Bupa Care Homes (CFChomes) Limited

Eglantine Villa Care Home

Inspection report

Eglantine Lane
Horton Kirby
Dartford
Kent
DA4 9JL

Tel: 01322863019

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 14 November 2016. Eglantine Villa Care Home provides care and accommodation for up to 51 older people in two adjoining buildings. Jasmine Lodge provides residential and nursing care and Lavender Cottage provides residential care. There were 41 people living in the service at the time of our inspection, some of whom lived with dementia.

When we last inspected in April 2014, we identified a breach in regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010, because accurate and appropriate records were not consistently maintained. We had requested the provider to take action. At this inspection, we found that improvements had been carried out.

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

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow and to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place which included the checking of references.
Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support and communication needs. They communicated effectively with people and treated them with utmost kindness and respect. Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered. Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about particular decisions. When applicable, meetings were held to make decisions in people's best interest, as per the requirements of the Mental Capacity Act 2005.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People told us

they enjoyed the food and their meal times. Staff knew about and provided for people's dietary preferences and restrictions.

People's individual assessments and care plans were person-centred, reviewed monthly or when their needs changed. Clear information about the service, the facilities, and how to complain was provided to people and visitors. People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People or their legal representatives were actively involved with the review of people's care plans. People's care was personalised to reflect their wishes and what was important to them and staff paid particular attention to their emotional wellbeing, their preferences and specific requirements. The delivery of care was in line with people's care plans and risk assessments.

There was a wide range of person-centred activities that were inclusive, flexible and suitable for people who lived with dementia. Research on activities and innovative initiatives were used effectively to enhance people's experience and meet their psychological and social needs. Individual activity plans were developed in partnership with people to ensure individual interests were acted on.

The registered manager promoted an open and positive culture which focussed on people, carried out innovative research aiming to improve people's quality of life at national level and promoted strong links with the community. Staff told us they felt valued and extremely supported by the manager, the management team and the provider.

Feedback from people, their representatives and staff about the overall quality of the service was actively sought and acted on. This feedback described the service and its management mostly in emphatic terms. Staff and the management team responded to people's feedback and provided an environment where people felt valued and in control of their lives.

Emphasis was placed by the management team on continuous improvement of the service. A robust system of monitoring checks and audits identified any improvements that needed to be made and action was taken as a result.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. There was an appropriate system in place for the monitoring and management of accidents and incidents.

Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

Is the service effective?

Good

The service was effective. Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

People were supported to make decisions and were asked to consent to their care and treatment. Where they were unable to make their own decisions the principles of the Mental capacity Act 2005 were followed to protect their rights. The manager had submitted appropriate applications in regard to the Deprivation of Liberty Safeguards and had considered the least restrictive options.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. People were complimentary about the food and kitchen staff.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was very caring.

Staff communicated effectively with people and treated them

with kindness, patience and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to. They respected their privacy and dignity.

Appropriate information about the service was provided to people and visitors.

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive to people's individual needs.

There was a wide range of person-centred activities that were inclusive, flexible and suitable for people who lived with dementia. Research on activities and innovative initiatives were used effectively to enhance people's experience and meet their psychological and social needs. Individual activity plans were developed in partnership with people to ensure individual interests were acted on.

Staff often went 'the extra mile' to enhance people's experiences.

People or their legal representatives were actively involved with the review of people's care plans. People's care was personalised to reflect their wishes and what was important to them and staff paid particular attention to their emotional wellbeing, their preferences and specific requirements.

The delivery of care was in line with people's care plans and risk assessments.
Staff and the management team responded to people's feedback and provided an environment where people felt valued and in control of their lives.

Is the service well-led?

Outstanding ☆

The service was outstandingly well-led.

The registered manager promoted an open and positive culture which focussed on people, carried out innovative research aiming to improve people's quality of life and promoted strong links with the community.

The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service. This feedback described the service and its

management in emphatic terms. The management team welcomed suggestions for improvement and acted on these.

Emphasis was placed by the management team on continuous improvement of the service. A robust system of monitoring checks and audits identified any improvements that needed to be made and action was taken as a result.

Eglantine Villa Care Home

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 carried out 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 was carried out on 14 November 2016 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 registered manager had received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report. Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events.

We looked at 12 sets of records which included those related to people's care and medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed documentation that related to staff management and five staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the services' policies and procedures.

We spoke with 10 people who lived in the service and seven of their relatives to gather their feedback. We spoke with the registered manager, the deputy manager, six members of care and nursing staff, the chef, and the person responsible for the maintenance of the premises. We also consulted a GP, an occupational therapist and a local authority case manager who oversaw people's care and treatment in the service. We obtained feedback about their experience of the service.

We previously inspected the service in April 2014 and found that improvements were needed regarding

record keeping.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They told us, "I do feel safe, I have good carers helping me", "I am very happy about everything; my family knows I am safe so I am happy with that", "and, "The carers make me feel safe to be honest with you." Relatives told us, "I am positive that my mother is very safe here", "Without doubt there is enough staff here" and, "There is enough staff here, [X] has plenty of carers to help her."

