

Mr & Mrs K Walsh

# Friary Lodge

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 27 October 2016 and was unannounced. We last inspected the home on 26 June 2014 when we found the provider was meeting all the regulations inspected.

Friary Lodge is a care home registered to provide accommodation, personal care and support for up to 15 older people. At the time of our inspection, 11 people were living in the home.

Friary Lodge has a dining and lounge room on the ground floor with a conservatory used as additional dining and lounge space. The conservatory opens up to a large accessible garden with a patio area. The home has 15 bedrooms with three double bedrooms capacity, spread across three floors with bathroom facilities. Six bedrooms are with ensuite facilities and nine bedrooms have a washbasin facility. The first floor is accessible via chairlift. The home has kitchen and laundry facilities.

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

People using the service told us they felt safe at the service. Staff had a good understanding of the safeguarding procedure and their role in protecting people from harm and abuse. The service had systems to identify and manage risks. Risk assessments were individualised and regularly reviewed. The care records were well maintained detailing information on people's nutrition and hydration needs. Care plans and risk assessments supported the safe management of people's medicines.

The service kept accurate records of medicines administered by staff and maintained effective systems in medicines management. The service was clean and had measures in place to prevent cross contamination.

People and their relatives were very happy with the quality of food. There was choice of food at meal times, and staff supported people to eat when this was needed. People and their relatives told us staff were always available and easy to get hold of. The service had sufficient numbers of staffing to meet people's individual health and social care needs. The service worked closely with various health and care professionals to support people with their needs and wishes. People received a GP visit on a weekly basis.

The service followed safe recruitment practices. Staff received induction and regular training, and records confirmed this. Staff told us they found supervision useful and received regular one-to-one and group supervisions and six monthly performance review assessments.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People told us staff asked their consent before supporting them. The registered manager and staff demonstrated a good understanding of the procedures under MCA and DoLS.

The service was exceptionally caring. People told us they had good relationship with the staff and found them considerate, thoughtful, kind and caring. Staff knew people very well, treated them like individuals and provided person-centred care and had built strong trusting relationships with people. Staff recognised people's need to remain independent, and enabled and supported them wherever possible to remain independent. The service supported and empowered people in maintaining their relationships with family and friends, this ensured people were not isolated. The service had pet animals and people enjoyed their company.

The care plans were personalised and people's life histories, individual needs and likes and dislikes were recorded. People and their relatives were involved in planning their care. People and their relatives were asked about their views. The service supported people with a range of activities. People and their relatives told us they were asked for their feedback and their complaints were acted upon promptly.

People, their relatives, staff and health and care professionals spoke highly of the registered manager and told us the service was very well run. The registered manager was unceasingly trying to improve lives of people by continually reviewing people's care plans and to ensure the best possible outcomes. The registered manager worked in partnership with various organisations, and with health and social care professionals to ensure the service supported people to maintain healthy lifestyle.

The service had records of monitoring checks of various aspects of the service ensuring efficient systems were maintained to improve the quality of care delivery. The registered manager involved people, their relatives, staff and health and care professionals in improving the quality of the service delivered.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe. People using the service told us they felt safe. Staff were able to identify abuse and knew the correct procedures to follow if they suspected poor care or abuse.

The service maintained individualised risk assessments that were regularly reviewed and detailed information for safe management of the identified risks.

There was sufficient staffing and the service followed safe recruitment practices.

People received medicines on time from staff who were appropriately trained.

### Is the service effective?

Good 

The service was effective. People's health and care needs were met.

Staff received regular supervision and appraisal. They received suitable induction and training to do their job effectively.

Staff understood people's right to make choices about their care and asked their consent before supporting them.

People's nutritional and hydration needs were being met. People were very happy with food.

Service worked very well with the GP and other health and care professionals in supporting people to maintain healthy lives.

### Is the service caring?

Outstanding 

The service was exceptionally caring. The service went above and beyond in providing person-centred care and promoted and supported people to remain as independent as they could. People were supported in maintaining relationships with their family and friends.

People told us staff listened to them, understood their needs and treated them as individuals. They told us staff respected their

privacy and treated them with dignity.

