

Queensgate Healthcare Limited

Groveland Park Care Home

Inspection report

43 Stephen Road
Bexleyheath
Kent
DA7 6EF

Tel: 01322523090

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23 April 2019
25 April 2019

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Ratings

Overall rating for this service	Outstanding	
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Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Outstanding	
Is the service responsive?	Good	
Is the service well-led?	Outstanding	

Summary of findings

Overall summary

About the service: Groveland Park Care Home is a residential care home registered to provide personal care and accommodation for up to 55 older adults. At the time of the inspection there were 55 people living at the home.

People's experience of using this service:

The service met the characteristics of outstanding in Caring and Well Led and is rated outstanding overall.

The staff team demonstrated outstanding care and compassion towards the people they supported. People and their relatives were highly complimentary about the care provided. They told us they were treated with complete dignity and respect and the care they received made a difference to the quality of their lives.

People were encouraged to be independent, to make choices about all aspects of their lives and were supported to maintain links they had with the community. Staff knew people very well and told us they enjoyed their roles and were proud to work at the home. They were motivated to support family events, provide the best care they could and spoke about people positively and sensitively.

The home had won a 'Caring at its Best' award from the local authority. Some health professionals remarked on the caring response of the staff team.

The provider's values of high-quality care, and an emphasis on choice and personalised care were understood and demonstrated by staff. The management team led by example and were focused on learning and making improvements to the service. People's views about the service were listened to and acted on. The registered manager was involved in all aspects of the running of the home. They demonstrated clear leadership and strong advocacy skills for people living at the home.

There was an open and positive organisational culture with highly effective quality assurance processes at the home. This helped maintain the standards of care. Staff told us they felt valued, their views respected and they were well supported. The whole staff team worked closely together, to provide people with highly personalised care and support. The home had built distinctive community links and people felt involved and a part of the local community. There was a culture of continual improvement and learning, and improvements had been made since the last inspection.

People were stimulated and enjoyed a wide range of social opportunities through an extensive programme of activities both within and outside the home. Family links were encouraged and supported through a bar bistro, fine dining opportunities and invitations to regular events.

A health professional commented on the exceptional care provided to people and their families when they were coming to the end of their life.

People told us they felt safe and staff understood how to keep people safe. Risks to people were identified, assessed and managed. Medicines were managed safely. There were enough staff to meet people's needs. Complaints were managed effectively.

Staff received enough training and support for their roles and were encouraged to develop their skills further. Staff asked people for consent before delivering care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Care records were detailed and personalised. The staff team worked effectively with health professionals to ensure people's health needs were addressed.

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

Rating at last inspection: Good (Published August 2016)

Why we inspected: This was a scheduled inspection based on our previous rating of the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 safe

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below

Outstanding 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding 

Groveland Park Care Home

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: On the first day the inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day a single inspector returned to complete the inspection.

Service and service type: Groveland Park Care Home is a residential care home that provides accommodation and personal care for older adults. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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: This inspection was unannounced.

The inspection site visit took place on the 23 April 2019 and the 25 April 2019.

What we did: Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about such as any safeguarding alerts they had raised. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority and health commissioners to ask for their views. We used this information to plan our inspection.

During the inspection we spoke with nine people, eight relatives and a visitor at the home. We also spoke with two health professionals visiting the home and another two health professionals by phone during the

inspection to understand their views about the care provided. Some people were not able to express their views about the care provided; so we used our Short Observational framework tool (SOFI) on different floors, observing aspects of people's care in the communal areas to help us better understand their experiences of the care they received. We tracked the care they received to ensure this reflected the assessed plans for their care. We spoke with a house keeper, a bistro assistant, three care staff, three senior care staff including a night care senior, the activity coordinators, the chef and the maintenance person. We also spoke with the deputy manager, the registered manager, the operations manager and the operations director of the service.

