

## The Royal Star & Garter Homes

# The Royal Star & Garter Homes - Solihull

### Inspection report

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Date of inspection visit:  
08 January 2020  
09 January 2020

Date of publication:  
05 March 2020

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

**Outstanding** 

Is the service effective?

**Outstanding** 

Is the service caring?

**Outstanding** 

Is the service responsive?

**Outstanding** 

Is the service well-led?

**Outstanding** 

# Summary of findings

## Overall summary

The Royal Star & Garter is a care home providing personal and nursing care to a maximum of 60 people aged 65 and over. Some of those people lived with dementia. The home is purpose built and divided into four 'houses' called Linley, Roundel, Whiteley and Croucher. It is part of The Royal Star and Garter Homes which was established in 1916 to provide care to military veterans. At the time of our inspection 59 people lived at the service and some people from the local community attended a day club hosted by the service.

People's experience of using this service and what we found

The service continued to exceed people's expectations. People continued to have opportunities to live their lives to the full and they received exceptionally personalised and responsive care. The strong person-centred and inclusive culture demonstrated staff were dedicated to ensuring people received high quality care in line with the provider's aims and strong values.

The attention to people's individual wishes and needs showed how exceptional staff were at going above and beyond what was expected of them. The service had won several awards and had been recognised for their outstanding commitment to making a positive difference to people's lives since our last inspection.

The service was an excellent role model for others and was led by a passionate management team which had been strengthened since our last inspection to further improve outcomes. Excellent governance systems were embedded and had been further improved since our last inspection.

There was a coordinated and personalised approach to support people to move into the service. People's needs were under constant review to ensure they continued to be met. The service was extremely committed to working in partnership with health professionals to maintain people's health and wellbeing.

People and relatives continued to feel involved in care planning and people were involved in important decisions. People mattered and promoting people's dignity was at the heart of everything staff did. People's independence was promoted and people's right to privacy was respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew what was important to people and care records contained very personalised and up to date information including people's life histories which helped staff to provide excellent person-centred care. People continued to receive excellent, coordinated end of life care and people continued to be treated with respect after their death.

People's needs were consistently met by a highly skilled and dedicated staff team. People, relatives and health professionals without exception were all extremely complimentary about the staff and a culture of

continuous staff learning was embedded.

People eating and drinking enough to maintain their health was of paramount importance and people told us they thoroughly enjoyed the food and mealtime experiences. There was a creative approach to encourage people to try food from different cultures.

The service had a very proactive approach to managing risk and staff had an excellent understanding of how to manage and reduce risk. People felt very safe and the inclusive culture meant people's views were well captured and people felt comfortable to speak openly about their feelings.

The provider's safeguarding procedures and personalised approach protected people from harm. Staff knew what to do and who to tell if they had concerns about the well-being of anyone using the service.

Staff were recruited safely. During our visits enough staff were on duty to respond to people's needs to maintain their safety. Medicines management continued to be safe. People's medicines were administered by registered nurses and trained care staff. Their competency to do so was regularly checked by managers.

The service was exceptionally clean and well maintained. People had been involved in initiatives to minimise the risk of infections spreading.

Strong emphasis was placed upon continuous improvement and learning lessons based on research and reflective practice. The whole staff team understood their responsibility to be open and honest when things went wrong. Lessons had been learnt and had been shared throughout the organisation to benefit people and staff. People told us they had no need to complain and they felt confident if they did raise concern it would be investigated and resolved.

The service played an important role in their local community that enhanced people's lives. People were supported to maintain links with people who were important to them. Strong and meaningful links were established with local and national organisations.

#### Rating at last inspection

The last rating for this service was Outstanding. (Published 19 September 2017)

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led

Details are in our well-Led findings below.

Outstanding 

# The Royal Star & Garter Homes - Solihull

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

Inspection visits took place on 8 and 9 January 2020. Our first visit was undertaken by two inspectors, one assistant inspector, an Expert by Experience and a specialist advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. A specialist advisor is a qualified health professional. Our specialist advisor was a registered nurse who had expertise in supporting people living with dementia. One inspector returned to complete our second visit.