The service kept pets that people took responsibility of looking after, this gave them a purpose. The service identified people's wishes and preferences, religious, spiritual and cultural needs.

People told us they were involved in planning and making decisions about their care.

People's end of life care wishes were discussed and documented. People were supported to remain at the service in their last days.

### **Is the service responsive?**

**Good** ●

The service was responsive. People told us staff were responsive to their needs. Their care plans were personalised, reviewed and updated to reflect people's changing needs.

Although people were involved in a range of individual activities, they told us there was lack of group activities. The service was working towards providing personalised mentally stimulating and meaningful activities.

People and their relatives were encouraged to raise concerns and complaints. Their concerns and complaints were listened to and acted on in a timely manner.

### **Is the service well-led?**

**Good** ●

The service was well-led. People, their relatives and staff told us the registered manager was approachable and helpful. Staff told us they were supported by the registered manager.

The service had systems for assessing and monitoring the quality and safety of the service.

# Friary Lodge

## Detailed findings

### Background to this inspection

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

This inspection took place on 27 October 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted local authority commissioners, Healthwatch Barnet and the integrated care quality team about their views of the quality of care delivered by the service.

During the inspection we spoke with six people using the service, and three relatives. We spoke with the registered manager, one doctor, two district nurses, two care staff, one cook and one volunteer. We observed care and staff interaction with people in communal areas across the home, including medicines administration, three mealtimes and activities.

We looked at three people's care plans, medicines administration records, daily records and risk assessments. We looked at three staff personnel files including their recruitment and training records and staff supervision and performance review records. We also reviewed the service's accidents and incidents records, staff and residents' meeting notes, activities schedule, quality audits, health and safety and monitoring checks.

We also reviewed the documents that were provided by the registered manager after the inspection. These documents included service's policies and procedures.

# Is the service safe?

## Our findings

People using the service told us that they felt safe. People's relatives told us their family members were safe at the service. Staff told us they had received training in safeguarding adults and were able to describe types of abuse, and the signs of possible abuse they would look out for. For example marks or bruises, change in people's behaviour patterns. They were aware of the service's safeguarding policy and explained they would report any concerns to the registered manager. Staff told us they were aware of the service's whistleblowing policy and felt comfortable to follow the procedure if required. The registered manager told us staff were encouraged to raise concerns and, staff confirmed they had access to local authority's safeguarding team and the Care Quality Commission's contact details if they wished to raise any concerns.

The service maintained clear and accurate accidents and incidents records. The registered manager was able to explain the learning outcomes and actions taken to minimise the risk of further incidents. For example, one person who had a minor fall whilst getting out of bed at night to access toilet, although did not sustain any injuries the registered manager risk assessed the situation and put measures in place to minimise reoccurrences. The registered manager included the person on hourly checks at nights, after person's consent put sensor mats in their bed and in their arm chair that informed staff when they get off their bed and armchair. The registered manager told us they discussed incidents that had occurred with their staff team in the staff and handover meetings. The service maintained effective operations to prevent abuse of people using the service.

The service maintained detailed and individualised risk assessments that informed staff of the risks and how best to manage them. The risk assessments were reviewed as and when people's needs changed but as a minimum they were reviewed every year. The risk assessments were for areas such as falls, environment, moving and handling, nutrition and hydration, medicines and skin care. We saw personalised emergency fire evacuation plans for people using the service.

The service had sufficient staffing to meet people's needs. People and their relatives told us there were sufficient numbers of staff on duty and that staff were always around if they needed any help. Staff told us shifts were planned well and there was always enough staff on duty. The registered manager used a dependency assessment tool to determine staffing needs and ratios. During day time, staff did six hours shift; each shift had two care staff. In addition to this the registered manager, cook and cleaner were available during the day for support. The night shift consisted of two staff, one waking the other sleeping. The registered manager told us the service had a low staff turnover and had no staff vacancies. They managed staff emergencies and absences within their existing staff and did not use agency staff. The registered manager told us their staff worked very well as a team.