There was a sufficient number of staff to meet people's needs in a safe way. Staffing rotas indicated sufficient numbers of care staff were deployed during the day, at night time and at weekends. The manager reviewed staffing levels regularly taking into account people's specific individual needs and used a dependency tool to ensure these could be met. Additional staff had been deployed when necessary, such as when people's needs had increased and when they had needed one to one support. The registered manager told us that nurses had recently been given "more say" in how staff were allocated to work in the two buildings, in order to achieve the best balance of competencies. Apart from team leaders, all care staff worked across both buildings, so consistent care could be given. The activity team spent time both in Lavender Cottage and Jasmine Lodge. A four-week rolling staff rota was adjusted in detail monthly in advance. Two team leaders told us that staffing was sufficient most of the time, except short notice staff sickness which was difficult to cover, even by agencies. Staff teamwork was described as "strong" and staff were reliable at covering shortfalls.

Staff who worked in the service understood the procedures to follow for reporting any concerns. Staff were able to identify different types of abuse and were clear about their responsibility to report suspected abuse. Their training in the safeguarding of adults was up to date. They had access to the service's safeguarding policy that reflected the local authority's guidance. Staff were aware of the whistle blowing policy and told us they would feel confident that any reported concerns would be addressed appropriately by the management.

The premises were safe for people because the fittings, equipment and portable electrical appliances were regularly checked and maintained. There was an appropriate range of environmental risk assessments, backed by regular checks. The person responsible for maintenance carried out routine water temperature checks, flushing of outlets and descaling of shower heads. Other routine checks included heated food trolleys, wheelchairs, bed rails and window restrictors, with evidence of any identified shortfalls being swiftly made good.

The provider's building management team visited the home twice a year to carry out environmental audits. The most recent had found a shortfall in external servicing of lifting equipment, which had been addressed. There were standing contracts for routine servicing and on-call attention to utilities in the home, with current certification for safety of the passenger lift, gas, electric and heating systems. New wardrobes delivered to Lavender Cottage had been declined by the person responsible for the maintenance until the installing contractor made suitable arrangements for fixing them to walls for safety.
There were routine internal inspections and tests for all fire precautions and fire prevention equipment, as

well as external certifications of servicing. All staff received six-monthly fire training and participated in several fire drills through the year, including responses to false alarms. For example, in September 2016 there had been a drill at 3.30am with three staff and the registered manager in one unit. In both units there were 'grab' folders at the main entrances, containing information for emergency services including lists of people and their mobility needs. There was a system for the weekly updating of this information. The fire risk assessment had last been fully updated in 2013 and reviewed annually since by the provider's surveyor. Each unit had regular fire safety action plans. The last, in October 2016, had identified some shortages of signage following redecoration and this had been referred to an external contractor to make good.

There was an emergency plan for dealing with contingencies, which was being expanded to include covering absence of critical staff. The plan included temporary accommodation arrangements that could be provided by sister homes in an evacuation emergency. Staff we spoke with could describe fire and evacuation procedures in detail and with confidence.

Accidents and incidents were managed to ensure people were safe in the service. These were reported to the registered manager and were subject to scrutiny using a falls monitoring tool which allowed for trends, patterns and any potential issues to be identified. Care plans were reviewed after each incident and the manager audited accidents and incidents monthly to identify any trends or patterns in order to identify and minimise future risks.

Risk assessments were centred on the needs of the individual and were reviewed monthly, or sooner when people's needs changed. Staff were aware of the risks that related to each person. There were specific risk assessments in place for people who may experience choking, skin damage and who were at risk of falls. Each risk assessment included clear measures for staff about how to keep people as safe as possible, taking into account their circumstances and preferences. Staff followed these measures in practice. Staff ensured a person whose skin was at risk was repositioned at regular intervals when they remained in bed; staff minimised the needs for a person to bend down when they experienced dizziness; a person who was at risk of falls was helped by two staff using appropriate equipment; another person had a wound care management plan in place for a pressure sore they had acquired prior to moving into the home and had been referred to a specialised nurse.

All aspects of people's medicines were overseen by the nurses and team leaders. All records relevant to medicines were checked daily to ensure they were appropriately completed. People had their medicines at the time they were needed to be taken. There were clear protocols for PRN medicines (to be taken as required) that were followed in practice. The storage of medicines was orderly and safe. The rooms where medicines were kept were cool, and room and fridge temperatures were checked daily. There were clear systems for ordering, booking in and disposing of medicines. Stocks of controlled drugs were regularly checked. When prescribed topical creams were administered by care staff as part of personal care, this was directed through handovers by the nurses or team leaders, and appropriately recorded. Body maps were used to guide care staff on the correct use of creams. Senior care staff with responsibility for administering medicines completed external accredited medicines training and received annual refresher training from the provider, along with competency assessments by the deputy manager. With such systems in place, people could be confident that all aspects of medicines were addressed to keep them safe.

Thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Interviews were scored and candidates were tested with presented scenarios. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. Staff members had provided proof of their identity and right to reside and work in the United Kingdom prior to starting to work at the service.