We reviewed a range of records. This included ten care plans and four staff recruitment and training records. We also reviewed records used to manage the service, for example, monitoring records, audits and meeting minutes. Following the inspection, we contacted three other health professionals to ask for their views about the service.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection

- People and their relatives said they thought the home was clean and we observed this to be the case. One person said, "The staff do wash their hands and use gloves. The home is very clean, it does not smell." Our observations confirmed this.
- A healthcare professional told us about a concern raised about the condition of a piece of community equipment. We checked the systems for monitoring the cleanliness of equipment and there was no evidence of any infection control concerns found.
- Routine checks were made of equipment and regular cleaning was carried out. Infection control audits had recently been introduced and these included checks on the infection control processes for equipment to ensure these were being carried out.
- The environment was clean and free from odours. We saw hand wash facilities and dryers in communal toilets and staff used personal protective equipment such as gloves and aprons appropriately. Staff were aware of the importance of good food hygiene, how to reduce the risk of infection and regular cleaning was carried out on equipment.
- The environmental health agency had inspected the kitchen in January 2018 and awarded the home the top score of five.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People and their relatives all told us they felt safe from harm, neglect or discrimination at the home. One person told us, "Yes, it is perfectly safe here, I am quite happy." A relative said, "It's very safe. I have no concerns at all and I am one of the pickiest people in the world."
- Staff understood the importance of reporting and recording accidents and incidents. The registered manager and staff understood what might need to be considered under safeguarding procedures and how and who to report any concerns to. All staff received regular training on adult safeguarding and child protection to ensure their knowledge was up to date.
- The registered manager had investigated and referred any safeguarding concerns correctly and took appropriate action when needed. A relative commented, "Staff understanding of safeguarding is at their fingertips. I know they would raise any issue if needed."
- The service learned from incidents, accidents, near misses and safeguarding. Investigations were carried out when required and any trends and learning were identified and actions completed. For example, the use of signage to help orientate someone at night. The provider monitored issues across their services and any wider learning was communicated to staff.

Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed regularly and risk management plans were available for staff as guidance to manage these risks. These included risks in relation to moving and positioning, nutrition, health risks and falls. Additional records to assist the monitoring of possible risks such as observation

checks, food and fluid intake or positioning charts were regularly completed.

- Any risks in relation to falls were effectively managed. Staff had undertaken falls prevention training and conducted analysis and monitoring following any falls to reduce the risk of further falls. A relative told us, their family member, "Had a fall but the staff got her a sensory matt which is laid out on the floor beside her bed, so the staff can monitor any movement for her safety." Other techniques such as the use of walking aids or other types of sensors were also considered, and referrals to relevant health professionals, or the falls clinic were made where required.
- The home had a positive approach to risk taking to allow people maximum independence within safe guidelines. For example, people were encouraged to make local trips out, or manage aspects of their medicines, where it had been assessed it was safe for them to do.
- Risks in relation to the premises, such as electrical and gas safety, water temperature and window restrictors and equipment, such as fire equipment, moving and positioning or pressure relieving equipment were monitored through a schedule of internal and external checks and servicing. The legionella risk assessment which had assessed the home as low risk, did not clearly identify less frequent responsibilities under the scheme and we discussed this with the registered manager and maintenance manager. The provider organised a new risk assessment to be conducted at the inspection to ensure these responsibilities were clearly allocated.
- Risks in relation to emergencies were robustly managed. People had personal emergency evacuation plans in place which included guidance for staff and the emergency services on the support they would need to evacuate from the service safely. Staff had all had training on fire evacuation equipment and how to respond in the event of a fire. Regular drills were conducted for day and night staff.

