

St John's House Care Limited

St John's House

Inspection report

Heigham Road
Norwich
Norfolk
NR2 3AT

Tel: 01603299000

Website: www.castlemeadowcare.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

St John's House is a residential care home providing accommodation and personal care for up to a maximum of 60 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 51 people using the service.

The home is purpose-built with accommodation over 2 floors and 3 separate suites, 1 of which is for people living with dementia. It has multiple communal areas and extensive accessible gardens.

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

The nurturing, supportive and warm culture created within the home meant people received an exceptionally compassionate and individualised level of care that improved their quality of life. The service recognised that understanding people's life histories, values and beliefs aided them in creating support plans that met people's often complex needs, including those associated with living with dementia. People told us the service consistently delivered care that exceeded their expectations and achieved positive outcomes that relatives did not feel was possible. This included end of life care which was especially thoughtful and compassionate not only to the people who used the service but their families and loved ones.

Staff worked patiently, diligently, and innovatively with people, their relatives, and professionals to maximise people's potential, quality of life and wellbeing. People were placed at the heart of the service and were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service worked in an open and transparent way which encouraged accountability and improvement. It recognised the benefits of working collaboratively with others and had participated in a number of research projects and pilots, all with the view to enhancing people's health and wellbeing. Staff had built strong links with the local community and mutually supportive and respectful relationships had been fostered.

The provider had a robust quality assurance system in place that ensured people received a consistently high-quality service. The system was used meaningfully and encouraged staff participation and ownership. Actions were taken in response to findings and the provider had a clear accountability structure in place. Incidents were shared with staff and reflective practice was used at all levels to drive improvement. Where we identified minor shortfalls as part of the inspection these were acknowledged and promptly actioned by the registered manager.

All the people we spoke with told us they had no concerns about the service and would highly recommend it. They told us staff were skilled at providing excellent and attentive care that made people feel valued and cared for. People told us the management team were responsive, supportive, and welcoming. People's lives

had been enhanced by living at St John's House.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published on 30 December 2017).

Why we inspected

We inspected this service due to the length of time since it was last inspected.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

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 responsive findings below.

Outstanding ☆

St John's House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and two Experts by Experience. Both inspectors and one Expert by Experience completed a site visit. The second Expert by Experience made telephone calls to the relatives of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St John's House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St John's House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 25 April 2023 and ended on 10 May 2023. We visited the location on 25 April 2023.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service, 15 relatives and 1 professional who regularly worked with the service. Six additional relatives provided written feedback. Written feedback was also received from an additional 4 professionals. We spoke with 8 staff including the registered manager, senior managers, housekeeping and care staff. A further 6 staff, including care and ancillary staff, provided written feedback.

We reviewed the care records for 9 people who used the service and the medicines administration records for 6 people. We observed the care and support provided and the environment was assessed for safety and suitability. Multiple governance records were reviewed including staff recruitment records, policies, quality assurance audits, action plans and maintenance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective processes in place to help protect people from the risk of abuse and people told us they felt safe using the service.
- One person who used the service said, "I feel safe, it isn't something I worry about. The staff are here to take care of me, and they do." All the relatives we spoke with agreed with one telling us, "I feel comfortable when leaving [person who used the service]; I know they are safe."
- Staff had received training in safeguarding and policies were in place to manage any associated concerns.
- We saw the service had referred safeguarding concerns appropriately and promptly to the local authority and other stakeholders as required.

Assessing risk, safety monitoring and management

- People who used the service, and their relatives, had no concerns in relation to safety and how risks were being managed. One relative described the service as 'proactive' in managing risks whilst a person who used the service said, "I never have to stop and think about being safe. If I need anything, I just have to ask, and staff will help me."
- We saw that the individual risks to people had been identified, recorded, mitigated, and reviewed. For example, where people were at risk from falls or skin deterioration, we saw that mitigating measures were in place. Advice from health professionals had been sought promptly and as required to further reduce risk.
- Environmental risks had been identified and mitigating measures were in place to help reduce risk. For example, regular checks were completed on firefighting equipment and the call bell system to ensure they remained safe and fit for purpose.
- A robust business continuity plan was in place that identified and planned for adverse incidents such as staff shortages, infectious outbreaks and loss of utilities and resources.

