affected their mood and enhanced their recovery.

There were a range of audits in place to ensure the quality of the service people received was excellent. These included accidents and incidents, call bell response times, catheter care and duty of candour reports. Surveys were completed and daily 'how has your day been checks' were made with all people. The registered manager told us every day was important it's not just about improving for the future it's about making sure 'today' people had the best possible care, support and they were happy and fulfilled.

The manager had implemented a system of electronic recording. He explained how this allowed all staff, including nurses, care staff, physiotherapists, clinicians, activity, catering and maintenance staff, to communicate about aspects of people's care and well-being. He told us that the system had private channels for sensitive information. We saw that the registered manager was constantly updated via their phone as soon as staff posted information on to the site. This allowed the managers to keep fully up to date with any changes in people's needs. Photographic evidence of clinical observations - weights, blood pressures, blood sugars, INR levels, fluid/food and turns charts were also shared using the system as well as non-clinical information relating to cleanliness and safety of designated areas of the home. This meant that standards were consistent throughout the home at all times for people to enjoy.

People's nursing and care needs were assessed using an computer system which included looking at the impact of clinical needs. This system supported a person centred approach which enabled individualised personalised care plans to be developed and delivered to people, and these were kept under regular review. Each person's care needs were specifically detailed to ensure that staff knew exactly how they needed to be supported. Staff demonstrated they knew people really well for example they had a good knowledge of peoples preferred routines including where people liked to have their meals, what people enjoyed doing and whether they preferred tea or coffee in the morning. One person said "the staff knows exactly what I like and when" and went on to say "there's none of this one size fits all here, we are treated like individuals".

The manager used a recognised electronic care planning software tool to assess and plan nursing and care needs for people who lived at the home. Care plans were described by staff as easy to follow, fully compliant, risk assessed, personalised, easily evaluated and easy to maintain. This enabled staff to spend quality time delivering care to people and supporting their individual lifestyle choices. The effective use of electronic systems within the home allowed staff to spend less time on completing paperwork and more time was spent with people. Staff confirmed that the management ensured they were maximizing staff potential.

The manager and staff demonstrated a clear awareness of clinical ability, and the importance of not overstressing staffing resources. For example staff were able to escort and stay with people when they attended hospital appointments or consultations and people were supported by having one to one care when required, for example, people told us about personalised shopping trips and excursions.