References had been taken up before staff were appointed and references were obtained from the most recent employer where possible. Checks ensured nurses' registration with the Nursing and Midwifery Council (NMC) was up to date. Disciplinary procedures were followed and action was taken appropriately by the registered manager when any staff behaved outside their code of conduct. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Good

Is the service effective?

Our findings

People said the staff gave them the care they needed. They told us, "All the carers are really efficient, they understand me and what I need", "The carers are just great, they make me something to eat, they change my bed, they look after me very well." Relatives told us, "Mother is very pleased with the staff here", "The staff are tireless and very good" and, "Nothing to complain about, they pre-empt what is needed and get on with the job." A local authority case manager who oversaw a person's care in the service told us, "The staff are definitely efficient, they communicate well with us."

Staff received essential training to enable them to carry out their roles effectively. New staff received a thorough induction that included 14 competency checks and incorporated the Care Certificate during the first 12 weeks. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standard of care that care homes are expected to uphold. 50% of new and existing staff had already completed this qualification. The registered manager spent time with new recruits and proposed scenarios for them to consider how to apply their knowledge.

Essential training was provided for staff that included moving and handling, fire, first aid, dementia awareness, infection control, health and safety, safeguarding, mental capacity and food hygiene. 97% of staff were up to date with their mandatory training. Additional training that was relevant to people who lived in the home was offered and delivered to staff, end of life care and care planning. There was an effective system to record and monitor staff training and highlight when refresher courses were due. There were several 'champions' who had attended enhanced training courses in specific topics before taking the relevant lead in the home. This meant that staff were able to approach dedicated champions and gain swift access to specialised guidance when in doubt. There were champions in infection control; wound care; Parkinson's; safeguarding; Deprivation of Liberty Safeguards; behaviours that challenge; and end of life care. Two care staff had attended a university event on working with reminiscence and oral history.

The staff we spoke with were positive about the range of training courses that were available to them. Two members of staff said, "The training here is amazing; most of it is face to face and we can re-visit the training course if we need to" and, "We get full support with all our training needs here."

Staff were encouraged to gain qualifications and progress their careers through the service. They received monthly one to one supervision sessions and were scheduled for annual appraisal of their performance. Staff told us they were able to obtain informal supervision and support at any time. At each supervision session, a particular topic such as catheter care or food and fluid intake recording, was selected for scenario-based discussions and referencing to the care needs of people living in the home. For example, a set of information packs from the Alzheimer's Society about perceptions of people living with dementia and management of behaviours that challenge, was due to be explored and discussed with staff on a one to one basis.

A staff member who had recently been recruited told us, "I had so much support when I was shadowing other care workers; I was encouraged to ask any questions and the staff always took the time to explain; my

supervision sessions are never rushed, we look into anything that could present a problem and we discuss what I could need to do the job even better." Staff were encouraged to enrol in a programme of studies and gain qualifications in Health and Social Care. All care staff, except thirty whose studying was in progress, held these qualifications.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were trained in the principles of the MCA and the DoLS and were able to accurately describe the principles of the MCA. Assessments of people's mental capacity were carried out when necessary. These had been carried out appropriately in regard to people participating in the care planning process; when they had declined particular assistance with their care or medicines; when they were unable to come and go unaccompanied without constant supervision; and when bed rails were in place to keep them safe. When people did not have the mental capacity to make certain decisions, meetings were held with appropriate parties to decide the best way forward in their best interests. Decisions were made taking into account people's mental and emotional state. The registered manager told us, "The more we involve families the better." Appropriate applications to restrict people's freedom had been submitted to the DoLS office and the manager had considered the least restrictive options for each individual.

Staff sought consent from people before they helped them move around, before they helped them with personal care and with eating their meals. People's legal representatives had been invited to attend reviews of people's care plans with their consent, and had been requested to sign on people's behalf when appropriate.

People were involved in their day to day care and in the reviews of their care plans when they were able to and when they wished to be. Nurses, team leaders and senior care workers sat with people and carried out monthly reviews of their care plans in partnership with them. There was a key workers scheme and people we spoke with, as well as their relatives, knew who their key worker was. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need. The registered manager told us, "The key workers are our eyes and ears, they spend time with our residents and often advocate on their behalf."

There was a robust system of communication between staff to ensure effective continuity of care. Information about new admissions, accidents and incidents, referrals to healthcare professionals, people's outings and appointments, medicines reviews, people's changes in mood, behaviour and appetite was shared by staff appropriately. Information about each person's care was handed over by nurses to care staff walking from room to room twice times a day. Follow up action was taken from one staff shift to another.

People told us they enjoyed the food they had and told us they were satisfied with the standards of meals. They told us, "The food is good, I get enough drinks during the day and the carers know exactly what I like or dislike which makes it a lot easier", "Food is food but I do like it and the chef is doing a good job" and, "I really like the food here; lovely meals and we get a good choice." A rolling seasonal menu was written every

four weeks that was flexible and adapted to people's wishes. People were consulted daily and weekly about the menu and when they requested alternatives this was provided. The chef and kitchen staff were aware of people's dietary requirements, their likes and dislikes, and were promptly updated when there were any changes. Several people had their breakfast late in the morning as they preferred, and cooked breakfasts were available when requested. The lunch in both units was freshly cooked, hot, well balanced and sufficient in amount. Tables were laid attractively and the food was well presented with attention to detail to enhance people's experience. Staff were unhurried and provided appropriate assistance when needed, along with encouragement and prompting.