Staffing and recruitment

- People told us there were enough safely recruited staff to meet their needs in a person-centred manner. Our observations confirmed it.
- Appropriate safety checks had been completed on staff prior to employment. These included seeking references from previous employers and the completion of a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Whilst people who used the service told us the time it took staff to respond to their call bells varied, it did not impact negatively on them. One person said, "Staff answer the call bell quite quickly unless something has happened." Relatives told us staff were attentive to their family member's needs and provided care with

patience and diligence.

- Staff told us the service was occasionally short staffed due to unforeseen and last-minute absences, but that good teamwork meant service users received the same level and quality of service. They told us they worked hard to ensure standards did not slip during these times.
- Our observations confirmed staff responded promptly to people's needs, and we saw staff quickly intervene and offer reassurance when a person became distressed.

Using medicines safely

- People received their medicines safely, as prescribed and in line with best practice guidance.
- People who used the service told us their medicines were discussed with them with one person telling us, "I know what I am taking, and I get it on time." Their relatives agreed and confirmed they had no concerns in relation to medicines management.
- The medicine administration record (MAR) charts we viewed demonstrated people had received their medicines as prescribed. Some stock counts were completed and were correct further demonstrating medicines had been administered as prescribed.
- Staff had received training in medicines management and administration and their competency to administer assessed.
- Regular medicines audits had been completed to ensure medicines management was safe and effective.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visiting and current Government guidance was being followed. Visitors had to provide some details on entry for safety and the service monitored visitor's symptoms to ensure they did not enter the home whilst unwell. This helped to protect people from the risk of infectious diseases.

Learning lessons when things go wrong

- The service had a variety of systems in place to discuss, share and learn lessons when things went wrong. This embedded reflective practice and encouraged an open and transparent culture that used incidents to improve the care delivered.
- For example, incidents were discussed in staff meetings, handovers, and one-to-one meetings. The records we viewed also demonstrated that accidents and incidents were robustly analysed to identify any trends or patterns and ensure any mitigating measures were implemented.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been holistically assessed and care plans were in place to cover all aspects of their lives. People's differences were celebrated, and the culture was one of inclusivity.
- The outcomes for people were consistently good and we saw many examples of this throughout our inspection. One relative told us how their family member's health had improved since moving to St John's House. They said, "Staff are looking after [family member] well."
- The service had embraced technology to improve care, support, and safety. Whilst we saw safety equipment in use as expected, the service participated in pilots that used technology to monitor and enhance people's health needs.

Staff support: induction, training, skills, and experience

- Staff told us they felt supported, valued, listened to, and nurtured. People who used the service, and their relatives, told us they had confidence in the staff's abilities to provide effective, safe, and compassionate care.
- Whilst staff had some training outstanding which the provider deemed mandatory, people told us this did not negatively impact on the care they received. For example, one person who used the service said, "I have total confidence in the staff. They all seem to know what to do." The relatives we spoke with agreed, and our observations confirmed this. The registered manager promptly provided us with assurances around the actions they had taken to ensure staff training was improved.
- Staff told us the induction and training they received prepared them for their role. One staff member told us of the varied training they had received and the confidence this had given them.
- Without exception, all the staff we spoke with, or who provided written feedback, told us they felt fully supported, valued, and appreciated by all colleagues at all levels; they told us they had received regular supervisions. One staff member described the support as, 'phenomenal' whilst another said, "As a team we really value every resident and member of staff as an individual and always try to make every resident and member of staff feel valued and loved."