The service followed appropriate recruitment procedures to ensure staff were suitable to work with vulnerable people. Staff had undergone the Disclosure and Barring Service (DBS) checks and reference checks before starting to work at the service. Staff personnel files included completed application forms, copies of DBS and reference checks, and copies of identity documents to confirm people's identity and right to work in the UK. They also included training records and professional qualifications certificates.

People told us they were happy with the support they received with managing their medicines. They said medicines were always given on time and were provided with pain relieving medicines when required. The staff had a good understanding of the medicines policy and were able to demonstrate the service's procedures around medicines administration recording, storage, disposal and reordering of them. We observed one staff member administering medicines; they had had gloves on and an apron that stated "do not disturb drugs round in progress". Medicines were stored safely in a lockable cupboard. We saw the medicines cupboard and medicines fridge temperature records sheet, which showed the temperature, was maintained at the recommended level. The service were not administering any controlled drugs although had a secured storage facility if they needed it.

Staff told us they had received medication training and felt equipped to administer medicines. People received medicines in blister packs that were supplied by the local pharmacy and were colour coded to minimise errors. Staff recorded the delivery in the medicines folder. The blister packs were colour coded as per the administration time to minimise errors, for example, pink coloured blister packs were for morning time and yellow coloured blister packs were for midday. The service had systems in place for the safe administration of medicines.

All the medicines administration record (MAR) charts were created by the pharmacy and included information on people's allergies. Medicines folder consisted of people's identifying photo, allergy information and list of medicines, staff signature specimen and staff rotas. The pharmacy delivered medicines a few days before the existing stock ran out and collected any spare medicines.

Staff carried out medicines audits of stocks against records at the end of each day and the senior staff carried out monthly audits which were then signed off by the registered manager. The registered manager told us a pharmacist carried out an annual independent medicines audit. We saw records of the independent audit and it showed that the service was following good medicines administration practice. The registered manager told us medicines errors were immediately reported to them by the staff and they investigated them. If an error was confirmed then they would seek help from the pharmacy and the doctor alongside reporting to all concerned professionals.

As part of the inspection we looked at the kitchen area. The kitchen area was clean and the fridge and freezer records were up to date and accurate. We looked at kitchen and rest of the areas in the care home cleaning records and they were all up-to-date. There was colour coded cleaning equipment to prevent cross infection occurring.

The service was well maintained, clean and no mal-odour was present. People told us the bedrooms were cleaned very well and beddings changed every day if not twice a day.

We looked at fire drill records, water tests and maintenance and electric and fire equipment testing records. The service had records of hoist and wheelchair equipment testing records. They were all up-to-date.



# Is the service effective?

## Our findings

People using the service told us they were looked after well by trained staff. They told us staff understood their needs. Their comments included, "Staff are excellent, all of them" and "[Name] is my keyworker, gives me a shower and sorts out my finances. My health and care needs are met." Relatives told us staff were professional and very good at their jobs. One relative said, "Staff look after them [people] well." During the visit, we spoke to the doctor and district nurses; they all said staff were efficient and supported people with their needs. Their comments included, "Staff are trained well and people's health and care needs are met" and "The service is very good, people are looked after very well."

New staff were required to attend a six weeks long induction course that included training in key areas. These included health and safety, fire safety, moving and handling, role of the care worker, care plans, risk assessments and the service's policies and procedures. During the six weeks induction new staff shadowed established staff and at the completion of the induction were evaluated by the registered manager to start working on their own. We saw staff induction completion records. Staff we spoke to told us they found training useful and gave examples of the training they had completed such as safeguarding, dementia, infection control. They felt the training was very helpful in enabling them to carry out their responsibilities efficiently. We looked at training records and certificates in staff files. These confirmed the variety of training offered to the staff team, and staff were up to date with refresher training. The registered manager told us they were in the process of booking refresher training for safeguarding training.

We looked at the staff supervision and performance review and appraisal records and these confirmed staff were receiving regular supervision. The registered manager carried out regular group and quarterly one-to-one supervision sessions which were recorded. . They carried out performance review appraisals every six months. The registered manager told us they were in the process of reviewing their performance appraisal system. Staff told us they were happy with the management and were very well supported by the registered manager.

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.