Staffing and recruitment

- Most people and their relatives told us they thought there were enough staff to support people and our observations confirmed this. One person commented; "Yes, there are always staff around, they are quick to answer the call bell they come within two or three minutes."
- A relative said they though the staffing levels at breakfast time were not always sufficient. We observed the breakfast period on all three floors on the second day of the inspection and found the atmosphere calm. People were attended to promptly and were not waiting for staff to attend to them. Staff said they thought there were enough of them to support people and that they could always call on the deputy or registered manager if there were any problems.
- The provider used a dependency tool to assess staffing levels and this was regularly reviewed, to ensure it reflected people's current needs. The registered manager told us they used a team of bank staff for holidays and sickness cover and did not use agency staff. This ensured people were supported by familiar staff. Call bell response times were audited to assess staffing requirements. Records showed no lengthy wait times.
- Robust recruitment procedures were in place to reduce the risk of employing unsuitable applicants. Staff recruitment records included completed application forms, full employment histories and evidence that all necessary checks had been carried out. Records were kept of interviews to evidence the provider explored any applicant's suitability and motivation for the role.

Using medicines safely

- Medicines were managed safely and effectively. People and their relatives told us they received their medicines as prescribed. A relative said, "I am absolutely happy with the medication. They sit with her and are very patient." We observed part of a medicines round and saw people were asked how they wished to take their medicines. Medicines administration records were fully completed.
- There was guidance in place for staff on when to offer people 'as required' medicines to ensure people received their medicines at appropriate intervals. There were also pain relief assessments and detailed protocols for higher risk medicines. Where people had been assessed as able to manage their own

medicines there were suitable safeguards in place. Controlled drugs were managed robustly. Medicines were stored safely.

- Training records confirmed that staff responsible for administering medicines had received suitable training and had been assessed as competent to administer medicines.
- The home had developed robust tracking records for higher risks medicines. Regular daily, weekly and monthly audits were carried out and the pharmacist completed an external audit twice yearly. The pharmacist told us the staff worked effectively with them.

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

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 told us before they went to live at the home, a full assessment of their needs was carried out in consultation with them, their representatives and where appropriate health or social care professionals. This was done to understand if the home could safely meet people's needs and to start to inform their care planning.
- The home used risk assessment tools as part of planning their care delivery. Consideration was also given to people's protected characteristics and preferences; for example their preferred place of spiritual worship where relevant.

Staff support: induction, training, skills and experience

- People and their relatives told us they thought staff had the skills and experience needed to safely support them. One person remarked, "It is a safe place because most of the staff who work here are experienced."
- New staff were supported through an induction that included shadowing, observation of their practice and training in line with the Care Certificate. This is the recognised programme for workers new to health and social care to ensure they fully understood their role. A new staff member said, "I feel really well supported. The training is good, and you get monthly supervision."
- The registered manager had adopted a whole staff approach to meeting people's needs which meant all staff were trained and received refresher training across a range of relevant subjects such as dementia, fire safety and epilepsy. Training was delivered twice a year through the home's trainer. New staff who were employed between these times undertook e-learning and competency tests. They told us the e-learning had been adequate to help them support people and they found the training provided by the trainer, "really informative and helpful." Training records showed staff training was up to date.
- Staff told us and records confirmed they received regular supervision including observational supervision and an annual appraisal to support them in their roles. Staff all said they were encouraged to undertake wider learning such as the Diploma in Health and Social Care. One staff member told us, "The manager really encourages you to do more training and to learn new things."

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

- Everyone we spoke with was complimentary about the food provided. They said they always had choices of what they wanted to eat, and the quality and quantity of food was excellent. One person said, "I like the food here a 100 percent. Today they are bringing me a pint up with my lunch." Another person said, "The meals are like a top-class hotel. Excellent quality." People chose what they wanted at the time of eating. A range of snacks and drinks were made available throughout the day. The chef advised they offered a rolling seasonal menu and could accommodate individual requests for different foods. They told us they would meet any cultural needs or individual preferences.

- There was a friendly, relaxed and engaging atmosphere at meal times on each floor, with people involved in conversation and enjoying the food. People were encouraged to eat independently with adaptive cutlery and crockery where needed.
- Where people had been assessed as being at risk of choking or of unplanned weight loss we saw advice had been received from appropriate health care professionals and their care plans recorded the support they needed from staff to ensure they could eat and drink safely and healthily. We tracked people's care and saw this was carried out in line with their care plan. There was detailed guidance in the kitchen on people's dietary needs including the different levels of dietary textures to ensure all staff were informed about people's requirements.

