

## Greensleeves Homes Trust

# Mount Ephraim House

### Inspection report

Mount Ephraim  
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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 10 November 2014 and was unannounced. At our last inspection on 3 July 2013 we found that the service met the essential standards of quality and safety we looked at.

Mount Ephraim House is registered to provide care and accommodation for up to 38 older people who required varying levels of support to manage conditions such as diabetes, the after effects of stroke and other illnesses that are often associated with old age or dementia. Some people required support to move around. The premises are detached with accommodation arranged over two floors. There were a variety of communal areas where

people could relax, have meals or take part in activities. Bedrooms were located on the ground and first floors, and most bedrooms could be accessed via a passenger lift. Some people who were active and independently mobile occupied bedrooms without lift access. The home is situated in a residential area near to the centre of Tunbridge Wells.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

The provider had taken steps to make sure that people were safeguarded from abuse and protected from risk of harm. People told us they felt safe. People were protected from harm; risks to their safety were assessed and managed appropriately. People were involved as far as possible in their assessments and action to minimise risk was agreed with them.

The provider operated safe recruitment procedures which included carrying out legally required checks on every applicant to make sure they were suitable to work with the people who lived at this service. Staff told us there was a good atmosphere and staff worked as a team. They told us there were enough of them to care for people and keep them safe. People told us they did not have to wait long when they needed help or support.

Staff were provided with suitable training to enable them to carry out their roles. People told us staff were, "Marvellous, really wonderful", "Very attentive" and "You can't fault them". Staff understood their roles and responsibilities. They told us they felt well supported and were provided with essential training, including induction, to make sure they had the knowledge and understanding to provide effective care and support for people. All staff received regular supervision and appraisal to make sure they were competent to deliver appropriate care and treatment.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the registered manager understood when an application should be made and how to submit one and was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. These safeguards protect the rights of people by ensuring if there were any restrictions to their freedom and liberty these had been authorised by the local authority as being required to protect the person from harm.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people's rights. Staff understood the importance of obtaining consent from people before care or treatment was provided.

People told us they enjoyed the food, describing it as, "Hot and tasty" and "Lovely meals. People said there was always enough to eat and drink. People were offered choices and those who needed support to eat were helped discreetly.

People were supported to manage their health care needs. People told us they could see a doctor whenever they wanted to. One person said, "If I said I don't feel well staff would assess if I needed a doctor and they would ring for one". Records showed that people saw other health professionals when they needed to.

People were treated with respect, kindness and compassion. They described the care as "Excellent", "Staff are kind and don't grumble" and "Couldn't be any better". All agreed that they felt listened to. Each person had an individual care plan. These were continually reviewed and updated to make sure all their needs were understood by staff who provided their care and treatment. People told us they had been consulted about how they wanted their care to be delivered.

Information about people was treated confidentially and records were stored securely. Staff were careful to protect people's privacy and dignity. People received personalised care or treatment when they needed it. People told us they did not have to wait long if they needed any help. Staff knew people well. They were calm and patient with people, they communicated effectively and responded quickly and appropriately to people's requests. Staff offered people choices such as what they wanted to eat and where and how they wanted to spend their time.

People's needs were assessed with them before they moved to the home to make sure the home was suitable for them. Care plans were regularly reviewed with the person concerned to make sure they were up to date and reflected their individual preferences, interests and aspirations. There were a wide variety of meaningful activities on offer to suit everyone's tastes. Everyone we spoke with told us they enjoyed the activities. There was

# Summary of findings

a clear complaints procedure. There had been no complaints about the service. All the people we spoke with felt able to raise any concerns with staff or the management.

People spoke positively about the way the home was run. They told us the manager and staff were approachable. People said, “They are all wonderful. We are really blessed to be here”; “It’s very homely”; “A friendly, family environment”. The organisation had clear vision and values. These values put people at the centre of the service and had been successfully cascaded to staff. People were comfortable with the management team and staff in the home. Staff understood their roles and responsibilities and the staff and management structure ensured clear lines of accountability.

In November 2014 Mount Ephraim House won the LaingBuisson Residential Care Provider 2014 award. This

is a national award, judged by an independent panel of professionals who look for organisations and individuals who have made an outstanding contribution to healthcare during the year.