#### Service and service type

The Royal Star & Garter is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first of our visits was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and three professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

#### During the inspection

We spoke with 15 people who used the service and eight people's relatives about their experiences of the care provided. Due to their needs some people could not tell us about the care they received, or quality of service provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 23 members of staff including the registered manager, two lead nurses, three nurses, the hospitality services manager, the activities manager, two activity assistants, one administrator, the lead housekeeper, four senior care workers, five care workers, the dietician and one physiotherapist. We also spoke with one visiting health professionals and two volunteers.

We reviewed a range of records. These included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including staff training data, compliments, complaints and quality audits were looked at.

#### After the inspection

We received further information from the registered manager to validate the evidence we found. We also gathered feedback from eight health care professionals and five other people including two volunteers who often spent time at the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

### Assessing risk, safety monitoring and management

- People and relatives described the support people received to maintain healthy skin as 'exceptional'. One relative explained their family members quality of life had greatly improved due to staff's dedication and perseverance. This was because nurses had used a variety of interventions over a 12-month period to heal a skin wound. They added, "We had been told by doctors the wound would never heal." This demonstrated the providers star quality of 'commitment to providing excellent nursing care' was achieved.
- Relatives were eager to tell us how they worked in partnership with the service to keep their family members safe which included using assistive technology. For example, one relative explained how following discussion a falls sensor had been put in place which had significantly reduced the number of times their family member had fallen.
- The service had a very proactive approach to managing risk. Some people were at risk of choking and suction equipment was available for staff to use to clear a person's airways quickly if they started to choke. Staff were trained to use the equipment and felt confident to manage a choking emergency.
- The provider's positive approach to risk management extended to the local community. In May 2019 the service became part of a national life saving initiative called 'The Circuit – the national defibrillator network.' A defibrillator is a piece of equipment used to try and save the life of someone who has had a cardiac arrest. The equipment located at the service was accessible to the ambulance service and the local community. The registered manager commented, "We hope that if it should ever be needed, members of the public will have easy access to the device and put it to good use."
- To further strengthen risk management the provider had invested in an electronic reporting system to assist the management team to identify any patterns or trends in accidents and incidents since our last inspection. The system had resulted in quicker action being taken to identify causes and then take action to prevent reoccurrence. For example, by analysing daily the reasons why one person was falling equipment was immediately sourced which had reduced the number of falls the person experienced in a short period of time by 75%. The system had also identified why one person fell at a particular time of day. As a result, staff increased monitoring at that time and the person's GP and nurses were monitoring the person's blood pressure to determine if this could be contributing to their falls.
- Staff had an excellent understanding of how to manage and reduce risk and very confidently described the actions they needed to take to keep people safe. This included the management of risks associated with choking, mobility and sensory impairments.
- Emergency and contingency plans were in place. Staff understood the provider's emergency procedures and the actions they needed to take to keep people and themselves safe in the event of an emergency.

- Effective checks minimised risks related to the premises and equipment. Checks included safety checks of water, fire and gas in line with safety guidance.

#### Systems and processes to safeguard people from the risk of abuse

- People felt very safe. Comments included, "I feel perfectly safe. I'm delighted to be here. My husband is also here, we have every freedom."
- The provider's safeguarding procedures protected people from harm. The person led approach 'making safeguarding personal' was embedded into the culture of the service. One person explained they had felt confident and empowered to inform staff of a safeguarding concern because they trusted them. Staff had supported the person throughout the process and the person had influenced decisions which had resulted in an outcome they were happy with.
- Sensitive discussion had been held with another person when it had been identified they were finding it difficult to use their electric wheelchair safely. The risks they posed both to themselves and others had been explained, and the person was supported to develop a set of guidelines to help them use their wheelchair more safely to reduce the risk. This had resulted in the person maintaining their independence.
- Positive risk taking continued to be encouraged and plans were in place to further empower people to maximise control over their lives. One person's health condition meant they were at high risk of choking. However, they chose to eat meals that increased that risk. The speech and language therapist and dietician employed by the service had liaised with the person to explain the risks associated with their choices. The person understood the risks and had been supported to create a risk assessment to mitigate this which included them eating smaller amounts of food at a slower pace.
- The registered manager constantly looked for ways to ensure people received safe person-centred care in line with best practice and research. They were part of two multi-agency sub-committees that supported the local safeguarding adults board to meet its responsibilities to keep adults free from harm under the Care Act 2014.
- Staff completed safeguarding training and discussion confirmed they knew what to do and who to tell if they had concerns about the well-being of anyone using the service. The management team understood their responsibilities to raise safeguarding concerns and there were no open safeguarding investigations at time of this inspection.