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

- People told us they were supported to maintain good health and that staff were quick to respond if they saw any decline in their well-being. One person said, "They are very good about making sure we get the treatment we need."
- People had regular access to relevant healthcare professionals such as the GP, dentist or optician. A reflexologist and chiropodist were contracted to make regular visits to the home and provide care and treatment.
- People's health needs were recorded in their care plans with guidance for staff on how to support them, where appropriate. Health professionals were positive about their relationship with staff. The home had a strong working relationship with the GP surgery. The GP remarked on the proactive way staff alerted them to new symptoms and told us they communicated well with them. Records of health professional visits were maintained to ensure people's needs were met.
- A relative told us how responsive the home had been when their family member was taken ill while out. They told us, "The home was very responsive. The care and communication was brilliant."
- The home took part in the 'red bag scheme' a health initiative which alerts hospital staff to understand when people arrive from a care home and ensures hospital staff are provided with the necessary information to ensure a smooth transfer of care.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff asked their consent before they provided care. One person told us, "Staff always ask my permission before they do anything. They respect what I decide." A relative said, "Initially, when [my family member] came in I did her showering and bathing until she built up confidence and trust in the staff here. They allowed her to become comfortable with them. They didn't force her into anything, which I thought was lovely."

- Staff completed MCA training and demonstrated an understanding of the MCA and how it applied to their roles. Where people lacked capacity to make specific decisions for themselves, the staff would work with them, their relatives and health and social care professionals where appropriate to make sure each decision was made in the person's best interests and was recorded and reviewed.

- Applications for DoLS authorisations were made appropriately and any conditions were complied with. The home monitored when renewals were due and conducted their own three-monthly reviews to ensure people are not unduly restricted

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

- The home was purpose built to meet people's needs. The environment was suitably maintained and adapted where needed to meet people's needs. There were accessible toilets and bathrooms throughout the home with hand rails and people had their own ensuite facilities. People could move between floors to take part in all activities. There was lift access to all floors and people had access to an outside garden area on each floor. Some people also enjoyed their own outside area.

- The home had a library and cinema and a staffed bar bistro open during the day for people and their families to make use of and eat together which was a lively centre of activity

- People's rooms were individually personalised. The home adapted people's rooms to meet their needs; for example, with the addition of signage or sensor lights to help people orientate at night.

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

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 their relatives spoke in highly complimentary ways about the care and support provided. They described how they felt the care they received had improved their lives. For example, one person said, "I am 101 and still as fit as a fiddle thanks to the care at the home. This place is a sanctuary to me." A relative informed us, "My family member would not still be with us if it hadn't been for the care she receives at the home. It has extended her life."
- Relatives also described improvements in their family member's health such as reduced hospital admissions and in their family member's ability to engage in the activities and interact with people since they had been at the home, due to the care the staff provided. People were able to bring their pets to live with them at the home where this had been assessed as safe to do so.
- We found an emphasis from all staff to provide personalised care. People's relatives told us staff took the time to get to know them and their family members and went out of their way to meet people's wishes. For example, a staff member had researched a post war radio broadcast that a person using the service had taken part in but never heard. They were able to obtain a copy so that the person and their family could hear and enjoy it. Another person had expressed a wish to have bagpipes played and staff had managed to accommodate this wish. A third person told us, "On my 100th birthday. I had a helicopter ride; the home invited the Mayor and local MP came to have a drink and wish me a happy birthday. The general secretary of my old union came too."
- We observed that staff spent time listening to people and clearly knew and understood people well, what they liked to talk about, signs of possible distress or who was important to them. Jokes were shared, and people were observed to be alert, content, engaged and enjoying their day. Groups of people were engaged in conversations. We saw a staff member singing and dancing in the bistro with a family that were visiting, and staff were fully engaged with people in making their day meaningful and enjoyable. A relative said, "We always feel welcome here. This is a home from home, the care is brilliant."
- The home had been awarded a Caring at its Best Award from the local authority in 2018. A relative remarked, "We looked at twenty homes and this home was leaps and bounds above anything we had ever seen. This place has the atmosphere of a boutique hotel, the standard of care is excellent."
- People and their relatives told us their needs in relation to their protected characteristics were considered so the home could understand how best to support them where needed. For example, people were supported by staff to attend their local place of worship. The catering staff told us they could accommodate any cultural food preferences and celebrated different cultural festivals with the associated foods, for example, they had celebrated Chinese New Year.
- People's care plans included consideration of people's ethnicity, preferred faith, culture, sexuality, any

disability and spiritual needs. Staff received training on equality and human rights. The registered manager told us that staff would always seek to support people with any needs with regards to their disability, sexual orientation race, religion, or gender.

- Relatives said they felt the staff team extended their caring approach towards them. One relative said, "Everybody here is just amazing, the staff truly care. They are just fantastic, lovely and caring. If you are upset they are very supportive" As well as a bistro area where families could engage and eat together, there was a fine dining room that could be booked to ensure families could celebrate family occasions. A relative said, "We ordered a buffet for her 80th birthday for 15 people. She got to see her own friends from the church - the congregation came."
- People were supported by staff to attend family events in the community where requested. One person had attended a family wedding and staff had also collected relatives who had difficulty making a long journey where appropriate, to help ensure people were able to maintain the relationships which were important to them..

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

- People told us where they wished to be they could get involved in contributing to the running of the home. One person liked to assist the laundry staff with the folding of clothes. A relative described the pleasure their family member got from acting as a guide to visitors or people new to the home. Another person told us they enjoyed helping with painting and gardening. They said, "I am happy I am able to do things. I am painting the greenhouse, the shed and bench." A relative remarked, "There is an amazing standard of care that whole team give you, every senior every carer, every cleaner, the cook, maintenance and the laundry. It's all so good everyone knows my family members and chats about what they have done. The care is so kind I've never known a moment when it is not."
- We observed that staff across the home cooperated to provide a high standard of care delivery. For example, housekeepers assisted people to join in with activities, and the maintenance team had made some boards to support a person to enjoy their jigsaws.
- People and their relatives said that they were involved in regular reviews of their care and were consulted about any decisions and their views were respected. One person told us, "It is out of this world here, I feel like a prince." People said they felt they were treated as individuals; the care provided was very personalised to them. A relative remarked, "Everything the staff try and do is always for [my family member's] benefit but they respect their decisions and choices."
- Where people needed support to express their views staff acted to support them. A health professional commented, "Staff act as real advocates for people they are personable, professional, transparent and really seek to make care person centred." It feels like a real home." The registered manager told us that they could also use a local advocacy agency to support people when needed.
- Staff were patient and considerate when communicating with people about choices. Where people needed time to respond, they were not rushed, and support was provided at their pace. Where people were unable to verbalise, staff demonstrated how they understood their nonverbal cues to their wishes or moods. They were positive about their roles and the differences they could make to people's experience at the home. For example, they told us how much they enjoyed their work. One staff member said, "I love working here, we all try to make sure each day is enjoyable for people and they are comfortable and looked after every day is a pleasure."

Respecting and promoting people's privacy, dignity and independence

- People, their relatives and visitors told us that staff always treated them with respect and dignity and our observations confirmed this. One person said, "They are always polite and do look out for your privacy always and are very respectful. I like to do things for myself if I can possibly manage it and I am encouraged to do so." A relative said, "All the staff are keen and enthusiastic here. They have a lot of respect; you can tell

that by the way they talk and interact." We observed this to be the case; staff were sensitive to people's moods and individual preferences about how they wanted to be addressed. Care plans described people's characteristics in a positive way. For example, "X is a lovely lady with a great sense of humour."

- Staff were conscious of maintaining people's dignity; for example, when helping them to mobilise and knocking on doors before entering their rooms. People looked very well presented and cared for and staff recognised and promoted the importance of this for people.
- Staff were also aware of the need for discretion and confidentiality. They engaged with people at their eye level and spoke discreetly when offering choices. Feedback to the home from a health care professional from January 2019 stated, "Throughout my visits I have witnessed the staff maintaining the dignity of the residents. Your staff treat and talk with your residents as individuals. Staff understand how to support non-verbal cues to communication using tact and skill. Congratulations on this excellent care."
- People were encouraged to be as independent as possible. Care plans reflected those aspects of personal care people could manage for themselves and which areas they needed support with. Where people could safely access the community, they were encouraged to do so and they were able to maintain their community links, such as attendance at local community groups, GP appointments or their local church. A visitor remarked, "I've been coming five years and I've been in a few homes; but, this is one of the very best, It's outstanding for the respect and care shown by staff. They also work well together and really get on."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had personalised plans for their care that highlighted their individual needs and preferences. The service had put in place an electronic care records system since the last inspection. Staff said this meant they could record care delivery more quickly, which allowed them to spend more time with people at the home. Care plans were detailed, reflected people's needs and wishes accurately and gave guidance to staff on how to meet their needs. People and their relatives, where appropriate, confirmed they were involved in care planning and reviews.
- There was a personalised approach to engaging people living with dementia. We observed people were occupied in several different activities that met their needs and preferences. For example, the home used doll therapy, sensory equipment, fiddle boards or aprons and memory boxes to stimulate and interest people.
- People's communication needs were assessed identified in their care plans and acted on. The registered manager understood the Accessible Information Standard. This standard requires providers to identify, record and flag people's communication needs appropriately. The registered manager and operations director told us that they could make information available in a variety of formats where needed. Where people had a sensory impairment, they had access to appropriate support with their daily living with audio books, larger type activities programmes and speaking clocks.
- We observed there were no easy read menus or pictorial menus available and we discussed this with the registered manager. They told us people did not need to make advanced choices about their meals and where people were unable to make use of the printed menu they were offered a visual choice of meals; which we confirmed from observations. They said they would make these available going forward.
- The home took a person-centred approach to provide a wide range of activities and social events to engage and stimulate people and reduce possible isolation. People and their relatives told us there were plenty of activities for them to engage in as well as regular outings to a wide range of different places, which met their needs. We saw there was a varied activity programme of activities throughout the day including evenings. Activities included exercise, music, animal visits, art, cookery current affairs and quizzes and activity clubs such as a 'Gents club', gardening club and 'knit and natter'. One person said, "There is plenty to do and something for everyone." During the inspection we observed people taking pleasure in a wide range of activities that were well organised and run to ensure everyone who wanted to take part was included.
- Individual activities were also provided if that was people's preference. We observed part of a one to one activity with jigsaws in which a person was fully engaged and gaining visible benefit.
- Relatives told us they were sent the activities programme so they were aware of what was available. During the inspection there was a fortnightly live entertainment event that families were also invited along to. This was a lively, well attended event supported by staff who fully engaged with people and their families and enjoyed by all.

- The home had developed a relationship with local schools and there were a range of mutual visits and activities. For example, people from the home visited the school to take part in assemblies and they had taken part in a mutual Easter bonnet parade. People told us how much they enjoyed their links with schools and speaking with children.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had not needed to make a complaint, but, felt sure if they did it would be addressed promptly. One person told us, "If I was unhappy I would complain to the manager, she is very nice and yes she would listen to me." A relative said, "We have never had to make a complaint in five years. If I had any concerns the manager is very approachable."
- There was a complaints policy available to people and their relatives. The registered manager maintained a complaints log which included verbal as well as more formal complaints to identify any learning. Both verbal and written complaints had been responded to in line with the provider's complaints policy. There had been no formal complaints received in the last 12 months.

End of life care and support

- The home had taken part in 'The six steps' a recognised programme of palliative care training for care homes provided by a local hospice since the last inspection. Staff were complimentary about the training they received. One staff member said, "The end of life training was excellent. It has really helped with my understanding and I feel more prepared to assist people at this time."
- The registered manager told us that when people reached this stage of their lives, families were offered a room at the home to stay if they needed and it was available. They also held a memorial service for people at the home and did a full debrief with staff following a death to understand if they could have done anything better.
- There was nobody receiving end of life care at the time of the inspection, but we saw the home had detailed end life care plans available to ensure people's preferences and wishes as well as their full range of care needs were met.
- Health professionals were complimentary about the end of life care people received at the home. A member of hospice staff told us "I cannot praise them enough. looking at all the care homes in Bexley and end of life care, they are at the top. They are the most amazing home that delivers the best end of life care. The manager, deputy and seniors truly understand what end of life care is." The GP commented, "The care home manages end of life care well, they proactively identify and manage symptoms well, and they communicate well with relatives and show genuine empathy."

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

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

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. At the last inspection we had found that we had not been notified about applications being made under the Deprivation of Liberty Safeguards (DoLS) as required. At this inspection we found the registered manager fully understood the requirements of their registration with the CQC and about the need to display their inspection rating. They had fulfilled these requirements in a timely way.

- People living at the service and their relatives told us that the home was run to very high standards, and that good team work amongst staff was evident. One person remarked, "They all work very hard and are passionate about making the home the best it can be." A relative commented, "They are a really good team. In the previous home there was a poor work ethic staff were always late, but there is nothing like that here. The manager is very supportive. The residents always come first, and she supports the staff too." A health care professional remarked, ""I cannot honestly praise them enough. Looking at all the care homes in the area they are at the top."

- There was an experienced registered manager who demonstrated their motivation to provide the best care possible. A staff member said, "The manager is very good. She has worked her way up and understands everything understands how the system works. She is quite often wandering around to check on what is happening, and they will assist us if there is a need to do so."

- The registered manager advocated the whole home approach to people's care which we saw operated effectively on each floor. This approach shared responsibilities for people's care across all staff teams who all received the same training. A relative commented, "I like the fact that all the staff across the home are involved, they all take an interest in the residents and help to make them feel well cared for and at home."

- We observed a strong team work ethos, staff all told us they enjoyed their work and they were proud to work at the home. One staff member told us, "We work really well as a team, everyone does their best. I'm very proud to work here."

- There was a robust and effective system of internal checks and audits to regularly review the performance across the home. The provider conducted quarterly audits and monthly review visits. Action plans were created where areas for improvements were identified with a named staff identified as being responsible for completing the actions within clear timescales. These were signed off as they were completed. Actions identified from the March 2019 audit had all been completed and signed off.

- Good communication across the home was supported through regular staff meetings to discuss any issues or improvements. Staff were paid to attend meetings if they were not in work which encouraged their attendance. Records confirmed meetings were well attended, and staff views were sought and respected.

- Staff held the management team in high regard and were all complimentary about the leadership and support they received. One staff member told us, "I am absolutely on cloud nine since I started working here. We are all on the same page. There is fantastic team work. The seniors are really encouraging, the care is fantastic, and the manager is willing to sit down and talk to you." A visiting health professional said, "Staff are confident and happy and their attitude to work is, 'how can I help?'