There were effective systems in place to review the quality of all aspects of the service regularly. Improvement plans were developed where any shortfalls were identified. Customer satisfaction surveys and regular ‘resident’ and relatives’ meetings gave people the opportunity to comment on the quality of the service. People were listened to and their views were taken into account in the way the service was run. Any accidents and incidents were monitored to make sure that causes were identified and action was taken to minimise any risk of reoccurrence. The management team and staff had found innovative and creative ways to enable people to remain independent and to live fulfilling lives that met their aspirations and wishes.

# Summary of findings

## 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.

The provider had taken reasonable steps to protect people from abuse.

They operated safe recruitment procedures and there were enough staff to meet people's needs.

Risks to people's safety and welfare were assessed and managed effectively.

People's medicines were stored, managed and administered safely.

Good



### Is the service effective?

The service was effective.

Staff were provided with induction and essential training. They were also trained in a range of topics relevant to the specialist needs of people who used the service. All staff received regular supervision and appraisal.

Staff had undertaken Mental Capacity Act (2005) (MCA) and Deprivations of Liberty Safeguards (DoLS) training, to make sure that they understood how to protect people's rights.

People were supported to manage their health care needs.

Meal times were managed effectively to make sure that people received the support and attention they needed.

Good



### Is the service caring?

The service was caring.

Staff treated people with respect, kindness and compassion. Staff were discreet in their conversations with one another and with people who were in communal areas of the home. People's privacy and dignity was protected.

People or their representatives were involved as far as possible in planning their care. People were cared for by staff who knew and understood their individual needs.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed before they moved in to make sure the service was suitable for them. Creative and innovative ways to provide care and enable people to remain as independent as possible were explored and implemented. People received personalised care and treatment.

People were provided with a range of suitable, meaningful and creative activities to choose from. People were enabled and supported to continue their chosen hobbies and interest both inside the home and in their communities.

Outstanding



# Summary of findings

People were listened to, any concerns were explored and responded to promptly. There were no complaints.

## Is the service well-led?

The service was well-led.

The provider had a clear set of vision and values. Clear management structures supported good communication.

Quality assurance and monitoring systems ensured that any shortfalls were identified and addressed promptly to ensure a good service was maintained. The management team sought ideas and took actions to continually improve the care and service for the benefit of people living in the home.

Staff, people and their visitors were provided with forums where they could share their views and concerns and be involved in developing the service.

**Good**



# Mount Ephraim House

## 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 10 November 2014 and was unannounced.

The inspection team included 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. The expert-by-experience had experience of caring for an older family member.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 also looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We sent questionnaires to two health professionals and two social care professionals to obtain their feedback about the service.

We spoke with nine people who lived at Mount Ephraim House and eleven members of staff. We made observations in communal areas and spoke with the manager and the deputy manager. We provided feedback at the end of our visit to the management team.

During our visit we looked at records in the home. These included five people's personal records and care plans, a sample of the home's audits, risk assessments, surveys, staff rotas, five staff files and policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe and said there were no restrictions on their freedom. They said, “I couldn’t be safer”; “They make sure we are all safe and secure here” and “There are always enough staff around”.

The provider had taken steps to protect people from abuse. There were systems in place to make sure safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Staff told us that they would tell the manager or deputy manager if they suspected any kind of abuse. The manager would then then alert the local authority safeguarding team and notify the Care Quality Commission.

Staff were trained in safeguarding people and knew how to protect people from abuse. They described their safeguarding training and the various types of abuse to look out for. Information was displayed on notice boards about who to report any concerns to if staff suspected abuse was taking place. Staff were also aware of the whistle blowing policy. Safeguarding and whistleblowing policies and procedures were up to date and were easily accessible to staff.

Staff told us that they felt any issues would be reported immediately if there were concerns about the safety or well-being of any person. One staff member told us, “Staff will speak up if something’s not right”. Another staff member told us there was a “High awareness” of the need to protect people who might be vulnerable to abuse.

We looked at records of accidents for the month before our inspection. Detailed information was recorded such as where and when the accident had occurred. If there had been any injury the actions that were taken were recorded. The manager was aware of the circumstances of recent accidents. The manager monitored all accidents and incidents to identify if there was any learning needed or changes in risk management strategies to avoid reoccurrence.