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

- People's nutritional needs were met in a person-centred manner and associated risks had been identified, reviewed, and mitigated.
- People told us they had a choice of food and drink, received the quantities they wished for and could request food and drink at any time. Some people felt the menu could be more creative, but we did see that the service regularly sought, and acted upon, people's views on the menu. The chef had also liaised with some people to design and implement individual menus to meet their individual needs.

- The relatives we spoke with gave us positive feedback on the food provision. One relative said, "The food is exceptional" whilst another told us, "The food is very high quality."
- Our observations of lunch showed people received the support they required which was assisted by the provider's policy of employing staff solely dedicated to assisting with the provision of food and drink. We saw that people had choice in where they ate their meals and that the food served met people's individual dietary needs.

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

- The service understood the importance of working with others to enhance the health and wellbeing of the people who lived at St John's House and worked in collaboration with them.
- We saw that people had access to a variety of health and social care professionals and that referrals were made appropriately and promptly as needed.
- The involvement in pilots and research projects were used to further enhance people's health and wellbeing. For example, the service was part of a pilot where a clinician completed virtual consultations twice a day as required with people on weekends and bank holidays to prevent health issues escalating and the unnecessary use of inappropriate resources. This had improved the health of people who lived at St John's House.
- All of the professionals who provided us with feedback spoke highly of the service, the impact it had on people who used it and the professional and knowledgeable manner in which staff worked with them.
- One professional said, "Residents are well cared for, and staff are proactive in recognising their needs." Another professional told us, "What I have realised is that some providers are risk averse and would not accept service users with high-levels or complex needs which is not the case with St Johns. My interaction with the care home has been positive and the management appear willing to learn and engage."

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

- The environment met people's needs, was exceptionally clean and well-maintained throughout and provided people with choice in how they spent their day.
- The home was separated into 3 suites including one for people living with dementia. We saw that all suites met the needs of those living there. For example, for people living with dementia, there were objects to interact with and tactile markers to help with navigation. The home was light and spacious throughout.
- There were multiple areas for people to use both inside and outside of the home. This meant people could spend time alone, with other people who used the service or to take part in activities. There was also a café where people could entertain visitors and loved ones.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- The service was meeting the MCA and records demonstrated this.
- Where people's capacity was in doubt, this had been assessed as required and appropriate others had been involved. This included people who held legal authority to make decisions on their behalf.
- Appropriate DoLS applications had been made however at the time of the inspection, none had been processed by the supervisory body.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The culture created at the service meant everyone was treated with respect, patience, compassion, and kindness. This included the people who used the service, their relatives, staff, visitors, and stakeholders.
- People told us they felt valued by the staff who supported them, that they were consistently treated with kindness and that nothing was too much trouble for staff regarding meeting their needs.
- One person who used the service said, "I am very well looked after here, and the staff are really kind and caring to me." Another person told us, "I don't have any concerns about my care. I am spoilt here; I don't have to do a thing. They are all very kind. They always work at my pace; I don't ever feel rushed or panicked by the staff."
- People's relatives agreed with one telling us, "The staff quickly became extended family and the care they gave [family member] and my family was exceptional."
- Staff supported and respected each other and demonstrated kindness and teamwork. One staff member told us, "I have been prompted to be my best... I have been supported by everyone in the home... I feel valued by everyone." Another staff member said, "I am proud to work for St John's House. It's a really welcoming and lovely place to be."

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

- People told us they felt in control of the care and support they received, listened to, and involved in decisions. Their relatives confirmed they were involved in making decisions as required.
- We saw multiple examples where the service had liaised with people to inform care planning and decision-making. This included seeking information on people's life histories and working in collaboration with relatives to achieve positive outcomes for people.
- Staff had time to spend with people to assist with decision-making, offering information and listening to people's concerns, all to assist in enhancing people's quality of life. People told us they were assisted with patience and staff told us they had time to spend with people as needed.
- During our inspection, we overheard a staff member discuss an aspect of care with a person who used the service. We heard the staff member patiently describe the scenario and offer options. The staff member ensured the person was given all the information they needed to make a decision.

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

- People told us they were consistently treated with respect, that staff made them feel comfortable and maintained their dignity.
- One person who used the service said, "I feel quite comfortable with staff. They always shut the curtains

and door if they need to help me with anything." Another person told us, "I feel comfortable with the staff helping me with personal care. They make sure you feel alright and always keep things private."

- Throughout our inspection, we observed staff maintaining people's dignity, providing care with discretion, and encouraging independence.

- For example, when one person required assistance to go to the toilet, we saw staff managed this with sensitivity and discreetly. We saw that staff knocked on people's doors before entering and that a sign was in place on the outside of the door when personal care was being delivered. This ensured people did not enter at this time and the person's dignity and privacy was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. 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

- The service used individualised and especially innovative methods of care and support to not only ensure people's needs were met but that their wellbeing and quality of life was enhanced.
- In collaboration with family members as required, staff had taken time to understand people's life histories, likes, values, interests, and beliefs to create person-centred care plans and support programmes. These had been designed holistically and often used a step-by-step approach for those people living with dementia and who may be struggling to engage with life in a care home.
- For example, for one person who used the service and who was severely anxious in social settings, the staff had worked patiently and over time, with a step-by-step approach, to support this person to address their fears. This had resulted in the person attending a social event to celebrate the King's coronation. Their relative said, "I would like to acknowledge the wholehearted endeavours of all the various teams and individuals at St John's House and the vast improvement in [family member's] quality of life." The person was unable to tell us how this had made them feel, due to their dementia, but their family told us it had made a 'dying wish' come true.
- This approach was further enhanced by a programme which had been designed by the service called 'You, Me and I', The programme's aim was to offer a short intensive personalised plan to assist service users and their families through difficult periods. The relative of one person referred to the programme told us, "Quite simply, I could not have gotten through without the team at St John's House. From day one they made a massive difference to us and [family member's] quality of life. I have nothing but high praise for them and would recommend them to anyone needing care like my [family member]." The relative told us staff were 'invested' in their family member as much as they were and took time to understand their needs and forge a trusting relationship. They told us this had resulted in an improvement in the person's communication. The relative said, "The excitement of a staff member having a conversation with [family member] one day still makes me smile."
- We saw, and people told us, that they were in control of the care and support they received. They told us staff knew them, and their needs, very well. One person who used the service said, "I am quite happy with the way staff look after me and I don't need to change anything." Another person said, "I choose to have a female carer, I feel more comfortable, and they always abide by that. I can go to bed when I want."

End of life care and support

- People received exceptional end of life care that had been sensitively planned with them and those important to them. This had resulted in people experiencing dignified, loving and pain-free deaths that had met their individualised wishes.

- The service was accredited with the Six Steps programme whose aim is to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. It was clear that the service consistently met the aims of the programme which had been effective at delivering outstanding end of life care for people.
- The relatives of people who had been cared for at the end of their lives spoke with gratitude and wonder at the care staff had provided. From care plans, we saw that individualised care had been planned with people and their family as per their wishes.
- One relative told us, "In [family member's] last days we received incredible support. From the care and attention to needs and medical care, to making sure I had something to eat and drink, to creating the most peaceful environment for us as a family. We were blown away by the attention to detail, the photo album of memories and the fidget toy that [family member] would hold tightly to in those last few days. I lost count of how many of the team came in to see us in those final days, everyone was so lovely, and it was clear that even though [family member] was a resident for a relatively short period they were part of the St John's House family. It meant the world to us."
- Another family member agreed and spoke about the holistic approach of end of life care and how all staff, from all departments, were involved, all demonstrating care and compassion. They told us the care their family member had received had been, 'amazing' and said, "The owner wanted to provide premium care and it would be hard to improve on it. Everyone is giving care and support" describing staff as, 'very attentive.' We saw that this person's very individualised religious and cultural wishes had been met at the end of their life.
- The service worked with other agencies to ensure people received the care and support they needed at the end of their lives. One relative told us how skilled the staff were at delivering this giving an example of how staff had identified an issue with equipment that they promptly sought advice on. The relative said, "I have a high level of confidence that the staff know how to look after their residents."
- After identifying a lack of information for family members supporting people living with dementia through bereavement, they produced their own leaflet that had been used within the local community as well as for people who use the service.

