

Sanctuary Care Limited

Lammas House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We inspected the service on 5 December 2018. The inspection was unannounced. Lammas House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lammas House Residential Care Home is a purpose-built home for older people. It is registered to provide care for a maximum of 23 people. The home has three floors. The ground floor has seven bedrooms, the first floor has nine bedrooms and the top floor has seven bedrooms. All floors have communal facilities. On the day of our inspection 20 people were using the service.

At our last inspection on 21 January 2016 we rated the service 'good' overall, but the key question of 'safe' required improvement. At this inspection we judged the key question of 'safe' had improved to 'good'; and the key questions of 'caring' and 'well-led' had improved to be 'outstanding'.

People received a safe service. Medicines were now managed and administered safely. People were protected from avoidable harm, discrimination and abuse. Risks associated with people's health and well-being had been assessed and acted on. The premises were well maintained, and infection control procedures were adhered to. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People continued to receive an effective service. Staff received the training and support they required to meet people's individual needs. People's nutritional needs were well met. Staff identified when people required further support with eating and drinking and took appropriate action. Staff worked well with external health care professionals, and people accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People now received outstanding care from staff who were kind, compassionate, and went the extra mile for them. Staff treated people with the utmost dignity and respect. Staff had developed extremely positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided. People's independence was promoted.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person and or their relative where required. Daily social activities were available which people enjoyed. There was a complaints procedure and the very small number of complaints had been addressed appropriately. People received excellent end of life care.

People now received outstanding leadership, with the service being extremely well-led. The registered manager and her team provided excellent support to staff; and were open and transparent in their management. The management team put people at the heart of what they did, and were well supported by the provider in their quest to deliver an exceptional service.

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 has improved to Good.

Medicines are now managed and administered safely. People are safeguarded from harm. There are enough staff to meet people's needs and recruitment practice reduce the risk of recruiting unsuitable staff. Risks to people's health and well-being were identified and acted on. The premises were safe to live in, and the home was clean.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Outstanding ☆

The service has improved to outstanding.

People received care from a staff group who were extremely kind and dedicated to meeting people's needs. People were shown the utmost respect and dignity, and staff worked hard to maintain people's independence. Visitors and professionals were made very welcome in the home.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

The registered manager was passionate about providing exceptional care to people and in driving improvements in the home. There was an open and transparent culture, and the staff team worked very well with each other to provide people with a happy, family style, warm environment to live in. The provider supported the registered manager with a governance framework which identified areas for improvement and which were swiftly acted on. There was excellent engagement with people who lived in the home, their relatives, visiting professionals, and the surrounding community. □

Lammas House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 was a comprehensive inspection. It took place on 5 December 2018 and was unannounced. One inspector undertook this inspection.

Before our inspection visit we contacted the Local Authority. They had no information of concern about the service, and were very positive about their recent experiences. We also looked at information we had received from people who shared their experience; and from notifications of events we had received from the provider.

During our inspection visit, we spoke with the registered manager, the regional manager, a senior care worker, a night care worker, two day care workers, a domestic worker, the maintenance worker, the chef, the activities worker, and the administrator. We also spoke with four people, and three relatives.

We checked two people's care records, checked a sample of medication records and health and safety records, as well as team and resident meeting records. We also talked generally with staff and people whilst we observed the lunchtime experience and whilst people undertook activities.

After our inspection visit, the provider sent us documentation to provide further information about staff training, and quality assurance information. They also sent us the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, including what they do well and improvements they plan to make. The registered manager thought we had previously received this, but was able to email it to us on request when it transpired there had been technical problems.

In response to our inspection visit, we also received emails from three health and social care professionals, the clergy, and another relative. All provided extremely positive information about the care of people at the home and its leadership.

Is the service safe?

Our findings

People told us they felt safe. One person in response to being asked whether they felt safe, said, "The staff are so caring, and all so good. It doesn't matter what you say, you are always right." A relative told us, "I wake up every morning knowing (person) is safe."