#### Preventing and controlling infection

- People had been involved in prompting hand hygiene awareness and developing a new hand hygiene initiative to minimise the risk of infections spreading. We saw as part of this initiative people offered each other warm towels in the dining room at lunchtime to clean their hands. One person commented, "It's a great idea. It's simple but makes you stop and think about germs spreading."
- The service was exceptionally clean and well maintained. The ancillary staff were led by a lead housekeeper. The team worked cohesively and were very proud of the contribution they made to the environment people lived in. All staff completed infection control training and understood their responsibilities in relation to this.

#### Learning lessons when things go wrong

- The whole staff team were committed to learning when things had gone wrong. Lessons were learnt through analysis and reflection and learning had been shared throughout the organisation to benefit people and staff.
- Following an infection outbreak in 2017 'Infection control boxes' had been implemented to ensure staff had easy access to all the equipment they would need to safely manage future outbreaks. An analysis of the trial highlighted the positive benefits which resulted in the boxes being introduced throughout the organisation.



### Staffing and recruitment

- People were actively involved in the recruitment of staff who would be providing their care and support. Prior to attending formal interviews people spent time talking with potential staff and provided feedback to the management team which was used to influence recruitment decisions. A lead nurse said, "We recruit from the heart. We listen to people's feedback it's paramount."
- Staff were recruited safely. The provider had completed checks to ensure staff working at the service were of suitable character. During our visits enough, staff were on duty to respond to people's needs to maintain their safety.

### Using medicines safely

- Medicines management continued to be safe. Since our last inspection a new electronic medication management system had been implemented to support safe administration. A lead nurse said, "It has been extremely beneficial. It's improved safety, we can't make mistakes as errors are immediately flagged up."
- Electronic scales to weigh liquid medication had also been purchased to increase the accuracy of doses administered.
- People's medicines were administered by registered nurses and trained care staff. Their competency to do so was regularly checked by managers.
- People's medicines were ordered, stored and disposed of safely in line with best practice. Some people were prescribed medicines 'as and when required.' Protocols were in place to inform staff how and when those medicines should be given.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question had improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People and relatives were extremely complimentary about the staff. One relative said, "The nurse's knowledge is exceptional." This was because a nurse had quickly identified when their family member had symptoms of a life-threatening infection. They added, "The symptoms are hard to spot. The quick action saved mum's life." A GP who visited the service twice a week told us, "The standard of staff training I believe to be excellent and translates to the best possible care for patients."
- People who lived with dementia continued to receive excellent care tailored to their individual needs. Staff completed 'creative dementia' training to increase their understanding of the condition. This included the Virtual Dementia Tour (VDT). The aim of VDT is to provide an experience of what living with dementia might be like. A staff member explained how this training had helped them. They said, "It was invaluable. I have a greater understanding of how people see the world around them. I am confident I can meet their needs because I understand."
- Dementia training funded by the charity was also available to people's relatives and health and social care professionals to increase their understanding of the condition.
- People's needs were consistently met by a highly skilled and dedicated staff team. Staff developed and refreshed their knowledge through an induction, followed by a programme of on-going training. Staff felt extremely supported and had frequent opportunities to meet with their managers to discuss and reflect on their practice to ensure people continued to receive outstanding care.
- Staff were continually encouraged to develop their skills to improve outcomes for people. A lead nurse was due to complete a qualification in March 2020 which meant they would be able to prescribe medicines such as, intravenous antibiotics in an attempt to promote quick recovery from illness and reduce the need for hospital admission. The nurse spoke with passion and pride when they described how their new skills would benefit people.
- Further staff development to benefit people was planned for 2020. Some care staff were being supported to enrol onto a Nursing Associate programme which had been developed by Health Education England.
- Staff were encouraged to take on additional responsibilities which they welcomed. For example, there was infection prevention and end of life care leads at the service. This promoted a culture of continuous learning and improvement with staff sharing their specialisms with others to ensure people benefited from staff with exceptional skills.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals including chiropodists when needed.

- The service had recently purchased a bladder scanner to provide timely and effective care. The trained staff had already used the equipment to identify the reason for one person's discomfort. This had a positive effect on the person's wellbeing because they did not need to be admitted to hospital for treatment.
- The service was extremely committed to working in partnership with health professionals to ensure people received timely, effective care to maintain their health. A GP said, "I think it is fantastic, I have been working in nursing homes for 20 years. It is above and beyond what I have come across before."
- A speech and language therapist and a dietician continued to work at the service which meant people had immediate access to their specialist advice when needed. One person commented, "I think it's great. If I lost my appetite I would ask to see the dietician straight away. I wouldn't have to wait to be referred by my GP."

#### Supporting people to eat and drink enough to maintain a balanced diet

- People eating and drinking enough to maintain their health was of paramount importance and people told us they thoroughly enjoyed the food and mealtime experiences. One person said, "It's like a fine dining restaurant, I can't fault it."
- Since our last inspection new ways to encourage people to eat and support decision making had been introduced. For example, sample meals were prepared which people could see and smell. This was important because some people were unable to read menus due to their visual impairments and others lived with dementia.
- Specific dietary needs were met, and a range of food and drinks were available to people 24 hours a day. Staff ensured people had sufficient nutritional intake and had a good understanding of the impact dementia and other health conditions may have on a person's dietary intake and appetite.
- The dietician worked alongside the catering staff to design menus for all, promoting well balanced, healthy, nutritious and attractive meals, including those requiring altered textures or special diets.
- There was a creative approach to encourage people to try food from different cultures. One person told us they were looking forward to trying traditional Scottish foods such as Haggis as part of planned Burns night celebrations shortly after our visits.

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a coordinated and personalised approach to support people to move into the service. The management team continued to complete holistic assessments for people who were considering living at the service. Every effort was made to ensure significant people were also part of the assessment where appropriate such as, relatives, hospital staff, GPs and social workers.
- Information gathered during the assessments was used to develop care plans which helped staff to get to know people and understand their needs.
- There was continuous assessment and review to ensure people's changing needs were met. This included reviews of people's medicines. As a result, some people's medicines had been reduced. This was because their levels of anxiety had reduced as a result of the person-centred care they received.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- The service was compliant with the MCA. People confirmed staff always sought their consent before providing any assistance.
- Staff understood the principles of the MCA and how to implement this to support best interest decision making. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed. The outcomes of decisions made were clearly recorded.
- People's capacity had been assessed in line with the principles of the MCA and applications had been made for DoLS authorisations where required. An effective system helped the management team to track expiry dates, so they could reapply for authorisations if needed to ensure people's rights were upheld.
- A lead nurse was the champion for Mental Capacity and consent at the service. They ensured staff received training to help them understand the Mental Capacity Act 2005. They understood the planned changes in relation to this legislation called the Deprivation of Liberty Safeguards.

Adapting service, design, decoration to meet people's needs

- The service is a purpose-built care home and the environment continued to meet people's needs. It was dementia friendly in line with best practice. For example, signage helped people to locate their way around the building.
- People were involved in making decisions about the décor of their home and an orangery has been built since our last inspection for people to enjoy.
- The home had wide corridors and large rooms which meant there was sufficient room for people to move around safely with their mobility aids.
- People had personalised their bedrooms and a variety of communal areas and landscaped gardens offered people choices of where to spend their time.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives confirmed the quality of care provided continued to exceed their expectations. Comments included, "The care here is outstanding as always. Everything about the place is wonderful but it's the commitment from staff that make this place home." And, "I am exceptionally well looked after. Staff are amazingly kind, they love me." A health professional said, "People get truly exceptional care."
- Since 2014 the service has sustained an Outstanding rating in this domain. The strong person-centred culture demonstrated the whole staff team were dedicated to ensuring people received the highest quality care in line with the providers aims and strong values.
- For the last three years the service has sustained the highest-level accreditation achievable for their approach to dementia care from an internationally recognised dementia organisation. The model of care encompassed a 'feelings-based' approach to supporting people which focussed on dignity, choice and positive behaviour support. A health professional commented, "The dementia training is excellent. Staff tell me things I don't know about dementia."
- The service had received a national special recognition award in December 2019 for providing exceptional dementia care which made a positive difference to people's lives.
- Every interaction we observed between people and staff was positive. Staff spoke about people with warmth and people and staff were frequently seen laughing and enjoying each other's company.
- Staff knew what was important to people. One person explained a staff member had purchased them a small gift which they treasured. They said, "I love. It has pride of place in my room. It is one of my most treasured possessions. It was a lovely surprise the staff here are just wonderfully thoughtful."
- Staff were proactive and were quick to offer comfort such as a hug when people became upset or anxious which had a positive effect on the person's wellbeing. One staff member said, "It's all about the people. People are at the heart of everything that we do." Another told us, "We carry out our work with love and kindness. We are a big lovely family." An external entertainer who visited the service commented, "I feel so privileged to come to The Royal Star & Garter in Solihull. It is such a friendly place. I feel I am not just a friend, but part of a family. The residents are happy and that comes from the staff being so caring."
- The feelings and emotions of family members when their loved ones moved to the service were considered. A relative explained how the support they had received had helped them to come to terms with their relative's deteriorating health. They commented, "I would not have got through the last year without them. I can always find a shoulder to cry on."
- Relatives spoke positively about the warm and friendly atmosphere. One said, "I feel so welcome before I have got my coat off someone has made me a cup of tea." Another said, "The atmosphere is lovely. Everyone is so cheery. I love being here and I go home feeling happy."

- The provider's value of 'respecting individuality' was achieved. People from the LGBT community (Lesbian, gay, bisexual and transgender) continued to be warmly welcomed at the service.
- Staff had completed equality and diversity training provided by British Institute of Human Rights in 2019. One staff member said, "The training helped me to bridge the gap between my work and uphold people's rights. We are 100% committed to equality. We are all equal here."
- The provider's PIR told us, 'We wish to invest in our staff and research suggests a real correlation between staff mental health wellbeing and staff effectiveness and happiness.' To achieve this the service worked with a national mental health charity to promote awareness of mental health in the workplace and if needed, signpost their staff to external support networks.

#### Respecting and promoting people's privacy, dignity and independence

- People mattered and promoting their dignity was at the heart of everything staff did. A relative told us, "Mum is always immaculate. They paint her nails a lovely pink and put on her perfume. The staff strive to help her look her best which makes her who she is." A health professional commented, "The friendly atmosphere promotes a nurturing culture enabling the residents to thrive and maintain their dignity."
- The culture was inclusive whilst recognising when people required private time to themselves. One person said, "I like my privacy. Staff pop in and ask if they can draw the curtains or if I want the light on when I am reading. My privacy is very much respected, but I appreciate staff are nearby and are thinking of me."
- The service provided an environment where independence was encouraged and promoted. A physiotherapy team continued to work at the service which meant people had easy access to their expertise. Physiotherapy helps to restore movement and function when someone is affected by injury, illness or disability. People provided examples of how the support had helped them to improve their confidence and mobility.