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

- People's social needs were met in a person-centred manner and the home had sustained a key role in the local community. The feedback we received on this aspect of the service was consistently positive and demonstrated the impact it had on people's lives.
- The service had forged links with local cultural organisations. For example, the people who used the service attended dementia-friendly film screenings at a local cinema that also included reminiscence sessions. The service had also recently sponsored a local theatre resulting in backstage passes and theatre tickets for those people that used the service.
- The provider had sponsored a local charity and the people who used the service had helped to support its cause by taking part in adventure trails and a flash mob. A flash mob is a large public gathering of people who perform an unusual act for a brief time and then disperse, generally to promote a cause through social media.
- The home had a varied and wide-reaching activities programme that people spoke positively about. One person who used the service said, "The activities are good. They put something on every day, and they provide a leaflet telling you what is happening." A relative told us, "The enrichment provided is really good. There are lots of different things to do and they have entertainers come in."
- We saw that activities were taking place within the home and that they had been designed to enhance all aspects of people's lives such as their physical, spiritual, and intellectual needs. One professional we spoke with said, "The activities and programs in the home are tailored, recognising the needs of the residents

which promotes their wellbeing."

- Staff understood the enhancing impact positive relationships had on people and they worked hard to not only forge trusting rapport with people but ensure people kept in touch with those they loved. The family of one person whose dementia meant, on admission, they often presented as distressed and angry, told us, "The team at St John's never gave up on [family member]. They worked with us and the doctor to ensure they had the best possible quality of life. [Family member] is no longer angry... they are generally happy. The approach at St John's means that [family member] is living with dementia as best they can which is so far away from how they were when they first arrived. We now enjoy time with them both at the home - in the gardens or the cafe - and also out of the home on little trips."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met, and this was considered as part of their care plans.
- For example, for one person who had difficulty communicating following a medical incident, the staff had used a communication board to assist them. This, along with other supportive and individualised approaches, had resulted in an improvement to the person's communication abilities.
- For people who used hearing aids, we saw that care plans were in place to address this including information on maintenance and cleaning. This ensured staff provided appropriate care and support to maximise the person's ability to communicate.
- We saw information was available in other formats such as large print, as required.

Improving care quality in response to complaints or concerns

- None of the people we spoke with had any concerns to raise but told us they would feel comfortable in doing so if required; they told us they had confidence they would be listened to.
- One relative told us, "I have no problem raising concerns or questions. I just email and they come back to me."
- The provider had a complaints policy in place, and we saw that previously raised complaints had been taken seriously and managed appropriately. They had been used to reflect on practice and improve the service.
- One staff member told us, "I have no concerns whatsoever. If I did, I would happily raise with management. I know they would check it out and I have confidence in that. Our main concern is the residents and their welfare."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to outstanding. 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; Continuous learning and improving care