People were weighed monthly or weekly when there were concerns about their health or appetite. When fluctuations of weight were noted, people were referred to the GP or a speech and language therapist (SALT) when necessary, and their recommendations were followed in practice, such as providing them with thickened fluids or helping them sit in a particular position when eating. A local dietician was a frequent visitor to the home, sitting with people at mealtimes and talking with them and staff to assess best practice. Their recommendations were followed effectively.

People's wellbeing was promoted by regular visits from healthcare professionals. People were able to retain their own GP or were registered with a local GP surgery. A GP visited weekly and saw the majority of people living in the home. When needed, prescriptions were obtained by fax in between. A chiropodist visited every four to six weeks to provide treatment for people who wished it. An optician service visited monthly when needed. A local dentist visited upon request when people were unable to go to the dental surgery. People were offered routine vaccination against influenza after relevant mental capacity assessments had been carried out and when people had consented to this.

When people had become unwell, they had been promptly referred to healthcare professionals. For example, to a GP, a Parkinson's nurse and to a mental health team. A hearing clinic team visited when necessary. Emergency services had been called appropriately when people had become seriously unwell, such as when experiencing head injury or breathing difficulties. Therefore staff responded effectively when people's health needs changed.

The accommodation was spacious, comfortable and welcoming. Both buildings had undergone extensive renovation and a programme of redecoration and refurbishing was under way. There was appropriate signage throughout the buildings to help people orientate themselves if needed.

Good

Is the service caring?

Our findings

People told us they were very satisfied with how the staff cared for them. They said, "The staff are really caring; I mean they take good care of me and always try to please me", "The staff are brilliant", "They are really friendly and caring", "Staff are really good and caring, how? -They do not rush me and they are very patient, I can honestly say they are such good people." Relatives told us, "All the staff here in each department are ever so kind, smiling, have time to chat, welcoming, and we can see every time we visit how kind they are with the residents; Mother tells us they are always like that night and day." A relative had sent us this comment, "We chose Eglantine Villa because it had such a friendly and welcoming atmosphere; the staff are all very caring and do a brilliant job."

Visitors were welcome at any time without restrictions and were warmly greeted by staff. A relative said, "There is a hotel atmosphere here but with family warmth." We spent time in the communal areas and observed how people and staff interacted. There was a homely feel to the service and frequent friendly and appropriately humorous interactions between staff and people whom staff addressed respectfully by their preferred names. Staff had built a positive rapport with people that promoted friendship and respect. Staff escorted people to hospital and stayed with them as long as possible to ensure they were reassured by a familiar presence. People were encouraged to personalise their bedrooms as they wished and bring their own articles of furniture to make them feel at home from the beginning of their stay.

People were able to have as many baths or showers as they chose and told us that staff were mindful to respect their dignity and privacy. A person told us, "They respect my dignity when they wash and change me; I don't mind if the care worker is male or female but if you object they would change them at once." A relative told us, "My father likes a shower every morning, he is quite specific and it is no problem for staff, they are always happy to oblige." People and relatives we spoke with confirmed that staff "always knock and wait a bit before entering bedrooms or bathrooms."

Staff were careful to speak about people respectfully and maintained people's confidentiality by not speaking about people in front of others. People were given the choice of having their doors open or closed; People's records were kept securely to maintain confidentiality. A service that provided independent mental health advocates (IMCAs) was available and had been used appropriately to help represent people's views at best interest meetings when families were not available.

Appropriate wound care management was in place for a person who had acquired a wound prior to coming into the home. Full information relevant to the wound was collected in body maps, a specialised care plan, photographs monitoring the healing progress, records of specialised nurse's recommendations and logs to evidence that required frequency of new dressings had been observed. Photographs were kept in a confidential folder.

Staff knew how to communicate with each person. Staff were lowering their position so people who were seated could see them at eye level. They used people's correct and preferred names, spoke clearly and smiled to engage people who smiled in return. They showed interest in people's response and interacted

positively with them. Staff used a communication board to communicate with people who were unable to express themselves verbally. People had a specific information sheet in their files that informed staff how best to communicate with people. There were instructions for staff to be mindful of people's sight or hearing impairment, such as, 'combine gentle tone of voice with appropriate touch so as not to make her jump', 'lead gently by the left arm', 'offer his braille book to select the music he likes'. We observed staff follow these instructions in practice. The registered manager told us how a snooker table that was being purchased for the home included balls that made a sound, allowing people with hearing impairment to play and follow the game.

Attention was paid to people's diversity and equality as well as their cultural, religious and linguistic needs. One person required certain artefacts in their bedroom and selected food to abide by their particular faith practice. The home had hosted several wakes and had welcomed 19 relatives and a dog to remain in a lounge over several days while their relative reached the end of their life. All staff gathered and stood outside to say their goodbyes when people who had passed away were taken away in their coffin and staff attended their funerals. Two care workers had supported a person when they went to their son's wedding in a special attire to honour the person's family tradition.