Staff described particular risks to people and how these were managed. Staff understood that people were entitled to take risks. One staff member said, “Staff will talk collectively about balancing risks and rights and the duty of care”. They told us that handovers between staff shifts were used to communicate any information they needed to know about potential risks. They gave examples such as if a

person’s health changed. Each person’s care plan contained individual assessments in which risks to their safety and well-being were identified, such as falls, mobility and skin integrity. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments.

People were protected from hazards in the environment because risks were assessed and action was taken to minimise risk. There were plans in place to evacuate people safely in the event of an emergency. These were detailed and took into consideration how many staff would be needed to support people. Instructions were included about what staff should do if people refused to leave their room. This showed that consideration had been given to the difficulties staff could face in an emergency. It had been identified that additional support would be required if the service was evacuated at night. Night staff had access to emergency contact numbers in case they needed additional support. Staff were aware of the procedures to be followed in case of an emergency. There was suitable signage throughout the home to direct people to fire exits. Up to date lists with the names of people who lived in the home were available for staff in case they needed to evacuate the home.

People were protected from harm in the event of a fire. Staff were aware of fire safety procedures. Suitable equipment was in place such as specialist equipment for evacuating people from upper floors. Staff had practiced and were familiar with how to use this equipment. Regular drills were carried out and checks were made of the fire and safety equipment. These were recorded in the maintenance records.

People were protected from environmental risks because regular checks were carried out to make sure the home environment was safe. Checks were made concerning escape routes. Water temperatures were monitored and appropriate checks were made for legionella bacterium in the water supply.

The provider operated safe recruitment procedures to make sure staff were suitable to work with people at Mount Ephraim House. Applicants attended an interview and appropriate checks were carried out before new staff started work at the service. Staff files included all of the required documentation to confirm the identity of staff and their suitability to work with people who were at risk. Staff had completed Disclosure and Barring Service (DBS)

## Is the service safe?

checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Files included evidence of employment histories and any gaps were explained in the interview notes.

People told us there were always enough staff. Rotas showed and we observed there were enough staff on duty to ensure people's safety and wellbeing. People told us that staff came quickly when they rang for help. Staff told us that staffing numbers had recently been increased as people's needs had changed and more staff were needed to provide their support. People needed. This showed that the registered manager regularly assessed people's needs and adjusted the staffing levels accordingly. Agency staff were not regularly used at the service and staff told us they would take on additional shifts if they needed to cover sickness or leave. They also told us that the manager and deputy manager stepped in to support the team if they were short staffed for any reason.

People received the medicines they needed when they needed them. Medicines were safely stored and administered by suitably trained staff. One person said, "Staff look after my tablets and make sure I take them at

the right time". Medicines were given safely and staff were sensitive in their approach. One person was having difficulty taking their tablets. The staff member explained what the medicines were for and offered another drink to help the person take their tablets. The staff member waited to ensure that the person had swallowed their tablets and they were comfortable before they left them. All medicines were stored safely and clear, accurate records were maintained of each person's medicines including when they were administered.

The premises were well maintained and any issues were dealt with promptly to maintain people's safety and comfort. A log was kept for staff to report any concerns and the maintenance person recorded when they had fixed the problem. All the items entered on the week before our inspection had been addressed.

People were protected from the risk of infection. Suitable personal protective equipment was available for staff. Staff had completed infection control training and knew how to minimise the risk of cross contamination. Suitable systems were in place in the kitchen to ensure that food was prepared in a hygienic environment.



# Is the service effective?

## Our findings

People said staff were “Very attentive”; “They take great care of me, they’re really on the ball” and “Marvellous, really wonderful”. One person told us that people who lived at the home were “Free to do what they want”; “Staff treat you as though you’re responsible” and “I do what I like”.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to any DoLS restrictions, we found that the manager understood when an application should be made and how to submit one and was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person’s best interests.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people’s rights.

Staff understood the importance of obtaining consent from people before care or support was provided. They were aware that a person’s ability to consent could change due to medical conditions such as an infection. Staff understood that people were free to leave the home and an application would need to be made to the appropriate authority if any restrictions were placed on people’s freedom.