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People their relatives and staff all told us that they thought the care provided was person-centred and of outstanding quality. One person remarked, "We are all considered individually. To be honest I am living like a king. The home is definitely well managed. I would recommend it to others, they (staff) are so polite and nice." A health professional commented, "If I was looking for a place for my parents to stay this would be at the top of the list. It is, one big family. Their mission is to make everyone's life as joyful, safe and happy as possible."
- The providers mission statement referred to the aims to provide luxury living and values of care, choice compassion, enjoyment, team work, independence and fulfilment. We observed these being demonstrated in practice by staff at the inspection in the way they spoke and interacted with people, their families and each other.
- The registered manager and staff team told us their ethos was to provide care that they would be happy for their families to receive. People and their relatives told us they felt the registered manager and staff team worked to these values. One person commented, "The manager she is a nice and a good lady. Yes, it is absolutely evident that the service is well led if it wasn't well led then it wouldn't be anywhere near as good as it is."
- Staff were encouraged to take the time to get to know and understand people and make sure their needs were met. A health professional commented. "We are particularly impressed at the level at which the care home staff know the residents personally and also how this is cascaded up to the team leaders." A relative said, "The manager she is great she really cares and has time for you. When my [family member] first came in I was in a complete and utter state. The manager made me feel better. She is very supportive. I would recommend the service to other people and I have done so it is just perfect."
- At the time of the inspection the home had been awarded a place in the top twenty care homes for the London area on a comparison web site for the sixth year running.
- There was a duty of candour policy and the registered manger understood their responsibility under this regulation. Staff were encouraged to report all accidents incidents or near misses and to be open and honest if something went wrong.

Continuous learning and improving care

- The registered manger and provider acted promptly on any feedback they received; for example, feedback we gave them about the legionella risk assessment. A relative told us they felt the time of the relatives meeting was too early to accommodate working people and we observed this was immediately amended. A health professional told us how the registered manager had consistently advocated with the clinical commissioning group for changes to improve the health care delivery for people at the home. They commented, "The manager always responds to any feedback. She is a real advocate for the residents, she doesn't give up."
- The registered manager and provider were committed to identifying learning and working to improve the care provided. There had been improvements since the last inspection such as the end of life training and falls prevention training. They looked for learning and to make improvements in response to feedback from a range of sources including meetings, audits and surveys.
- We observed part of a seniors meeting where a new system for managing medicines was being discussed.

It was evident that thought had been given to preparation, training and staff support. Staff were invited to raise any concerns or issues.

Working in partnership with others

- The registered manager and staff team worked proactively to develop strong links in the community. There was a referral scheme via their GP to refer isolated people to attend coffee mornings at the home. They also linked with a local voluntary organisation who could refer people to attend occasions such as Christmas dinner or the evening activities, which we observed happening at the inspection.
- Relatives told us that the registered manager worked proactively with other services to ensure people received the best care possible. One relative commented, "The manager is a good laugh and very good at her job. She is very positive and picks up on everything. She protects all the residents. For example, she got my mum back from hospital quickly due to the quality of care here. She is very protective of all the residents here."
- The strong links with the schools previously referred to in this report served to enhance the quality of life for people at the home, as people told us how much they enjoyed these links.
- Where people and their relatives wished to, there were opportunities to engage in fund raising activities for charities or local groups. For example, the home had decided to sponsor the kit for a local football club.

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

- The registered manager engaged and involved people living in the home as much as they wished to be in full consideration of their protected characteristics. People and their relatives were involved in aspects of running the home where this was their preference; for example, taking part in staff interviews, showing people around or supporting maintenance staff with painting and small maintenance tasks.
- People and their relatives told us their views were sought about the service and acted on. Regular residents and separate relatives' meetings were held throughout the year. A relative said, "They always tell us about what they are doing. We always get a copy of the minutes and a newsletter. They talk to us about any changes that are taking place in the home." Minutes of meetings showed people were consulted about aspects of the service such as, the new nurse call system, activities and the food menus.
- People and relatives confirmed the registered manager had an open-door policy and was very supportive. The registered manager had worked to create a positive and united team spirit and shared purpose. Staff said they felt their views about the people they cared for were listened to and respected. Meeting minutes confirmed this. Staff felt able to raise any questions about changes or practice in the home. One staff member remarked, " It's the best care home. I love my job. People here are treated marvellously. It's a lovely place. The manager's door is always open, and she is very good at leading and encouraging staff."