Staff encouraged people to do as much as possible for themselves. Staff checked that people were appropriately dressed and all people were well presented with comfortable clothing and footwear. People washed, dressed and undressed themselves when they were able to do so. People followed their preferred routine, for example some people chose to have a late breakfast, remain in their bedrooms, or stay in bed. Staff respected a person's choice to remain in their pyjamas at day time. At mealtimes and during activities, people chose where they liked to sit. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote their independence. A person who liked to do housework was helping staff to do some dusting; another helped manning a tea trolley. A person used a taxi service to go as they pleased, another person ordered take-away food to be delivered or a movie to watch. An agreement had been reached between a person and the management team about smoking and drinking so they could continue doing so safely independently.

Clear information about the service and its facilities was provided to people and their relatives. A welcoming pack provided a wealth of information about every aspect of the service including how to complaint. There was a website about the service and sister services that was informative, well maintained and user-friendly.

People could be confident that best practice would be maintained for their end of life care. People or their legal representatives were consulted about how they wished the service to manage their care and treatment when they approached the end of their lives. There were 'advance care plans' (ACP) that gave people the opportunity to let their family, friends and professionals know what is important to them for a time in the future where they may be unable to do so. This include how they might want any religious or spiritual beliefs they held to be reflected in their care; their choice about where they would prefer to be cared for; which treatment they feel may be appropriate or choose to decline; and who they had wished to be their legal representative. A local hospice team of specialised nurses supported people and offered guidance to staff when necessary. The service was undertaking a rigorous accreditation process 'Going for Gold' with the 'Gold Standard Framework in Care Homes' (GSFCH). To qualify for this accreditation, care homes must have undertaken the full GSFCH training program over nine months, achieved at least 84% of the standards, and embedded this into their homes for at least six months.

Outstanding ☆

Is the service responsive?

Our findings

People gave us very positive feedback about how staff responded to their needs. They told us, "There is always some activity going on to keep us occupied so we have a laugh", "If I had to complain I would just speak out, I know it would be taken seriously because the carers take me seriously", "The carers know each of us very well, they know what we need and how we want things done, they are marvellous really." Relatives told us, "Brilliant activities here; the residents matter; they are always given a choice across the board; our mother is ever so content here, she trusts the staff because they got to know her well and know how to make her happy, even with tiny little things" and, "The residents are consulted about so many things and listened to, it is like they are one team with the staff; marvellous; simply marvellous."

Two activities coordinators led a programme of activities that were suitable for older people and those living with dementia. The activities team were pro-active and aimed at stimulating people's mind by researching original activities, people's life history and responding to their individual interests. One person had commented, "When I came in this home I thought I would be confined to bed but the girls [staff] really have done more for me than I ever thought possible. I got a new lease of life here."

The activities team were part of the European Reminiscing Network, an organisation that aims to promote best practice in reminiscence work and to share experience across national frontiers. They attended their meetings to give and gain information on recent developments on activities research. As a result of this involvement, new aspects of activities had been explored to see how they could impact more positively on people and two specific activities had been implemented to establish a reminiscence link with a person's past; the person who was unable to remember their past as a gardener was encouraged to place their hands in soil and compost, and feel plant bulbs through the compost to trigger a positive memory; people had been asked for specific 'three wishes' to help them select contents of a memory box. The head of activities also belonged to an activities coordinators focus group, leading presentations in other homes about residents' choice. They told us, "Any new ideas that we see working well and benefit people will be shared with other homes so they also can try these and raise standards of activities." This meant that research was used effectively to promote positive outcomes for people's psychological and social needs in and beyond the service.

An occupational therapist, who visited sister homes and who supplied advice to the provider on 'Wellbeing & Activity' had commented, "The head of activities has been dedicated to finding out about residents' life and current interests, routines and habits. She has been exceptional with reviewing activity interaction. This is evident within the home as a whole team approach can be seen with everyone knowing the residents and their families".

The head of activities told us, "Research has shown that keeping an active mind can reduce the risk of developing Alzheimer's and dementia; my aim is to keep the mind and body active to give our residents as normal a life as possible. They deserve the very best and I aim to continue to provide this for them; the choice at the end of the day is always the residents' choice; the residents are my extended family." The head of activities kept daily logs of people's interactions and wrote a three monthly review on each person

including their daily routines and concentration levels. This enabled them to assess whether people's cognitive abilities had changed and they shared their findings with care and clinical staff. They described the activity programme as, "All aspects of life looking at the simple things like drinking tea with friends in the garden or sitting quietly alone with your thoughts watching the birds from the window, and then to the more physical and mentally stimulating i.e. playing board games, balloon tennis, music and movement, or art and craft. For some, it may mean they are involved with the tea trolley, helping us tidy up after lunch or even helping us do a bit of dusting."

A weekly activities plan was adjusted to match people's mood and preferences each day. Every morning the activity team greeted people and gauged how they were feeling that day and what they may be able to do. If they were not physically or mentally able that day to take part in what was planned, they brought the activity to them or found an imaginative way of getting them involved if they so wished. Every person had an individual activity plan which had been inspired by their feedback, interests and requirements. This plan was reviewed and signed off every three months by people and/or their families.