#### Supporting people to express their views and be involved in making decisions about their care

- The inclusive culture meant people's views were well captured and people felt comfortable to speak openly about their feelings. One person said, "I can only speak for myself, but I feel in control of every decision that I make. It's just the way it is here." Another said, "My opinions are sought about everything. It's my life and I am in control of it."
- People and relatives felt involved in care planning. Regular reviews of people's care took place and relatives felt included in making decisions when appropriate.
- People's personal information was managed securely in line with data protection law.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Outstanding. At this inspection this key question has the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive exceptionally personalised care that was responsive to their specific needs and preferences. One person said, "Staff are always searching for little ways to keep me busy and my mind active. I have a great life." Other people described their care as, 'Brilliant,' '5 stars,' and, 'The best ever.'
- The attention given to people's individual wishes and needs showed how exceptional staff were at going above and beyond what was expected of them. It was very important to one person to tend to the grave of someone special and they had chosen a particular member of non-care staff to support them to do this. The staff member said, "I always make myself available as it's an honour to be involved. By sharing the experience our friendship has grown."
- The provider's aim of providing opportunities for people to live life to the full continued to be achieved. Some people had visited the seaside in July 2019 to 're-live' their happy childhood memories of 'feeling the sand between their toes' and 'having donkey rides.' Following the visit one person had written a thank you letter which stated, 'Thank you for keeping your promise of giving us such a super day. I was so thrilled with it all.' Staff were exploring how they could fulfil people's requests to experience new things which included going on holiday.
- The service continued to celebrate people's skills and achievements. One person was a skilled pianist and held frequent piano concerts which people and staff told us they thoroughly enjoyed.
- All people who lived at the service had a connection to the military. Staff spoke with pride about the people they cared for and their lifetime achievements. For example, one person had written a book about their wartime experiences which staff had read. One staff member said, "After reading it I realised how fortunate I am to look after someone who has given so much to their country. They are very humble about it but in my eyes, they are truly special."
- Doll therapy based on best practice research was used at the service with positive effect. We saw one person took a doll for a walk in a pushchair. Their relative explained how the doll had reduced the level of anxiety their relative experienced because the doll gave them responsibility and something to focus on. They commented, "The change in her is unbelievable, she is so content."
- Religion was extremely important to some people and they told us how staff supported them to practice their religion in line with their wishes. For example, religious services now took place in a quieter area of the building which meant services were undisrupted. One person commented, "Staff listened to us and sorted it out. It's so much better now."
- A thoughtful approach to inclusion was embedded. Some people enjoyed going shopping to purchase personal items. Other people did not and in response to this a 'shop' had been created which meant those people had the opportunity to purchase a range of items including toiletries, birthday cards and



confectionary. We saw people visited the shop frequently and one person commented. "I don't like to go out in cold weather so the little shop suits me perfectly. I can choose the bits bobs that I like."

- Oral health was recognised as an integral part of people's care in line with best practice guidance. Oral assessments were completed, and the support people needed to maintain oral health was documented in their care records. This meant people received the care they needed. A visiting dentist commented, "Our new referral documents and oral health assessments are being used well. Patients appear well cared for and happy."
- Care records contained very personalised and up to date information including people's life histories which helped staff to provide excellent person-centred care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The fundamental aim of promoting people's quality of life continued to be achieved. We saw how intergenerational care, the practice of bringing young and older people together, improved people's wellbeing. One person told us teaching local school children to play draughts had given them a sense of achievement which made them feel very happy. They commented, "It was a pleasure. It made me feel really useful and got the kids off their phones for a bit."
- Strong and meaningful links were established with a national organisation who provided monthly music classes to local nursery school children and people who lived at the service. One person said, "I love seeing the little children's faces. I look forward to them coming and getting a cuddle." A representative from the organisation felt the sessions provided both the children and residents with opportunities to have fun.
- The service played a key role and understood the needs of people living in the local community. Since our last inspection a 'day club' had been developed that offered a range of activities to local people which helped them to develop relationships. Comments from some of those people included, "Coming here makes my week. I get lonely at home and this gives me something to look forward to." "I love the company and the friendship. Hand on heart it has improved my life and gives my family a break from looking after me." And, "The entertainment is top quality and I feel alive when I am here." The day club staff team had been shortlisted as finalists in the Caring UK awards in 2019 and plans were in place to expand the service.
- People told us how they benefited from the varied range of social activities available to them. Comments included, "There is always something happening. I am spoilt for choice," and, "Staff are really good at getting us motivated and always join in to make things really enjoyable." A visiting entertainer said, "This is by far the best Home for staff participation in my show. I always love coming here."
- People were supported to maintain links with people who were important to them in a variety of ways. For example, one person explained they had been supported to host a special lunch to celebrate their birthday. They said. "Staff make an effort, from arranging flowers which they are very good at, down to the food. I think they are fantastic for it. When I had my birthday my son and four others came. The lunch prepared to my specification was excellent."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had an innovative approach to using technology to aid communication and used feedback from people to continually improve outcomes. For example, a voice-controlled device had recently been purchased which informed people what was happening at the service each day. This was important because some people could not read written information.



- Detailed communication plans described in detail the way people communicated and how staff should engage with them to ensure their wants and needs were met.
- Staff knew people extremely well and understood what people were communicating through their gestures and behaviours. For example, staff knew when one person displayed a particular behaviour they needed assistance to use the toilet.
- Assistive listening technology called a 'hearing loop' was in use at the service to help people with hearing impairments engage in conversation. The loop worked by picking up on the spoken word whilst reducing other background noise. One person told us the loop had 'excellent sound quality'.
- Computers were available for people to use and some people had been provided with tablet computers by The Royal Navy Veterans Association. Some people had received training to support them use the internet to help them connect with their friends and family.
- The staff team were highly motivated and constantly looked for creative ways to overcome communication barriers. For example, a 'Me Chain' communication tool had been developed to help people communicate with staff if they were admitted to hospital. The tool consisted of a set of pictures on a key ring that showed people's interests and choices. Due to its success the tool had been introduced throughout the organisation.
- Information was provided in a format people could understand to help them make choices including, audio, easy to read and pictorial formats.

#### End of life care and support

- Feedback confirmed people continued to receive excellent, coordinated end of life care. The service worked closely with health professionals including Macmillan nurses and GPs to achieve this.
- All nurses and some care staff had completed the 'Six Steps to Success: improving end of life care in care homes' training. The approach, enhanced end of life care and was clearly embedded throughout the service.
- When people moved into the service their end of life wishes were discussed and documented to ensure their wishes were known.
- People continued to be treated with respect after their death. When a person passed away, a white butterfly was attached to the door handle of their bedroom. This ensured the person's death was discreetly communicated to others. With the person's prior consent, a ceremony adapted to their preferences regardless of their faith, culture or ethnicity was held in the reception area of the service accompanied by a piece of music chosen by the person or those closest to them. This meant others could pay their final respects as the person left the service for the final time. People's coffins were also draped with a wreath of poppies and their national flag.

#### Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and who to speak to if they were unhappy with any aspect of the service provided. Whilst they told us they had no need to complain they felt confident if they did raise concern it would be investigated and resolved.
- The provider's complaints procedure was accessible. When complaints had been received, they had been investigated and responded to in line with the provider's complaints policy. Learning from complaints was shared with staff so they could improve outcomes for people.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People had choice and control over their lives and continued to receive exceptional responsive and personalised care. Feedback we received, without exception confirmed this. In 2019 the service had received 78 compliments which further demonstrated extremely high levels of satisfaction.
- The Royal Star & Garter is a charity established in 1916 to provide care to military veterans. The culture was inclusive, and the provider's values were embedded. That resulted in outstanding care being provided in a family environment. Comments from staff included, "It's all about the people. They get amazing care." and, "The training we had really drummed into us what person-centred care look and feels like." A relative commented, "It's hard to improve on perfect. Communication and organisation are first class."
- The service had won several awards and had been recognised for their outstanding commitment to making a positive difference to people's lives since our last inspection. For example, they had received special recognition on 6 December 2019 for their approach to dementia care. The registered manager said, "I am so proud I could burst."
- The management team had been strengthened since our last inspection to further improve outcomes and consisted of the registered manager, three lead nurses and a hospitality services manager. The recruitment of the hospitality services manager meant the management team had the right range of skills to ensure every part of the service exceeded expectations. Consistent feedback from people, their relatives, volunteers, staff and health professionals confirmed this was achieved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The proactive and inclusive approach to risk management was led by an enthusiastic and passionate management team.
- The management team understood their responsibilities to keep people safe from harm and a personal approach to making safeguarding personal was embedded.
- The registered manager was part of a local registered manager network. They told us this helped them to learn and share best practice. They cascaded their learning to the staff team to drive continual improvement.
- The registered manager met on a regular basis with the provider's director of care to reflect on their leadership style and to gain assurance the service was being run in line with the provider's values.

- The latest CQC inspection rating was on display in the service and was also available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People continued to be at the heart of the service and were involved in important decisions such as the recruitment of staff. People were part of an initiative to minimise infections spreading at the service.
- The staff team went above what was expected of them and their commitment and dedication was recognised by their managers. Staff were encouraged to take on additional responsibilities which they welcomed, and they felt empowered to develop their knowledge and skills to benefit people. This demonstrate a culture of continuous learning was embraced. One staff member said, "This is the best place I have ever worked. I will never leave as I am continually encouraged by my managers to be a better version of me." Staff also had opportunities to attend meetings to share ideas and shape the service.
- The contribution of volunteers was recognised and celebrated. For example, annual awards were held, and one volunteer had been commended for their hard work at a military celebration in November 2019.
- Feedback about the service was gathered in a variety of ways including surveys and meetings. People told us communication was very good, and they provided examples of how their feedback had been used to make improvements such as, the décor. A relative commented, "There is no need for me to attend the meetings because the office door is always open. I visit four times a week and pop in to discuss any changes to my wife's condition."
- The dementia 'outreach café' held at the service had been further developed since our last inspection to become a support group led by attendees to talk about their experiences about how the condition had affected their lives.
- People maintained positive links with their local community that enhanced and benefitted their lives. The service had established links with many local community organisations including the Royal British Legion and local schools.
- The service played an important role in their local community. For example, the day club reduced social isolation and provided people with companionship.
- The provider sent newsletters to people which communicated any upcoming changes and shared a variety of 'good news' stories. The service also used their website and social media to communicate with people, their relatives, staff and the local community.

Working in partnership with others; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was an excellent role model for others. The Royal Star and Garter – Solihull is an accredited 'teaching home care home.' Teaching care homes are recognised by the Department of Health for their exceptionally person – centred care. The accreditation demonstrated commitment to the development of best practice and good leadership across the care sector. Support had already been provided to several care homes across England and plans were in place to develop this further.
- The registered manager was part of two sub committees of local safeguarding adult boards. Board members work together to provide strategic leadership in the local area to ensure people live their lives free from abuse and neglect.
- Strong emphasis was placed upon continuous improvement based on research and reflective practice. Excellent governance systems were embedded and had been strengthened since our last inspection. The service welcomed audits and checks from external partners to sustain excellence. For example, sustaining the highest-level accreditation for its approach to dementia care for the previous three years.

- Lessons had been learnt. The provider and management team understood their responsibility to be open and honest when things went wrong, and learning had been shared with staff, to prevent reoccurrence.
- The rating of the service had increased from 9.4 to 9.8 out of 10 since our last inspection on a care comparison website. This comprised of 27 reviews made up from people who used the service. We looked at a selection of these reviews which included, 'Every aspect of the care my mother has received in the past 3 years has been exemplary. The carers on her wing are friendly, respectful, cheerful, polite and provide all the care she needs efficiently and well. The physiotherapy has been extremely beneficial.' And, 'Nursing care for my father is exceptional and without a doubt has extended his life.'
- There was continuous assessment and review to ensure people's needs were met and the service was extremely committed to working in partnership with health professionals to maintain people's health and wellbeing.
- The service was accredited to provide student placements for military nursing students and students from local schools also volunteered at the service. This demonstrated commitment to developing the future workforce.