People could be confident staff received the training they needed to enable them to provide effective and appropriate care and support. Staff attended training in topics such as fire safety, health and safety, infection control, basic food hygiene and risk assessment as part of their essential training. Staff had also received training in the management of behaviours that challenged where this was relevant to their role.

Staff had received additional training to help them to understand and meet the needs of the people with

dementia. The deputy manager had considerable experience in this area which meant that they were able to provide additional support and guidance for staff. Staff were aware of the need to work with other professionals and families if important decisions were needed and people did not have the capacity to make those decisions. Training was also provided in other specific areas such as ‘end of life’ care. Staff told us they had found all the training helpful in carrying out their roles.

All of the staff said they felt well supported. Staff told us that they had regular supervision meetings and appraisals. This gave staff the opportunity to discuss any concerns they had and receive feedback about their work and performance. Supervisions were carried out regularly and recorded. Reasonable adjustments were made to support staff on their return to work after prolonged absence such as illness to make sure they were supported. The deputy manager told us about the steps they had taken to ensure one member of staff was able to continue in their role.

Staff told us they were able to raise concerns at any time and approach senior staff if they needed additional support or guidance. One staff member told us they could always get a one to one meeting with their manager when they requested it. Arrangements were in place to support staff when the management team were not available. There were senior staff on shift to support the team. Staff could also contact a member of the management team ‘out of hours’ if the team needed advice or support.

Everyone told us they enjoyed the food. They said, “They go to no end of trouble to please you where food is concerned” “The chef comes to see me specifically and asks me what I fancy and tells me what is on the ‘specials’ list”.

People told us they enjoyed the food. The main meal at lunch time was fish pie with cauliflower and peas, but there were several alternatives on offer. One person told us the food was “usually hot and tasty” but that they could always have an omelette as an alternative and that fruit juice and water were always available. People were also offered sherry or a choice of alcoholic beverage at lunch time.

People who needed support to eat were helped discreetly. No one was rushed to eat their meal.

Records showed that people’s nutritional needs were assessed and their weights were monitored and recorded regularly. Staff described the action they took if weight loss

## Is the service effective?

was identified as a risk. This included enhanced monitoring through food and fluid charts, obtaining food supplements, reviews by GPs and referral to a dietician. Referrals were also made to the speech and language team if people had difficulty swallowing. Care plans included information about people's likes and dislikes and how to encourage them to eat and drink.

The service had received a 'Hydration & Nutrition' award from the 'Great British Care Awards South East Region' for 'Encompassing the 'whole homes' approach to food and nutrition issues. This had recognised that people always had access to 'sufficient hydration; that home produce was used and produce was sourced from local suppliers and that residents were able to have what they wanted when they wanted and that they are able to have a say in the food that they ate.'

People told us that they had specific health needs and they were supported with these needs particularly well. One person said they had "Seen a doctor on several occasions recently". Another person said, "If I said I don't feel well staff would assess if I needed a doctor and they would ring for one if I needed to see a doctor". People told us they were able to see a GP whenever they wanted to. People felt comfortable to discuss their health needs with staff and asked their advice. Care plans contained information about people's health needs and medical conditions along with guidance for staff. People had regular appointments with other health professionals such as chiropodists, dentists and opticians.

# Is the service caring?

## Our findings

People were complimentary about staff. They said, “All staff are really kind” and “; “Staff are kind and don’t grumble”. People described the care as “Excellent”; “First rate” and “Couldn’t be bettered”.

People were clearly very comfortable with and had good relationships with all the staff. Staff were kind and compassionate and we observed many positive interactions where staff demonstrated affection and reassurance through a pat on the hand, or a gentle rub of the shoulders as they were passing by. One person was confused and calling out although they did not appear to be distressed. Every time a member of staff was near the person they stopped to talk with them, gently reminding them where they were and providing reassurance. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. They gave people time to answer questions and listened attentively to what they said, providing reassurance and explanation whenever needed.

Staff were careful to protect people’s privacy and dignity by being discreet in their conversations with one another and with people who were in communal areas of the home. Staff made sure that doors were closed when personal care was given. Any treatments people needed were carried out in private. We saw staff knock on people’s doors before entering their rooms. Staff made sure that people’s personal information was treated confidentially and any personal records were stored securely to make sure people’s privacy was respected.