Activities were selected to match people's levels of concentration. People participated in exercise called 'Bubble gum Pop!', sorted out buttons into colours, painted pictures, did yoga and dance, and played board games. People had been provided with audio books when they were no longer able to read, and materials for relaxation such as colouring books for adults using large crayons and pencils; others discussed an in-house magazine 'Hot off the press' during 'chit-chat club'. Three performers visited the home every month, such as musicians, singers and magicians. Visits from petting zoos and pets were organised. One to one activities were provided for people who remained in their room. Staff spent time with people while painting in their room and sharing long chats and cups of tea. A person wanted to watch films from a certain era in his room, therefore staff went out the same day to purchase a DVD player and source some videos for them; another person loved knitting and was unable to hold standard knitting needles due to Arthritis. Staff had researched and provided shorter and thicker needles to enable this person to knit in their bed. Sensory equipment and imaginative ways to stimulate people's interests were used, such as people feeling small utensils through cloth to identify them and relate them to a memory or a story. Outings were selected by residents and provided to the sea-side, local shops, and local bakers for tea and cake.

There was a system of 'Resident of the day' implemented in the service. On that day, each head of departments visited the person and gathered their feedback about the care they received. This gave people further opportunities to be listened to.

People's needs were comprehensively assessed before they moved into the service. These assessments indicated whether the service could meet people's individual needs. They gave a clear account of needs relating to medicines, eating and drinking, breathing, temperature control, manual handling and dementia care. In the pre-admission and review assessments we noted that particular attention was paid to people and their families' emotional state. The assessor took the time to find out the person and their relatives' expectations and understanding of the proposed admission. One relative told us, "The manager took the time to answer all our questions and explained everything to alleviate my mother's anxiety; our mother was made to feel important because she took the trouble to really find out about her and what she wanted."

Information was gathered on people's life history, their interests, and special requirements about their routine. The assessor noted people's relationships and community involvement that was important to them; their cultural practices; their preferred activities and helped them set future goals to attain if their wished. The registered manager told us, "Each of our residents has an important life story which we want to learn and understand. By spending time listening to residents along with their family and friends, we create and capture each person's experiences in 'My Day, My Life, My Story'; this helps us tailor our care to the

needs of each person". This helped staff understand people's perspective. They were aware of people's history and of how their individual care should be delivered; they were able to describe to us how several people liked their coffee or tea, what type of food they favoured, how long they liked to stay in bed, and how they enjoyed to spend their day.

People were invited to stay for short periods before they made an informed decision about coming to live in the service. Risk assessments were carried out before people moved into the service, to ascertain control measures that could reduce those risks such as falls or skin damage. Equipment was put in place from the onset such as pressure relieving mattresses, sensor mats and walking aids.

People's care plans addressed 14 domains including 'communication, choices and decisions over care', lifestyle, 'healthier, happier life' and ''future decisions'. A summarised care plan at the front of each person's care file titled, 'my day, my life, my portrait' complemented the main care plans with 'at a glance' information on people's preferences. For example, about safety, 'I feel safer with people around and I like to have my lamp on at night'.

Each care plan was subject to a monthly re-evaluation and updated appropriately, for example following an illness, any incidents, changes in medicines or a period of hospitalisation. Staff sat down with people to involve them during the review of their care, when they were able and willing to do so. Quarterly reviews of each person's care were carried out and people's legal representatives and/or families were invited to attend and contribute to the reviews. The registered manager told us, "This way we discuss what works well and what could be done better." As a result of families' involvement, a morning routine and a format of activities had been adjusted for two people. Independent Mental Health Advocates (IMCAs) had been enlisted to represent people's views at reviews when families were not available.

People, relatives and staff provided a wealth of accounts describing how people's specific requirements or inclinations had been responded to. Staff often went 'the extra mile' to enhance people's experiences. A care worker who had developed a positive relationship with a person who had no family available came regularly on their days off to take them out and spend time with them. Staff and management team worked with a GP and a person's family to accompany them to their son's wedding. When staff were made aware of a person being a fan of a certain football club, they searched and obtained a sport programme signed by their favourite 'goalie' from their era. The person had commented, "This has made my year." Staff had obtained memorabilia for another person who was an Elvis Presley fan and had planned to take them to see a show about Elvis. A digital device had been purchased equipped with a system so people could interact visually with their grandchildren and see their pets who were staying with their loved ones.

People's feedback was actively sought and promptly acted on. Residents were involved in all decisions made about the environment in which they lived, including about the renovation and refurbishment of the premises. People had expressed the wish to have a shop, a pub area, a spa for pampering days, and an internet café. These had been incorporated in the provider's renovation plan. People chose their bedroom walls colour and furnishings, were consulted about how best to personalise their bedroom doors, and chose all artwork due to be displayed in the premises. There was a 'Choice Board' with photographed options of chairs, privacy screens, and diverse utensils where people and staff were invited to input their vote and comments. 'Residents and relatives' meetings were held quarterly and as a result of people's feedback, car parking facilities had been extended, an electric gate and raised gardening beds had been ordered. When people had stated they wished to be involved in charity work, they had been invited to nominate charities and helped by staff with the researching of suitable fundraising activities.