- Without exception, the people who used the service, and their relatives, told us the care delivered achieved outcomes for people that positively impacted on their lives. People told us they felt valued, especially cared for, and listened to.
- One relative told us, "It has been a very positive experience. I have been so impressed with the culture they have developed. There is a lot of love for people." Another relative who we spoke with gave us permission to use the following feedback, "I cannot fully express in words how wonderful all the team who look after [family member] are. Nothing is too much trouble. The staff care deeply, and thinks of their needs, keeping them safe and comfortable. The support offered to me, and my family is truly humbling."
- Staff consistently told us they felt proud to work at St John's House. One staff member said of the home, "It's a beautiful care home with lots of meaning and love put into it." A second staff member, who was experienced in the care sector and had previously worked in multiple settings, said, "This is the most caring and inclusive place I have had the honour of working in."
- The provider's values were embedded throughout the service and consistently owned by staff at all levels. They placed people at the heart of the service and gave prominence to a mutually supportive, nurturing, and inclusive environment.
- Engagement with people, their relatives and staff was high and people consistently told us how involved, and listened to, they felt in all aspects of the service. They told us the culture was positive, friendly, and exceptionally caring.
- The service celebrated people's differences and the culture was wholly inclusive. One staff member told us they would have confidence people from all backgrounds would be supported in the home without discrimination or judgement. The registered manager said, "We embrace each other's differences."
- The service celebrated occasions such as religious and cultural festivals, awareness days and events such as Pride. Pride is a celebration about the acceptance and equality of people from the lesbian, gay, bisexual, transgender and all other identities community and to raise awareness of the work that is still required to achieve inclusiveness and acceptance.
- A strong emphasis was placed on continuous improvement, and this was achieved in multiple and innovative ways. For example, for a person who was struggling to eat, they identified they ate better when in the company of a particular staff member who was part of the ancillary staff team. This was written into the person's care plan, and we saw that staff member eat their lunch with the person. This had had a significant impact on the person's health and their weight had increased.

Working in partnership with others

- The service worked in collaboration with multiple stakeholders to enhance the experience for people who used the service, their relatives, and staff. The service had been approached to participate in pilots and projects due to their reputation for delivering high quality care, professionalism and passion for innovation and development.
- The registered manager understood the importance, and the positive impact for people, of participating in consultations and research. At the time of the inspection, the service was working with the Universities of East Anglia and Bristol, the Norfolk and Waveney Integrated Care Board and the 111 service, amongst others, in research projects and pilots to enhance the health and wellbeing of the people who used the service. For example, the 111 pilot had prevented a person's infection deteriorating by ensuring they received prompt antibiotics out of normal GP working hours.
- Staff demonstrated commitment to participating in projects. One staff member attributed their involvement as the catalyst for completing their own research and seeking further qualifications.
- One professional, who was involved in one of the pilots the service participated in, told us the service had 'embraced' the opportunity and were now used as an example of how the pilot could work in other care homes.

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

- People benefited from receiving a service from a provider who had continual oversight of the care they received and was passionate about delivering exceptional standards. A robust and well-embedded governance and quality assurance system was in place that had been effective at ensuring people consistently received a high-quality, personalised service.
- The systems in place demonstrated a strong framework of accountability was in place and were able to show improvements had taken place because of regular monitoring and auditing.
- Audits were seen to be meaningful and staff who undertook them understood the purpose of them. They recorded actions and attributed these to individual staff members. The audits we viewed showed actions were regularly reviewed, promptly completed, and demonstrated a hierarchy of accountability.

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

- The service demonstrated a high level of constructive engagement with people, their relatives, staff, and the local community.
- The people who used the service told us there were formal systems in place to engage and feedback to management but that they could voice their opinions and suggestions openly and at any time. They told us they felt listened to. One person said, "We have special lunches where we can all sit and talk about things."
- The relatives we spoke with consistently told us the service engaged exceptionally well with them. One relative described engagement as 'amazing' whilst another said, "From the manager to the staff, there is a clear line of communication, and the team are very responsive; they always have time for you."
- Involvement and engagement with the local community was far-reaching and extraordinarily varied to help enhance people's health and wellbeing. From participating in health projects, working with local charities to engaging with cultural organisations such as local cinemas and theatres, the service forged professional and successful links to ensure people's quality of life was enhanced as much as possible.

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

- People told us the service, and all staff, worked in an open and transparent manner and this was confirmed when speaking with staff.

- One relative said of the registered manager when asked if they felt able to raise concerns, "They are professional, open, and very supportive. We have no concerns but if we did, we would go to [registered manager]."
- Another relative told us, "Staff are really good at keeping me updated with anything that happens. They let me know when [family member] has had a fall; they tell me or email me straight away."
- Staff confirmed incidents were discussed with them and reflective practice was used for continuous learning.