There were clear records in the care plans on people's ability and capacity to make decisions and how staff should support people to make decisions. People's care plans stated who could make legal and financial decisions on people's behalf should they lack capacity to make a decision regarding their care. The service sought consent from people to deliver care and share their information and records confirmed this. Staff had received training on MCA and DoLS and staff we spoke with had a very good understanding of MCA and DoLS and how they got people's consent when offering to support them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service did not have any people on DoLS.

People and their relatives spoke highly of the quality of food. They told us food was freshly cooked and were given big enough portions and were always given choices. Their comments included, "Food is good, you get it similar to what you would get at home" "It is delicious." A relative said "At times, when I visit my father, I end up having dinner here and the food is excellent." The service's cook told us they created menus after consulting people. The cook was aware of people's specific dietary needs including their allergies, likes and dislikes. We saw people were given choice of cereals, toast, fruits and cooked food for breakfast. People had breakfast at different times as per their wishes. One person told us, "I wake up early in the morning and have breakfast at 6.30am and it has never been an issue. Staff are very helpful." We saw the lunch menu displayed on the black board in the dining room.

At lunch time we saw there was a warm and relaxed atmosphere where people were interacting with each other and with staff. There were lots of jokes and laughter. We saw one person had a visitor joining them for lunch. There were drinks on the table including juices, water and soda water. Lunch was well presented and was served hot. Staff were encouraging and ensured people had enough to eat and drink. There were choices in pudding and people seemed to enjoy their meals. People made comments such as "it smells lovely" and "I just had seconds." The service was recently awarded five stars (the maximum) for good hygiene. At supper time we saw people enjoying freshly made soup, sandwiches and a pudding.

Doctor and district nurses told us people's nutrition and hydration needs were met. Their comments included, "People are properly hydrated and receive proper nutrition" and "Meal times are quite a good event, gets people to interact well." Throughout the inspection, we saw people being offered hot drinks, juices and biscuits. We also saw people walking in the kitchen and asking for drinks.

As a good practice, the service weighed people on a monthly basis, and people's weights were stable. Staff were able to describe the way they supported and encouraged people to maintain a healthy lifestyle and balanced diet. People on low sugar and fat diet due to diabetes told us they were well supported. We observed a staff meeting following the doctor's visit. A discussion took place on how to best to support and encourage a person with diabetes to maintain healthy and balanced diet. Staff were able to describe risks associated with diabetes such as hypoglycaemia and hyperglycaemia and signs to look out for low and high blood sugar levels. We looked at people's daily care records. They were detailed and included information on people's nutrition and hydration intake. The service maintained night hourly checks, to ensure people who needed support at nights but did not always call for help were appropriately supported.

People and their relatives told us they had access to health and care professionals. We saw notes of this in people's care records. The registered manager told us the GP visited every week. At inspection, we spoke to the GP on their weekly visit and district nurses who were visiting a person to administer insulin. They spoke highly of the service; they said people were referred to health and care professionals promptly and the staff worked well with health and social care professionals. The district nurse gave an example of two people who had a pressure sores, they said the service was quick in seeking professionals help and worked very well with them in managing people's health needs. We saw pressure care management plans and instructions from district nurses. The service maintained GP book where they kept records of weekly GP visits.

## Is the service caring?

### Our findings

People and their relatives were very happy with the service and spoke highly of staff. Their comments included, "Staff are very good", "Staff are caring and considerate, they are down to earth and warm", "Staff are very kind and caring, communicates well. I feel welcomed" and "Staff are thoughtful and considerate." Everyone we spoke to including people, their relatives, staff and health and care professionals told us this service was 'home away from home'. One person said, "It feels like home as it is not too large", a relative said, "This care home is like home" and one health and care professional commented, "It feels homely." People and their relatives said there were no restrictions on visiting times and those visiting were made to feel very welcomed.

During the inspection, we observed a relaxed, welcoming and happy atmosphere. We saw positive interactions between staff and people and between people themselves. The service had a homely and informal feel where people were seen watching television, doing a crossword, reading, walking in the garden and listening to music. Staff were patient and considerate with people and listened to their needs. We saw the service had various visitors including family members, friends and health and care professionals and staff and the registered manager sharing friendly conversations with them. One person had their cat living with them, one relative brought their dogs. People seemed to enjoy the dogs' company and looked delighted on their arrival, another person was seen feeding the service's pet tortoises.

People told us staff and the registered manager went above and beyond in supporting them. For example, one person told us the registered manager would send emails on their behalf to their relative who lived thousands of miles away. Another person had lost touch with their cousin since they were 15 years old and did not know their whereabouts, and expressed their wish to contact them. The registered manager spent time tracking down the relative and contacted them as per the person's wish. The person's relative visited them after a number of years which made the person very happy and helped them to reminisce about their childhood. The person and their cousin are now in regular touch. This would not have happened without the registered manager's help.

The GP told us the service went over and above in supporting people on end of life care. They told us how well the service had supported two people in their last days and they died peacefully in the service. One relative, who was travelling abroad when their family member died, had an opportunity to collect their family member's belongings from their bedroom. This was made possible as the registered manager kept the person's belongings in their room till the relative arrived instead of removing their family member's belongings and reallocating the room to another person. The relative was very grateful for this as it helped them with their grieving process.

People told us their birthdays were celebrated and the cook baked birthday cakes for them. We saw photos of people's birthday celebrations. People invited their family and friends on their birthdays and the service arranged entertainment for them for example, a singer or a magician. One person told us how they were supported in attending their family member's wedding despite their initial worries. Staff helped them with their outfit and arranged for a hairdresser to the occasion. We saw photos of them getting ready for the

wedding.

People and their relatives told us staff treated them with dignity and respect and that they were listened to and treated as individuals. Staff gave examples of how they provided dignity in care and respected people's privacy when providing care to people. For example, staff told us they always knocked on people's doors and waited to be invited in to the room before entering. They closed bedroom doors whilst assisting people with personal care and they supported people at their preferred pace. We saw staff providing person-centred care, and not rushing people, during meal times.

People told us they were involved in planning and making decisions about their care. People's relatives told us they were involved in their relatives' care planning and were invited to reviews.

People were encouraged to be as independent as they were able to be. People told us staff encouraged them to voice their wishes and preferences and remain independent. People were supported to maintain their independence skills, for example in managing their own personal care, finances, medicines and nutrition and hydration. One person told us they visited a day care centre on their own and staff assisted them in maintaining their finances.

Staff recognised and respected people's individual beliefs, religion, sexual orientation and gender. For example, staff supported two people in accessing a Jewish day centre and made arrangements for their transport. However, no one in the service followed religious practices.

We saw people's bedrooms and they were personalised as per people's choices with their personal belongings providing a homely environment. Photographs of people living at the home involved in activities and their work were displayed in the lounge and bedrooms. Staff were able to explain the importance of confidentiality and respecting people's private information. We saw people's personal information was stored securely.

People had discussions with staff to voice their wishes about their end of life care and these had been recorded in their care plans. Care plans provided personalised information regarding the support people wished to have during their end of life care including their funeral wishes.

## Is the service responsive?

### Our findings

People using the service told us service was responsive to their individual health and care needs. The registered manager assessed people's needs and completed an initial needs assessment form before they moved to the home and began receiving support. People and their relatives were invited to a 'guest day' to look at the bedrooms and other facilities offered in the service, to try food and meet with other people before confirming their move. One relative said, "Initially, he was given an opportunity to stay half day and then for a whole day to help him decide if the care home was right for him." The initial needs assessment included information around personal care, mobility, communication, mental health, nutrition and hydration and medical needs. This information was used to draw up people's individual care plans. People's care plans were reviewed every month or sooner when there was a significant change in people's health and care needs. This meant staff were provided with the most current information on people's health and care needs which enabled them to deliver appropriate care. The care plans were personalised and outlined people's needs and how their needs were to be met as well as their abilities. For example, one person's care plan stated "[Name] goes to bed at 9.45pm, earlier if tired, gets up at 7 to 8am, likes to have a cup of tea when wakes up in the morning, prefers tea without sugar." The care plan also recorded information on people's emotional well-being, for example the service asked people what they enjoyed doing most, what kept their spirits up. One person's care plan recorded they enjoyed socialising and having a chat and family visits and outings kept their spirits high. We noticed this person had been on various outings including to the RAF museum which they really enjoyed. The care plan also recorded people's overall aim, for example in one person's care plan we noted their overall aim was "to meet all expressed care needs in a kind, compassionate, dignified manner whilst encouraging to retain as much independence as [name] can and enjoy her life."

Staff were also informed on people's current health and care needs by the registered manager at daily handover and monthly staff meetings. We saw records of staff handovers and team meeting minutes, where people's health and care needs were discussed and updates were given.

People and their relatives told us they were included in their care review meetings, and were able to express their views and wishes regarding their care. One relative commented, "I get invited to [name] care reviews, his key worker [staff] gets involved. She [staff] rings me if there are any concerns or issues and changes in his needs."

We received mixed feedback on the availability of a range of activities. One person told us, "I enjoy going for walks, staff take me out in the garden and assist me, you see I am unable to walk on my own" and "I am doing crossword puzzles. I enjoy reading newspapers and quizzes." At the time of inspection, we noticed a volunteer facilitating a quiz session which was well attended. People seemed to enjoy and instigated discussions between themselves about their lives. However, some people told us there could be more activities. One person commented, "Don't have many activities as such, people who can read they read but most of us are left to our own devices." One relative said, "Entertainment is an area that could be improved. They [people] could be encouraged by doing more games and activities."

We spoke to the registered manager about this. They told us they were doing their best in providing person-centred and meaningful mentally stimulating activities. The registered manager said several plans were in place to introduce new activities including a gardening project. They had a volunteer activities person who facilitated activities sessions and were in process of allocating a staff member to take on more responsibilities around facilitating and scheduling activities. At the time of inspection, we saw mobile library service deliver books for people who liked reading. One person told us they enjoyed Mondays exercise sessions. People told us during summer time, they had picnics and parties in the garden which they enjoyed. During the Christmas period the service arranged a local school choir group to sing Christmas carols, people told us they enjoyed that. One person enjoyed photography and pursued their interest, and two people accessed a Jewish day care centre twice a week.

We saw four people's bedrooms; they were spacious, clean with lots of natural light. The rooms were personalised and people had their personal belongings in the rooms for example photos, books, memorabilia, and their personal pieces of furniture. People told us they loved their rooms and it was their space.

People told us they attended residents' meetings and found them useful. The registered manager told us at the residents' meetings they encouraged people to say how they felt about the service, and to say if they had any concerns or specific wishes. We saw notes of residents' meeting, demonstrated people's views and comments.

People's relatives told us they were invited to meetings where the registered manager asked them about their views and opinions about the service. However, relatives told us they did not have to wait for such meetings to voice their views, they could visit the registered manager anytime and they would be listened to.

People were actively encouraged to raise their concerns or complaints. People told us if they wanted to make a complaint they would speak to the registered manager and that they felt comfortable to do so if required. People and their relatives felt comfortable raising concerns and complaints. They told us their complaints were listened to and acted on promptly. One person told us, "I had an issue with a night staff member. I complained to her [the registered manager] and she dealt with it quickly and things are fine now. I can confide in her [the registered manager] about anything." One relative said, "I have not had to make any complaints but would feel comfortable to do so."

The provider's complaints procedure was easily accessible and the policy detailed guidance on how to complain and specific timescales within which people should expect to receive a response. There were clear processes in place to effectively respond to complaints. The service had not received any complaints.

## Is the service well-led?

### Our findings

The service had a registered manager in post. The registered manager had been managing this service for over 10 years and demonstrated a good understanding of the care delivery requirements and managerial responsibilities. The registered manager is a registered nurse and were skilled, trained and had numbers of years of experience in working with the people the service provided care for. People using the service, their relatives and staff told us the registered manager was approachable, helpful and managed the service very well. One person said, "You can talk to her easily, she is very approachable" and "[name] listens attentively and is very helpful." One relative commented, "This is the best care home, people are treated with kindness, it is a beautiful care home with animals. The manager is a lovely woman." Health and care professionals we spoke to told us the service was well run. They said "the management was outstanding" and "it was a very well run home."

At the time of inspection, we observed an open and positive culture in the home where people and staff were able to voice their opinions and wishes comfortably. For example, we saw one person asking the staff for meals and drinks for their family and friends, another asking to change their meal preference for supper and, we saw people interacting well with each other. We observed positive and supportive interaction between members of staff and they worked well as a team. We saw them encouraging each other to take breaks.

Staff told us they found the registered manager helpful and approachable. One staff member said they regarded the staff team as their family and the service as a home away from home. Another staff member said all staff members gave their best and worked as one team and that was because of the registered manager. Staff's comments included, "She [the registered manager] is great, I receive regular supervision and I actually find them useful. This home is the best one I have worked in. She is absolutely approachable and can confide in her" and "[Name] is a lovely person, she is very supportive, if I go to her with a problem she listens and supports me. She is kind."

Staff told us daily handover meetings and monthly staff meetings were helpful. At the staff meetings the registered manager gave information on matters relevant to people using the service, staff responsibilities and discussed staffing and maintenance issues. We saw staff meeting minutes; they included discussions on matters such as people's health and care updates, staffing numbers, CQC inspection and activities. We saw records of staff handover meetings. Staff told us those records were useful as during shifts they could refer to them if needed clarification. Staff told us the registered manager involved and consulted them on matters related to the people using the service and improvement of the service. For example, one staff member said that they had suggested introducing music in the background during supper time to make it a more enjoyable experience for the people. The registered manager agreed with it, and they now either play music or staff sing during supper time and people enjoy it.

The registered manager told us there were monthly residents meetings where people were encouraged to express their concerns and wishes. Residents' meeting notes confirmed this. The registered manager told us they asked people their views on staff and the care delivery. People's views were then discussed with staff in



the staff meetings. We saw evidence of this in staff's meetings notes.

The service carried out regular audits to ensure the quality of the service which we saw. For example, the registered manager visited the service unannounced at times at late nights or early hours in the morning to monitor the quality of the service. There were records of health and safety checks. The registered manager told us they regularly checked people's bedrooms for cleanliness and hazards to ensure they were maintained at expected standards. The registered manager undertook regular walks around the service, identifying areas for improvement. Monthly medicines and internal health and safety audits were conducted. Incident and accident records were recorded and the registered manager was reviewing the recording system to ensure the records captured details on learning outcomes and action points.

The registered manager sought formal feedback from people and their relatives' annually via questionnaires and informal feedback on an ongoing basis. They sought formal feedback from health and care professionals. We saw records of the completed questionnaires and testimonials from health and care professionals in which they stated they would happily recommend this service to their family and friends. The feedback received was extremely positive, and included comments such as "I know my grandmother is very well cared for by wonderful staff, because she is very happy and content. Best care home in Barnet" and "It is a happy and friendly home, well done to all".

We looked at the survey results analysis and it showed everyone was happy with the service and there were no comments made for improvements. The registered manager had their own list of improvements they wished to implement to improve the lives of people using their service. For example, introducing gardening project, working closely with a local hospice and hospitals in delivering efficient end-of-life care to ensure people are supported well in their last days.

The service participated in the National Care Home Open Day event and organised their first ever open day and family focus group which were successful. The service participated in Silver Sunday service and two people from the service were on the committee and participated in planning the event. The service was part of the local residents association and actively encouraged and supported people using their service to participate and influence community issues such as road safety. For example, the most recent event was on 'medication awareness for service users' delivered by a local pharmacist. The service aimed to organise similar events four times a year and were reviewing them to make them more engaging, interactive and fun.

The registered manager worked with various health and social care professionals in delivering effective care services to people. They worked in partnership with other organisations and met with other manager to keep up to date with the current practice, discuss and share best practice and received regular bulletins from health and social care organisations. We saw records of liaison with district nurses, chiropodist, solicitors, a local hospice, the London Ambulance Service, local schools and the local authority integrated care quality team. The registered manager had recently attended medicines training with local authority integrated care quality team to keep updated with regulations on medicines management. The liaison person at the local authority commented that the service was well run and the registered manager was keen on implementing changes to further improve the quality of service.