People and relatives were aware of how to make a complaint and a copy of the complaint policy was

displayed in communal areas. Complaints forms were also provided in a suitable pictorial format to help people who may not be able to read. Four complaints had been addressed in the last twelve months as per the service's policy and to a satisfactory outcome.

An annual satisfaction survey was in progress, to seek feedback on all aspects of the service. The last survey dated October 2015 indicated that people were extremely satisfied with the service, staff and staff responses, activities, food, cleanliness and management.

Outstanding ☆

Is the service well-led?

Our findings

People were very complimentary about the way the home was run and of the culture of the organisation. They told us, "We can always talk to the manager, we know who she is; she comes and sees us every day", "The manager is very nice and understanding; she runs a tight ship" and, "If I had a problem I would talk to anyone in the office, they do listen to what we have to say." Relative told us, "The manager and her team are very good at communicating with the families" and, "The managers and all the workers, from the reception to the kitchen staff to the housekeepers to the gardener are all second to none, this is an excellent place for our mother to be." A relative had sent this comment to the CQC, "I feel the care and information are exceptional now in the home since the new manager has taken over. There are regular update meetings and she is always available. She even provides her personal phone number to relatives; she is a valuable asset to this home and the changes have been immense since she took over. She really cares about each and every resident and ensures relatives are kept informed of any problems or concerns."

A local authority case manager who oversaw people's care in the service told us, "This is an excellent home, with good staff who are extremely well managed and organised." A GP who was a Visiting Medical Officer (VMO) for the service since July 2015 had commented, "I have observed the highest level of care and consideration given to the residents and their family where there is always prompt and good communication. I have also been VMO to other nursing homes during my career as a GP and I can comment that Eglantine Villa, as compared to the other homes, provides an outstanding standard of care."

When we last inspected in April 2014, we had identified a breach in regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010, because accurate and appropriate records were not consistently maintained. We had requested the provider to take action. At this inspection, we found that improvements had been carried out. Records were appropriately completed and contained comprehensive information to guide staff providing care to people. All records were kept securely and confidentially. They were archived and disposed as per legal requirements.

The manager had been in post for two years and was supported by a regional director, a deputy manager and an administrator. Management responsibilities were clearly defined. The registered manager and deputy manager did a daily and weekly 'clinical walk-round' to observe staff practice and talk with residents, staff and visitors. The registered manager told us, "I see every visitor that comes through the doors. This is a way to ensure my visibility and allow people to raise concerns at any time and to know that I take it very seriously." They operated an open door policy and anyone who lived or worked in the service were able to visit her in her office and discuss any problems they may have. Staff had nominated the registered manager for an award in 'The 3rd Sector Care Awards'. These awards were launched in 2014 to celebrate and showcase the innovation and care excellence of the care and support sector. In their nomination, staff had stated, " Our manager has been determined to make the home outstanding from the very beginning. This has been achieved by encouragement, support and respect of every individual that works alongside her. As a group, we feel she has improved best practice by instilling that every little action counts towards the bigger picture with a relentless pursuit for quality of care from every department." As a result, the registered manager was a finalist in the category for Leadership and Innovation in December 2016.

The registered manager carried out innovative research to contribute to dementia care at national level. This scientific research was endorsed by a local university. The registered manager had found a possible link between dementia and a number of developmental disorders or syndromes, such as dyslexia, dyspraxia, sensory integration (disorder), Asperger's, Irlen, Tourette's and epilepsy. They had undertaken a research planned over seven years, to establish the link and help select tools that may help people with dementia's perception and communication. They told us, "I am a research nurse and find the prospect of any breakthrough as a result of this research incredibly exciting as it could benefit so many people with dementia; if and when we have the tools right we can roll it out to other nursing homes, mental health teams and outreach programmes." One of the provider's directors had outlined the registered manager's research in the House of Parliament when the topic of 'How do we measure quality of care for people with dementia' was being discussed in September 2016. This research aimed at improving the way that dementia care efficiency could be measured and evaluated, to improve delivery of care at national level.

The registered manager participated in an 'Innovation in practice' scheme in October 2016. This meant that once a month an area was selected to be part of a trial, and the current one was relevant to weight loss. The registered manager explained to us, "Studies have shown those with dementia can experience difficulties with their sight and perception and may fail to properly recognise food on white plates. The use of colour in crockery has been shown to stimulate interest in patients with dementia, enhancing food presentation and even encouraging appetite. To test a theory resulting from a study in 1989 in Boston University, we have brought a number of different types of coloured crockery and cutlery and we are going to over the next six months see if this theory is sound. The aim is to examine if coloured plates make a difference in maintaining or increasing weights over a one, three and six month period in comparison to the previous periods."

The registered manager was also running a pilot programme to develop a new format of survey which tracked 'variable' responses from people who lived in the home, to questions about their quality of life and experience on the day. The registered manager explained, "The aim is to find evidence to demonstrate the impact of the quality of care given, and then to look at different aspects of our residents' lives through this research." This pilot was undertaken in collaboration with the provider's Head of Healthcare Outcomes.