At our last inspection we saw some medicine practice which required improvement. During this inspection we found improvements had been made. We observed lunch-time medicines being administered to people. The member of staff made sure the medicine trolley was secure each time it was left. They also made sure people took their medicines before the medicine administration record was signed to say they had; and medicines were correctly recorded. We also checked a sample of medicine records and found these were accurate.

The registered manager told us they had learned lessons from the previous inspection visit, and had made sure staff had received further training and support to manage medicines safely. They worked closely with the clinical commissioning group, who identified areas for improvement and who had been supporting the home to work through a series of actions until medicines were managed safely.

There were enough staff on duty during a 24-hour period to keep people safe. More recently, in response to discussions with staff, an additional member of staff had been added to the rota to support staff with helping people with their morning routines. The service had a very stable staff group with most having worked with the registered manager for many years. Recruitment processes meant staff were only recruited after references and criminal record bureau checks had been returned and assessed.

Staff had received training to safeguard people from harm and were aware of their responsibilities to report any concerns to the registered manager. The registered manager understood their responsibility to report safeguarding incidents to the local authority safeguarding team and to the Care Quality Commission.

Risks related to people's care had been identified, documented, and action taken to reduce the possibilities of the risks becoming a reality. For example, one person had fallen a few times. The person had been referred to the 'falls clinic' after their GP had been made aware of the concerns. The service had also put actions in place to minimise the risks of the person falling in the future.

People had been provided with either pendant alarms or wrist alarms which looked like watches. This was to make it easier for them to call for support or help when needed.

The environment was safe for people to live in. Through discussions with the maintenance worker and from looking at a sample of the fire safety and water safety records, we found that regular checks were made to ensure fire, water, gas and electric systems were safe. The home looked well maintained. During the summer period, new double-glazed windows had replaced all the previous windows in the home, and en-suite bathrooms had been upgraded.

The service had received 'Say no to infection' accreditation. This is a Coventry and Rugby Clinical Commissioning Group (CCG) initiative which aims to reduce the risk, or prevent infection in care homes. The home was very clean and tidy. Staff understood the importance of infection control procedures, and used disposable gloves and aprons when required to reduce the risks of transferring infections. A person told us, "You won't find a home as clean as this in the whole country."

Is the service effective?

Our findings

People told us they felt staff had the skills and knowledge to provide them with effective support. Staff told us they had undertaken regular training to support them in their roles. This included training considered essential to support people's safety such as training to move people safely, safeguarding and food hygiene. Team leaders also undertook medicine administration training, and their practice was observed by the registered manager every three months to ensure they continued to administer medicines safely.

All staff undertook the provider's own training called 'Care Commitment', which included areas such as communicating effectively and treating people fairly. There was also in-depth training in relation to equality, diversity and human rights. As well as this training, staff were encouraged to undertake diplomas in health and social care to extend their skills and knowledge; and training in specific areas to give them more detailed knowledge about areas of care. For example, the registered manager attended a 'master class' in dementia awareness run by Stirling University, a renowned centre for dementia care.

Staff at the home had different 'champion' roles to support them deliver effective care. The service had also been accredited by Coventry local authority with the React to Red Skin award, which meant care workers had been trained to recognise the risks of skin damage and take steps to prevent skin damage such as pressure sores from occurring.

People had access to healthcare professionals. A GP from a local practice visited the home each Friday, but made visits at other times if needed. They told us, "When I visit it is clear that the staff know the residents well and support them appropriately in making decisions about their care." On the day of our visit, a chiropodist visited the home.

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. We found people at Lammas House made their own decisions or were given support where necessary in their best interest.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found those who had restrictions in relation to their care, had those restrictions either authorised, or were awaiting authorisation from the local authority safeguarding team.

There was a strong emphasis on the importance of people eating and drinking well. The chef and his team had been nominated for 'The catering team of the year' award at the Midlands and Wales Caring UK awards 2018. They, along with the provider's nutrition team, made sure menus met people's needs and provided the nutritional content people required. All the people we spoke with were extremely positive about the meals provided. Typical comments included, "The food is great, it is like a hotel. You can have as much as

you like." "I have no complaints about the food, there is always a choice."

People told us they had choices at every meal, and we saw from looking at the menu there was a range of choices at breakfast, including a cooked breakfast, croissants, cereals and toast. One person told us they enjoyed eating a cooked breakfast every day. There were two choices of meals at dinner and tea time, but we were also told by the chef and by people at the home, that if they didn't like either choice, another meal would be prepared for them. Visitors could also eat with their loved ones if they wished.

Staff understood people's dietary needs. We were speaking with a person in their room when a member of staff came to ask if they wanted a drink. The person we spoke with was diabetic. The staff member knew the person did not have sugar in their drink, and when they asked for a yogurt, knew to check whether the yoghurt was suitable for diabetics.

We sat with people whilst they had their lunch time meal. Tables were nicely set with condiments and napkins. Music was playing in the background. Menus were on each table and people were asked the choice of meal they would like, and the different vegetables which were on offer. They were also asked whether they wanted gravy with their meal and the amount they wanted. People enjoyed their lunchtime experience.

The premises had been redecorated since our last inspection. We saw that people had been involved in the decisions for the new colour scheme in the dining room. En-suite toilets had been upgraded, and one person commented to us how lovely their new en-suite toilet tiling and flooring looked. Attention had been paid to make the home as 'homely' as possible. Communal bathrooms had been decorated to look more like a bathroom in a home environment.

Since our last inspection, because of fundraising for the home, a new garden had been designed and laid. This included a walk way, plants, and bushes, artificial grass to provide some colour, and seating along the pathway. One person's relatives had donated money towards the garden, and a rose bush was planted in their honour.

Is the service caring?

Our findings

The service had a strong and visible person-centred culture. Staff and management were passionate about people receiving the best possible care in a loving and caring environment. Staff were particularly sensitive to times when people needed caring and compassionate support. One person told us of how the love and care from staff had impacted on their lives. They explained to us about how a family member had decided to withdraw contact from them and how 'desolate' they felt last Christmas. They told us of how the staff had supported them to move on. They said, "This past 12 months they have worked like Trojans for me, they are wonderful. Staff are now my family and I think the world of them." They went on to tell us, "I was in hell, but now I am in heaven." The manager told us of the extra work and support they gave the person to make sure they felt valued and well cared for, and to try to support the person through this challenging and conflictual situation.

The manager told us of care provided to a person at the end of their life. We were informed that the person was in distress and medicines had not helped them become more at ease. A member of staff used a painting on their wall, painted by a much-loved family member to help create imagery which calmed the person down. The painting was of the family member in a boat on the water. The staff member told the person it was their family member who was coming to be with them, and this guided them to a peaceful death.

Other people we spoke with were as complimentary about the care provided by staff. One person told us of a poor experience in a different care home and how worried they had been about coming to live at Lammas House. They said as soon as they arrived they knew they had no need to worry. They went on to say, "It's wonderful here."

Relatives told us about the outstanding care their relation had received. One said the care was, "Just fabulous. They [care staff] have been wonderful. The care here has been outstanding. They [staff] just inspire so much confidence that they are looking after her." They went on to tell us that their relation liked to say their prayers at night; and because this was important to them, a member of staff sat and said prayers with them, even though they did not think they were religious themselves. They went on to say, "They [staff] just know how to make [person] feel so loved."

Another relative told us the standard of care had been 'outstanding'. They said the two years their relation had been at the home had been the longest period of wellness they had had. They said the person used to be 'susceptible to colds, but now was always well.'

A third relative, who visited every day told us the care was "fantastic" and that staff were "brilliant" with their loved one.

A fourth relative told us their relation had a condition which meant they struggled with their speech. They went on to tell us, "The home is brilliant. So many of the carers are so nice. [Person] is very very well cared for, they [staff] go above and beyond."

Relatives told us they were very welcomed in the home. One relative told us, "From the day [person] came in, I have felt completely welcome – it was like a breath of fresh air and I was so relieved. They know I travel a long way to come here, and they make sure I have a drink."

We saw another relative who visited daily, chatting and laughing with staff and other people as well as the person they had come to visit. They told us they were always made to feel welcome. They said their relation had initially come to the home for respite, but because of the care provided, they had no worries about the person living at the home permanently. They told us they knew all the staff and felt supported by them too.

Where relatives could not visit, the home supported people to have links in other ways. For example, a person had relatives in a different country. Staff supported the person to use skype to see and talk to their loved ones. This made the person very happy.

People and their relatives were fully involved in discussions about their care needs. People told us staff met their needs very well, and if they needed any changes to their care, they were acted on immediately. A professional told us they had looked at care records when looking to accredit the service for a scheme called the 'Red bag scheme'. They told us the records called "This is Me" (which detail the person's likes and dislikes, and their interests and hobbies were, "really well written and personalised to the resident, it is evident that staff know the residents really well." During our visit, we looked at these records and confirmed they provided a detailed account of each person.

The home used this information creatively. Each month, a person was 'resident of the day'. During this day, they used the information about their past to reminisce or for activities. For example, one person used to have dogs. On the day they were 'resident of the day' a dog would be brought to the home for them to enjoy. Information about their likes and dislikes was also used at Christmas, where each person received a gift from the home which reflected the information staff had gained about them. For example, one person liked wearing jewellery and so they received a gift of a necklace, and another liked wildlife so a book of wildlife was given to them.

Each person who lived at the home had a key worker. Staff told us they tried to ensure key workers had the same interests as those they supported. For example, one person who was a piano teacher had a key worker who played the piano, and the person who liked wildlife had a key worker who also liked wildlife. This meant people could talk about their interests with staff who understood and shared their enthusiasm.

A social care professional told us that recently, two people from the home had been admitted to hospital. They said the registered manager had gone 'above and beyond' in re-assessing their needs over the weekend whilst they should have been on annual leave so they could leave hospital and come back to their home. They told us they had received positive feedback from the Integrated Hospital Discharge Team at the hospital.

Visiting professionals told us the service focused on providing person-centred support which meant people received exceptional care. One professional told us, "Observations of all staff when visiting, is really positive, there is always a lot of interaction between staff and residents." The GP who attended the home on a weekly basis contacted us and said, "The staff are all caring and compassionate and obviously prepared to go the extra mile to support the residents and maintain as much independence as possible." They went on to tell us they would recommend Lammas House to members of their family.

Another visiting professional informed us, "We are always impressed by the care given by [RM] and the staff and can see how they always try to support the residents and give them many different experiences. Visitors

are always welcome and they try to meet the needs and interests of all in their care. They went on to tell us, "I think the home does an excellent job and is much admired in the local community".

The provider, registered manager and their team were passionate about providing person-centred care which supported people's human rights and met their diverse needs and interests. Care plans were centred on the individual needs of each person and the service worked hard to provide for those needs. For example, two relatives had always lived together, and did not want to be parted. The home changed one of the bedrooms into a living room for them to share and another room became a shared bedroom which was their choice.

Most people at Lammas House could communicate effectively through spoken word, and could read information in the usual format. Where a person had a sight impairment, resident meeting minutes were prepared for them in large print; and staff made sure they were aware of other information by informing them through speech. Where people had a hearing impairment, after meetings were held, the activity worker told us they sat with them and went through the meeting again to make sure they heard everything which had been discussed. At the last resident survey 100% of people said communication in the home was effective.

We were informed of a person who had an emergency admission to the home. They had no clothes or toiletries, and no family to support them. An advocate was arranged for the person, but prior to this, the administrator of the home went in their own time to shop for items which would maintain the person's dignity and respect. The person could not speak English and so a member of staff from the same culture, came back to the home in their own time to support the person give staff the information they needed and to make sure the person felt secure and cared for. Since then, because the person did not like a lot of the meals on the menu; the home ensured they receive food which was reflective of their culture and their likes.

Staff had received training in equality, diversity and human rights. They knew the importance of ensuring people were treated equally. The person-centred approach which is at the heart of ensuring equal treatment and meeting people's individual needs, was very evident throughout our visit. Without exception, we saw each person at the home being treated as individuals, their views and opinions respected, and their care delivered in a way which met their individual needs and person-hood.

Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. The maintenance worker described how they put this into practice. They were aware that a person in the home was frightened of the fire alarm because the noise reminded them of the war. Respecting how this made the person feel, they always informed the person of when the alarm was going to be tested each week, and staff made sure they were available to reduce any potential distress caused.

The service also had a diverse staff team. This diversity was celebrated when people enjoyed the 'virtual cruise' during the summer. Staff from different cultures, used this as an opportunity to celebrate their cultures with people through activities and food.

We observed all staff treat people with dignity and respect. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided.

The service had 'dignity champions' for areas such as medication, nutrition, infection control, skin care and falls. This followed the Social Care Institute for Excellence (SCIE) guidance Dignity in care, which said that people should be 'cared for in a courteous and considerate manner. They should be helped to participate as partners in their own care and have support to be as independent as possible.'

Each month a staff member who was a dignity champion for a specific area of care would meet with people and visitors to the home, over coffee and cake, to go through the important issues related to their topic area to support people's knowledge and help them be as independent as possible. We saw photos of staff showing people how to reduce the risks of infection, and how to reduce the risks of pressure sore damage. The registered manager informed us that a person at risk of falls, who had not previously wanted to attend the falls clinic; did so after they had gone to the talk by the dignity champion for falls.

All the people and relatives we spoke with felt able to express their views to staff and to management. However, if people did not feel able to do so, the home had two resident representatives they could go to, to talk about any concerns, who would then take their issues to management. Both representatives had a past history of working with people. We spoke with one of the representatives who took their role very seriously. They met with management once a month to discuss any compliments, issues or concerns.

All staff we spoke with were passionate about providing excellent care to people. The registered manager told us she treated the people who lived at the home with the same care and dignity as she did her own parents. A member of staff said, "Lammas House gives beyond the care, because we treat them as our family. It is their home and we are here helping them enjoy it." A second staff member said, "Even if we come to the home on our days off to volunteer for taking residents out, we don't mind." A member of staff summed up what we saw, "We put the residents first, they are at the heart of everything we do."

We were informed of times when staff supported people in their own time. One person's close friend had died, and their family was unable to take them to their friend's funeral. The person also lived with dementia. Staff gave the person encouragement and helped them to feel safe and secure to attend the funeral, and the staff member who supported them at the funeral did so in their own time. Another person's granddaughter was getting married, and the person wanted to attend the wedding. A member of staff again came in on their day off to give the person the time they needed to prepare for the wedding. A thank you card from the family said, "Thank you for coming in on Saturday to help [person] look her best....This is the kind of thing that makes Lammas House so special."

The ethos of kindness was built into the visions and values of the organisation. The vision of Sanctuary Care was 'keeping kindness at the heart of our care.' To do this the values were to provide 'personalised care, to treat everyone with respect and dignity; and to support everyone to have 'happy and contented lives'. Everything we saw on the day of our visit, and every person and relative we spoke with demonstrated the provider's vision and values were being realised at Lammas House.

To support the vision and values, the provider awarded staff who had been nominated, 'kindness awards.' These were awarded to staff and people, by other staff and people in recognition of acts kindness undertaken by the person. We found that the chef had recently been nominated for a kindness award at Lammas House.

The acts of kindness extended to other professional visitors to the home. We were informed by health and social care professionals that once a week; the service provided a free breakfast to those who routinely supported people who lived there. Sometimes professionals did not have time to sit and eat their breakfast at the home, so they were able to take breakfast such as a bacon cob, away with them.

We looked at the most recent resident satisfaction survey results for Lammas House. Twenty-two people were provided with a satisfaction survey to complete, of whom 21 did so. Of those 21, 100 per cent said they were happy with the care provided, that they were treated with dignity and respect, they were encouraged to maintain their independence, and were happy with the support staff gave them with communication.

The care home review ratings published by a care home rating site showed that the home scored 9.8 / 10 from the 25 reviews posted. Of the most recent ones in 2018, one said, "Mum has been ill on several occasions as she is 97, but has always been cared for well and treated with respect and understanding. I cannot speak highly enough of the service we receive and I am extremely grateful." Another said, "Our relative is almost 109 years old and has been at Lammas House for about five years. We have always been extremely satisfied with the level of care, the dedicated and kind staff."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process. Their preferences, likes and dislikes were carefully recorded and staff were knowledgeable about these. As people's needs changed this was reflected in their plan of care.

The service had recently been accredited with the local authority 'red bag' scheme. This was to improve people's experience when they were admitted to hospital. People would go to hospital with a red bag which contained all the information which healthcare professionals would need to know to support people to have a safer stay. This would include the persons likes and dislikes, and any behavioural needs. The written information about people was person centred, and would support other healthcare professionals to know and respond well to people's needs in a different environment.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. A couple of people who lived in the home were members of the church next to the service, and were supported to go to services. Other people were members of the roman catholic church. They received a service at Christmas from the priest, and were visited weekly by religious sisters. The priest informed us the home always tried to give people different experiences and support their cultural, religious, general interests and hobbies.

The staff supported people with shopping trips and with a range of other activities external to the home, and within the home. For example, on the day of our visit, the activity worker and people were making good luck cards for the team going to an awards event. Later in the day, in the activities room people were seen undertaking a range of activities which they wanted to be involved in. This included knitting, colouring and taking part in a quiz. A relative told us a piano player provided entertainment in the home, and their loved one, for the first time in years, played the piano.

We were told people had enjoyed other events such as taking part in a 'virtual cruise' in the summer. This was where people found out about the culture of different places and experienced the food related to different parts of the world. A relative showed us pictures of the cruise experience they had taken of their loved one. They also showed us pictures of the person enjoying activities such as the royal wedding celebrations where all the ladies made 'fascinators' to attach to their hair; and more recently, pictures of Halloween celebrations.

People and staff told us they were looking forward to the Christmas pantomime. This was because for the first time, the staff were the actors. Staff were learning their lines and rehearsing in their own time, to make sure people who lived at the home had a fun experience.

The registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use

services. The standard applies to people with a disability, impairment or sensory loss.

The provider had a complaints procedure which they followed. There had been a couple of complaints received about the length of time the contractors had taken in fitting the new double-glazed windows, but no complaints about the care. There had been many compliments about the care and support people had received.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences or wishes and staff were knowledgeable about these. People's families had been involved in working with their loved one and the staff at the service to ensure people's wishes were supported. End of life care was discussed at the last resident meeting. People had decided they wanted a picture of a butterfly put on their door if they were moving towards the end of their life. This was because they wanted people in the home to know they were moving towards the end of their life journey so they could respond accordingly.

During our visit, we read a letter from relatives of a person who had died at the home. This letter was extremely complimentary of the end of life care given to their loved one, and informed of the 'round the clock' attention given to the person, alongside the medical support given by the district nursing team and palliative care team. They went on to say their loved one was in no pain or discomfort. This was because the teams worked together to give the person a 'good' end of life.

Is the service well-led?

Our findings

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

On the day of our visit, people and staff were brimming with excitement and pride because the home had been nominated for the Regional Care Home of the Year (Midlands and Wales) Caring UK 2018 awards. People were making good luck cards for the staff attending the awards, and a person was writing a poem to commemorate the occasion.

People and their relatives told us the service was well-led. A relative told us, "I would have no qualms in recommending Lammas House to anybody seeking a top-quality care home for their loved one. A local authority commissioner told us they often heard people say that the registered manager went 'above and beyond' in their support of people.

People and their relatives described the service in outstanding terms. They were all full of praise for the registered manager and their team. Comments included, "The manager, always has time for you. She never makes you feel you're a nuisance. Another said, "The standard has been outstanding."

The registered manager was provided support by the provider's regional manager who visited at least once a month to support the management of the home. The provider had a robust programme of checks for the home to make sure people received care which was safe and met their needs. This included checks on medicine administration, care plans, premises, infection control, and employee files. There were also checks made to ensure people who have been identified as having lost weight were monitored and action taken to try to gain weight. And checks to ensure applications had been made for people who required their deprivation of liberty to be authorised.

We saw where actions had been identified as part of the auditing (checks), these were highlighted on a 'service improvement plan' with the expectation they would be addressed by the next monthly audit. We saw by looking at the monthly audits that any areas which had been identified as needing to be addressed, had been addressed by the next audit.

In April 2018, the registered manager had completed the 'Skills for Care', 'Well-led' programme. This was a four-day programme which focused on how high standards of care could be delivered in care homes. They had recently been nominated to attend an initiative run by Coventry City Council and Coventry and Rugby Clinical Commissioning Group. called, 'My Home Life Coventry Leadership Support Programme', and is designed to support managers of care homes provide evidence-based, relationship centred care in their homes. They had also attended a specialist dementia care programme to support them and staff provide more effect dementia care support.

Staff were passionate about the care they provided at the home, and told us they loved working at Lammas House. A night worker, on hearing we were undertaking the inspection came back to the home because they wanted to be involved in the inspection. They told us, "The company is fantastic on training, and making us aware of confidentiality, personal care, the Mental Capacity Act; anything to support and give a full quality of life to each resident." They went on to tell us, "As a team, we are aiming for outstanding, we are working so hard to be outstanding. We don't look at it as a job – we value the home and value the residents. It's a lovely home."

Another member of staff said, "I wake up every morning and I love coming to work – we have such a good vibe and happy time here. We're the best we've ever been. We've just had resident survey and got 100% across the board on that." They told us, "[Registered manager]– is fantastic at her job. You're only as good as your staff; she makes sure the wheel turns smoothly by supporting all the staff members in their role, and in turn they give it back. She doesn't take credit enough."

A third told us, "It is very well run, the management offer a lot of support. A lot of person centred care and one to one time. We have fewer residents so can offer a more personalised service. If people need anything extra, they will go out of their way to get what they need."

Staff were supported by regular supervisions, appraisals and team meetings. As well as the more formal support structures, staff felt the registered manager had an 'open door' approach and they could speak with them at any time. We saw this in action during our visit.

The provider had a commitment to equality and diversity both in terms of people who used the service, and for staff who worked for the provider. An action plan had been developed to move the organisation forward, and workshops and training had been provided to all staff. The regional manager for Lammas House had been leading on this area of development.

People were involved in running the home. The service had two 'resident representatives'. We spoke with one, who was wearing a badge on their clothing to inform people of their role. The representative told us they spoke on behalf of other people when necessary, to support staff and management understanding of any issues arising in the home. They felt that staff listened to them. As well as having resident representatives, there were meetings held every three months with people and their families to provide them with further opportunities to discuss life at Lammas House.

Since the last inspection, the registered manager had further improved the quality of care by becoming accredited with 'react to red', 'prevention of infection' and the 'red bag' project. A healthcare professional involved in one of these accreditations told us, "[The registered manager] engaged with these campaigns well and following accreditation she was keen to ensure achievements were celebrated with their residents. [The Registered Manager] is always pleasant, professional and commits to improving quality of care for residents at the home which is reflected in accreditations achievement."

Each morning, the service held what they called a 10 at 10 meeting. This was a 10-minute meeting at 10am to go through any issues or concerns and to make sure all staff were aware of people's changing needs. At the beginning of the week, the registered manager would give the staff a question, which they would need to answer in the meeting. This was to remind staff of their previous learning. On the day of our visit, the question was about the MCA and DoLs. This was a great opportunity to refresh staff knowledge, and was done in an open and positive way.

The stable staff group were complimented by a range of other people who supported people in the home.

The registered manager had students from the national citizen service attend the home. There was also a rolling programme of student paramedics on placement from both Worcester and Birmingham Universities. Students from a local school visited the home once a week on student placement, and links had been made with other schools to support people with social activities.

The registered manager has a legal obligation to notify us of certain events which happen in the home. We found they had notified us of all events as required. The provider also has a legal obligation to send us a Provider Information Return (PIR) when requested by the CQC. The provider sent us a PIR, and we found it reflected what we saw during our inspection visit.

The latest CQC inspection report rating was on display at the home and on the provider's website. The display of the rating is a legal requirement, to inform people who live at the home, those seeking information about the service and visitors, of our judgments.