People were treated with dignity and respect at all times. Staff described how they promoted privacy and dignity for people. They told us about practical steps they took to make sure people were cared for in a respectful manner such as when they supported people with their personal care, talking with them and making sure that they provided care and support in a way that respected the wishes of the person. We saw staff putting this into practice in every contact they had with people.

Before our inspection a member of staff had won the ‘Care Newcomer Award’ in the Great British Care Awards South East Region. This was awarded because the member of staff ‘demonstrated empathy, compassion and a true understanding about caring for vulnerable people’. The registered manager told us, “The judges said that it was evident that our candidate had such passion for what she does”.

People told us they had been involved in planning how they wanted their care to be delivered when they moved in. They told us that they were listened to and their decisions were respected. Where people were not able to have direct involvement in planning their own care, relatives were consulted and involved to make sure staff knew people’s preferred routines, likes and dislikes and the way they liked to spend their time. Staff told us the service was ‘resident-led’ and they involved people as much as possible in planning for their care. Each person had an individual care plan. Staff told us they read these plans to make sure they had all the information they needed to help them respect people’s wishes and engage with them in a meaningful way.

Staff were knowledgeable about the way people wanted to be supported. A staff member who had recently started working at the service told us that if they ever needed to know about how to support a person who lived at the home they were able to ask their colleagues as staff knew people very well and would be able to provide guidance. Staff called people by their preferred names and spent time chatting with them throughout the day about their families, friends, interests and activities.

The deputy manager told us about their plans to introduce the National Gold Standards Framework Centre (GSF) in ‘End of Life Care’. This is a programme that provides training and resources for staff to support them when delivering care for people who are near to the end of their life. The deputy manager was working with a GP with a special interest in palliative care to ensure the care and support they provided to people at the end of their lives was appropriate and reflected current best practice.



# Is the service responsive?

## Our findings

People said us, “If you need anything at all you only have to ask”; “You can’t fault them”. People told us they were pleased with the number of activities available.

Staff showed an awareness of the need to provide care in a way that was personalised. Personalisation is a way of thinking about care and support services that put the individual person at the centre of the process of working out what their needs are, choosing what support they need and having control over their life. It is about the person as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations.

Staff offered choices to people and spent time talking with them about their preferences and the choices available to them. Staff noticed and responded to people’s demeanour. One person was walking in the corridor looking a little confused, a member of staff stopped what they were doing to have a chat and tell her what was happening that day. When the person showed an interest in the poetry reading activity in another part of the building, the member of staff guided her there, talking with her all the way. There was a short film showing in the lounge during the afternoon of our inspection. Staff made sure people knew this was happening and asked people if they wanted to watch this film. People were offered choices about what they wanted to eat and drink, where they wanted to spend their time and where they wanted to have their meals. Menus were displayed each day on a blackboard and on menu cards on each table. People told us they could get up and go to bed whenever they wanted to. They said, “We can do whatever we like” and staff were always willing to support them. Staff told us that people sometimes changed their minds and staff were happy to facilitate any changes.

Care plans were updated if there were changes to people’s needs. Staff told us they read people’s care plans to make sure they kept up to date with people’s changing needs. Staff also told us they had regular meetings when they were updated about any information they needed to know concerning people’s care needs and any changes. Care plans included information about people’s preferences, interests and personal histories so that staff understood how to promote people’s wellbeing and treat them as individuals, when people were not able to communicate their needs and wishes themselves.

The registered manager and the management team were enthusiastic about their roles and committed to providing a responsive service centred on the people who lived at Mount Ephraim. The registered manager looked for ways to develop their skills and encouraged creativity and innovation. The service had won a NAPA award for ‘hair and care’. The registered manager had involved staff in a project run by Manchester University where a recent study had identified how underrated this area of care was.

Staff had found innovative ways to support people to live life to the full and fulfil their hopes and dreams. Before our inspection a member of staff had been named as joint winner of the ‘Growing Old Disgracefully’ Award from the National Association for Providers of Activities for Older People (NAPA). One person wanted a tattoo after seeing one on a member of staff. Staff set about finding a tattooist and sought the advice of the GP. The person was disappointed that the GP advised against a tattoo. Staff brought in tattoo transfers for the person, so they could change the position and design of their tattoos and have them anywhere they liked. The person was delighted that this had been done in response to their wishes.

Staff found creative ways to enable people to retain their independence. One of the senior care staff had devised a makeup chart which could be completed with each person as staff recognised that people who were living with dementia could not always recall what make up they wore. This meant that all the staff could refer to the person’s make up chart to make sure the person’s preferences about make up could be followed. This chart has been introduced in other services across the provider organisation and the member of staff had been nominated and won the NAPA ‘Hair and Care’ award 2014 for their innovation.

People had opportunities to take part in activities that were meaningful to and chosen by them. One person told us they really enjoyed colouring and were engaged in this activity during our visit. Staff recognised that they needed to provide a variety of activities to meet the needs and wishes of people who lived at the service. Some of the people particularly enjoyed watching sports and therefore Sky television was available for them. People had access to the gardens when they wanted, one person said, “I love to be able to walk round the garden when I can”. When people were not able to get out they told us they enjoyed looking out at the gardens. A filled bird feeder was placed in sight of many chairs in one of the lounges.



## Is the service responsive?

The provider took account of published research and guidance to improve the quality of life people experienced. The provider has successfully introduced the 'Eden Alternative Approach'. This is an approach to providing care devised by the Eden Alternative Approach UK CIC to improve the experience of aging and disability. The benefits of this approach were particularly evident in the way people engaged with and responded to activities arranged at the service.

People told us, "There's always something going on here" and "Never a dull moment, there's always something to do if you want to". People were able to take part in a wide range of activities. Details of the activities on offer were prominently displayed on the wall in the hallway. Sensory sessions took place each week using a program of sensory experience designed for people living with dementia. Keep fit sessions provide an opportunity for people to do gentle exercise. Other activities included 'motivation music for health', Bingo, going out for walks, visiting shops and the library and arts and crafts. Some people at the home were having classes in Hungarian. We saw examples of crafts made by people who lived at the home on display within the communal areas. People had designed the service's Christmas card which had been printed. A number of people had received awards from NAPA for their 'pursuit of fun and adventurous activities'.

There were parts of the home that were available for activities and arts and crafts materials were always available as well as games, puzzles and books. On the day of our inspection, we met a volunteer who was reading aloud to a group of people in the activity room. They told us that they sometimes read poetry for the group that met on Monday mornings and they were currently reading a Dick Francis novel that people were enjoying very much. People also had their own choir; one person told us how much they enjoyed singing in the choir. There was a short film and presentation from a volunteer about a trip to Borneo during the afternoon of our inspection. This was very well attended and interactive. There were lots of smiles and laughter. A variety of performers visited the service to provide entertainment such as music and singing.

People were provided with information in a well presented resident newsletter which was produced every six months. This was also given to relatives and friends. The autumn/

winter edition contained news and articles about recent events, including photographs and articles of interest to people. There were photographs of the 2014 summer garden party which included a dog show and was opened by a local celebrity. Articles were included which described regular activities people could choose to take part in. There was an article about using computers written by a computer trainer from the charity, Compaid who spent one day each week helping people to use the computer and develop their skills. Other articles described the Thursday afternoon quiz and regular visits by Thomas the golden retriever from the Pets as Therapy charity. People expressed appreciation of the pets which included two friendly cats and pet guinea pigs which people looked after.

People were able to maintain their existing links with the community after they moved into the home. One person continued to access a day centre they had attended when they had lived in their own home. Transport was organised to places of interest to people such as garden centres, pubs and shops. One person told us, "Outings are organised like a trip to the department store at Paddock Wood". One person was going out shopping when we arrived for our inspection. The deputy manager told us that people were encouraged to continue any of the activities or routines that they were used to in their own home once they moved to the service. People who had regularly had a newspaper delivered continued to do so. People were complimentary about the in-house hairdressing service. A hairdresser visited every Thursday when people who no longer went out to the hairdresser were able to go to the "salon" in the home to have their hair done.

People told us they were happy with all aspects of the service. They said, "There's nothing to complain about here"; "I can't imagine wanting to complain about anything, any little niggles are sorted out straight away" and "They would soon sort it out if there was a problem". There was a complaints policy and procedure. The complaints procedure was available in the reception area and each person was given a copy when they moved to the home. This procedure explained to people how to make a complaint and the timescales in which they could expect a response. There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome. There were no complaints about the service.



# Is the service well-led?

## Our findings

People were complimentary about all aspects of the service. They told us the manager and staff were approachable and the management team often chatted with them and asked them how things were. One person said, "They are all wonderful. We are really blessed to be here". People described Mount Ephraim House as, "Very homely"; "A friendly, family environment".

The provider had clear vision and values in relation to the service they provided. They stated that their mission was to provide high quality care for older people in comfortable accommodation, through a commitment to the core values of privacy, dignity, independence, choice, rights and fulfilment. To set and maintain the highest standards of good practice within an environment that encouraged people to thrive as individuals and employees to practice as caring professionals. The service operated in a transparent, open manner. The management team demonstrated their commitment to implementing their vision and values by putting people at the centre when planning, delivering, maintaining and improving the service they provided. Our observations showed us that these values had been successfully cascaded to the staff who worked at the service.

The efforts, commitment and enthusiasm of the management and staff team were recognised in November 2014 when they received the Laing & Buisson Award for 'Best residential care provider'. LaingBuisson is a UK provider of information and market intelligence on the independent health community care and childcare sectors. The registered manager said, "We won this award as we were told that we always demonstrate consistency and always involve the resident's in everything we do putting them first and allowing them voice, choice and control". People who wanted to were supported to attend the award ceremony.

People were provided with opportunities to share their experience and make suggestions about the service. People were given a customer satisfaction survey to complete shortly before our inspection. People told us they were satisfied with the service. They told us they attended residents' meetings where they were asked for their views about the service and could make suggestions and raise concerns. They said, "There are not usually any concerns". Relatives were invited to attend quarterly meetings with

the registered manager to share their views and receive information about the service and any changes. There was also a resident's committee which met regularly and provided feedback and suggestions to the registered manager about aspects of the service such as menus and activities. People had suggested that a section of the garden should be used for cut flowers. This was implemented and the registered manager told us this was "a great success". One person had enjoyed using the flowers in arrangements around the house.

The registered manager had applied for funding from the skills academy to set up a local network for managers in Tunbridge Wells. The registered manager told us, "We were fortunate to receive this and have had three meetings so far. This has proved to be very worthwhile as it is a chance to compare notes catch up on what is happening locally and just support each other. There is an opportunity for funding again next year so we will reapply. The intention will be to source speakers as well in the future".

Communication within the service was good. Regular staff and management meetings provided opportunities for staff who were responsible for catering, activities and administration to share information and review events across the service. Staff told us there was good communication between staff and the management team. We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Staff told us that the registered manager was, "Very approachable and understanding". They said they were encouraged to raise issues or make suggestions and felt they were listened to. Regular staff meetings were held to make sure staff had opportunities to share their views and keep up to date with any changes. The staff member who was responsible for doing the laundry told us they had suggested working shifts on the weekends as previously care staff were doing the laundry as well as caring for people. This was approved by the registered manager of the home and changes to staffing were implemented. This showed that staff were listened to when they made suggestions for improvement. The deputy manager and the registered manager also told us that they started early

## Is the service well-led?

on some days to make sure they regularly met with the night staff. This allowed staff in all positions to see the management and raise any concerns or receive any support they needed.

There were systems in place to review and monitor the quality of all aspects of the service. Audits were carried out to monitor areas such as infection control, health and safety, care planning, accidents and incidents, staff training and medication. Any accidents and incidents were investigated to make sure that any causes were identified and learning took place to identify any improvements that were needed. Records showed that appropriate and timely action had been taken to protect people and ensure that

they received any necessary support or treatment. The audits were monitored by senior managers in the organisation. Senior managers carried regular audits of the service and improvement plans were developed to ensure the quality of the service was continually improving.

The deputy manager and the registered manager of the home told us that they were helped to carry out their roles effectively and they were able to request additional support as required from their own senior managers. The deputy manager told us they worked on alternate weekends. This meant they were able to monitor the operation of service throughout the week.