Staff were very positive about the support they received from the management team and told us they appreciated their style of leadership. They reported that they could approach any member of the management team with concerns and that they were confident that they would be supported. They described the manager as, "very approachable" and, "inspiring"; the deputy manager as "Loved by everyone, we learn so much from her" and the home as, "Somewhere I would be glad to have a family member in because it is an exceptional home."

The registered manager talked with us about their values and philosophy of care. They told us, "Our home is a family home and choice and collaboration is at the heart of it. My style of management is to encourage, support and facilitate staff in every way I can; to foster an open and honest environment, and encourage positive feedback and resolutions." From our observations and the feedback we collected, staff followed this philosophy in practice.

The service was recognised as being exceptional by several bodies. They were the fourth most complimented home out of the 287 services held by the provider. An independent 'mystery shopper' had visited the home in April 2016 and had reported 97% of overall satisfaction with the service. An independent website dedicated to care homes reviews had received outstanding feedback from people and relatives in 2016 and had awarded Eglantine Villa with an overall rating of 9.7 out 10. The National Institute for Health Research (NIHR) had inspected the home over two days in October 2016. The NIHR is a UK government body that receives Department of Health (DH) funding to direct and coordinate research programmes for the

benefit of National Health Service (England) patients. Their comprehensive report had not identified any shortfalls, was extremely positive and had described the home as, "like home, or as close to home as it could possibly be."

The manager involved people with the running of the service. People living in the home were invited to take part in staff interviews and provide their views on candidates' suitability. The provider had established an annual system to regularly gather the views of people, their relatives and staff through satisfaction survey questionnaires, analyse the results and act on implementing any improvements that may be identified. Feedback from people and relatives was also collected at each 'residents and relatives' meetings and acted on.

The manager encouraged staff to be involved with the running of the service. They held daily meetings every morning with the heads of departments including kitchen, maintenance, housekeeping and activities. We attended such a meeting and noted how tasks were clearly delegated to ensure staff delivered care and met people's individual needs for the day ahead. All aspects of care in regard to the 'resident of the day' were discussed, as well as any people whose health and safety may be compromised, such as by illness or a fall. Staff attendance at monthly staff meetings, chaired by the registered manager and the deputy manager, was mandatory. Clinical risks meetings were held weekly to discuss, for example, how falls could be reduced in the home and any relevant referrals. Monthly meetings were held with staff 'champions' to discuss issues relevant to safeguarding, infection control and health and safety. Special meetings were held as necessary, such a 'renovation meeting' with the management team, maintenance, housekeeping, the site manager and the project manager, to discuss planned changes in the home; an ad-hoc meeting with nurses to discuss how best care for a person with a PEG (a tube that had been inserted in their stomach) before the person came to live in the home. All meetings were recorded and any action that was agreed to be taken was monitored until completion.

There was a robust system in place to monitor the quality of the service and drive improvements. Staff updated a 'Home manager Quality Metrics' report on a daily basis and forwarded it to the registered manager and the deputy manager. This included updates on wound care, medicines, GP reviews, safeguarding, infections, accidents and incidents, and people's feedback. The data was inputted in a computerised system and a report for the service was generated, checked and scrutinised by the management team and by the Head Office to identify trends and patterns. This system complemented regular audits that were carried out by the management team and designated staff, which included accidents and incidents, weighing charts, medicines, infection control, complaints and satisfaction surveys. When an audit had identified a shortfall, the registered manager checked that an action plan was set up, monitored the plan until completion and signed it off when satisfactorily completed.

The registered manager met counterparts from other sister homes with the regional director monthly; the deputy manager quarterly. They discussed new ideas, lessons learned and how to implement improvements. The regional director carried out monthly inspections of the service and compiled a 'monthly home review' that checked all aspects of the service including the quality assurance systems. As a result of internal audits and of the monthly home review, the registered manager wrote a 'home improvement plan' that detailed the actions required, the timescales for completion, and an update on their progress. A recent medicines audit had identified a need for an improvement of documentation; a recent infection control audit had indicated pulling cords needed to be replaced in toilet areas. These actions had been implemented.

The registered manager ensured the home maintained strong links with the local community. The service opened its doors to the public every time they held an event. Last Christmas, they had invited 250 people

who lived in a nearby warden controlled environment and who may be alone at that time of year. The registered manager had been invited to talk on BBC Radio Kent about older people and loneliness. Local school children were regular visitors in the home to sing carols and play musical instruments with people in the home. The community had been invited and welcomed to join a Halloween costumed party, an Easter egg hunt, a 'British bake-off' competition and 'Strictly Tea dance'. Staff had advertised these events by placing posters in local post office, churches, community centres and retirement villages. People and staff actively fundraised for charities, selected by people in the home, such as Age (UK), Cancer Research and The Royal British Legion. The mayor and the local press had been invited to attend a person's 103rd birthday celebration with their agreement. This helped making the community aware of what the home could offer.

The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They were fully aware of updates in legislation that affected the service. The service's policies and operating procedures were appropriate for the type of service and clearly summarised, to help staff when they needed to refer to them. They were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance.