

The Healthcare Management Trust

Coloma Court Care Home

Inspection report

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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

This inspection took place on 21 and 24 January 2019 and was unannounced. Coloma Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 62 people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. At the time of our inspection 61 people were living at the home.

At our last inspection on 18 and 19 July 2016, we rated the service good overall with an outstanding rating in caring. We found that the home provided outstanding end of life care and people experienced a comfortable, dignified and pain-free death. Since that inspection our key line of enquiry [KLOE] relating to end of life care has moved from caring to responsive. Our evidence relating to end of life care is referred to in responsive.

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

The home was outstanding at responding to people's needs. The home's website stated, "Our aim at Coloma Court is to preserve and maintain the dignity, individuality and privacy of all residents. Achieving that aim involves working with each resident to provide care in ways that suit them." It was evident throughout the inspection that management and staff worked hard to achieve these aims.

People and their relatives told us they received personalised care which met their individual needs and preferences. The homes' dedicated admiral nurse provided practical, clinical and emotional support to people living with dementia and their family members. They ran a daily 'advice drop in' service for relatives to access. People were supported to meet their spiritual and religious needs by the provision of daily services and the Christian ethos of the home was reflected in the attitude of the staff and their approach to care. The home provided outstanding end of life care and people experience a comfortable, dignified and pain free death. The home was proactive in raising awareness of other cultures. Staff knew people well and understood their needs. People were provided with a range of appropriate social activities that met their needs. The home had a complaints procedure in place and people and their relatives said they were confident their complaints would be listened to and acted on.

People, their relatives, health professionals and staff felt the service was very well led. We received very positive feedback about the way the home was run. The provider took steps to ensure people and their relatives were involved in the developments at the home. The management team motivated and encouraged staff to develop their professional and leadership and skills. Staff were consistently positive about the leadership provided by the registered manager, deputy manager and the unit managers and

about working at the home. The home was part of a group of care homes that empowered and supported staff to provide individualised, skilled and effective end of life care for their residents. The homes admiral nurse had delivered talks on dementia awareness to people in the local community and further engagements to continue these throughout 2019. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents were investigated and, where there were areas for improvement, these were discussed during managers and unit meetings to reduce the likelihood of these incidents reoccurring.

People using the service said they felt safe and staff treated them well. Appropriate recruitment checks took place before staff started work. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. People's medicines were managed appropriately, and people received their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us they enjoyed the meals provided and they could choose what they wanted to eat. People were supported to maintain good health and they had access to healthcare professionals when they needed them.

People had been consulted about their care and support needs. These needs were assessed before they moved into the home. Care plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. People's privacy and dignity was respected. There was a range of activities for people to partake in if they wished to do so. The home had a complaints procedure in place and people and their relatives said they were confident their complaints would be listened to and acted on.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service has been rated Good in this key question. We rated the service outstanding at our last inspection. This was because we found that the home provided outstanding end of life care to people. Since that inspection our key line of enquiry [KLOE] relating to end of life care has moved from caring to responsive. Our evidence relating to end of life care is referred to in responsive.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

The home provided outstanding end of life care.

The homes dedicated admiral nurse ran workshops at the home and provided training and information for staff, people using the service and relatives on dementia awareness.

Staff knew people exceptionally well and understood their needs.

The home was very proactive in raising awareness of people's diverse needs.

People were provided with a range of interesting and varied social activities.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

There was now outstanding leadership at the home.

The registered manager was not able to attend the inspection

however the systems and processes they had put in place, ensured that in their absence the exceptional leadership at the home was evident. Staff spoke positively about the leadership at the home.

The home was involved with local community projects for raising awareness of dementia.

There was a strong emphasis on monitoring performance leading to the delivery of demonstrable quality improvements to the home.

People and their relatives spoke extremely positively about the running of the home.

Health care professionals commented on the outstanding leadership of the home.

Coloma Court 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 checked 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 the 21 and 24 January 2019 and was unannounced. The inspection team on the first day consisted of one inspector, a specialist nurse advisor 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. One inspector attended the home on the second day of the inspection.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted health and social care professionals and the local authority that commissions services from the provider to gain their views about the home. We used this information to help inform our inspection planning.

During the inspection we looked at eight people's care records, five staff members recruitment records, staff training and records relating to the management of the home. We spoke to 12 people using the service and six relatives to gain their views about the care provided. We spoke with the registered manager [on the telephone], the deputy manager, the admiral nurse, three-unit managers, three nurses, a student nurse on a placement at the home, three care staff, an activities coordinator, the chef and four domestic members of staff about how the home was being run and what it was like working at the home. We also spoke with a GP and a health care professional that were visiting the home.

Not everyone at the service was able to communicate their views to us so we also 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.

Is the service safe?

Our findings

People and their relatives told us they felt safe. Comments included, "I feel safe because there are always people around", "I am safe. My room is very comfortable. It is fine here", "The staff deal with my problems very well. One is not afraid, and they are very thorough with my medicines" and, "The staff, and the general atmosphere, make me feel safe." Comments from relatives included, "I feel [my loved one] is very safe here" and, "My loved one is safe. The door is always locked and there is CCTV outside."

There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. Training records confirmed all the staff had received training on safeguarding adults from abuse. Staff told us if they thought safeguarding concerns had not been properly handled by their unit managers or the registered manager they would report their concerns to social services or the CQC. They also said they would use the provider's whistleblowing procedure to report poor practice if they needed to.

Robust recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a health and social care environment. Staff files contained completed application forms that included their full employment history, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

People, their relatives and staff told us there was always enough staff on duty to meet people's care and support needs. One person said, "There is always someone around to help you. You never feel that you are on your own." A relative commented, "There is always enough staff around." Staffing rotas showed that the service used regular agency staff to maintain staffing levels and continuity of care. The deputy manager told us agency staff were used on a regular basis, most of whom had been working at the home for long periods of time and knew people well. They said they currently had some staff vacancies and had recently recruited a nurse and two care workers into post. The deputy manager told us that the home did not use a staff dependency tool to assess staffing levels within the home, however they looked at staffing levels in relation to people's needs to plan and set staffing levels accordingly. During our inspection staffing level ratios appeared adequate to meet people's needs and rotas corresponded with staff that were on duty.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Assessments were carried out to assess the levels of risk to people in areas such as falls, eating and drinking, choking, moving and handling and skin integrity. Where people had been assessed as being at risk of falling we saw guidance had been provided to staff on the prevention of falls. People's care plans recorded the support they needed from staff to ensure safe moving and handling. Where people had been assessed as being at risk of choking we saw advice had been received from appropriate health care professionals and their care plans recorded the support they needed from staff to ensure they could eat and drink safely.

The deputy manager showed us the provider's system for monitoring and investigating incidents and accidents. They told us that incidents and accidents were monitored to identify any trends. Where trends

had been identified we saw that action had been taken to reduce the likelihood of the same issues occurring again. For example, data collected regarding falls had been analysed, evaluated and was being used to reduce the number of falls occurring at the home.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. We saw records confirming that the fire alarm system was tested, and fire drills were regularly being carried out at the home. There were also systems to manage portable appliances, electrical, gas and water safety. Equipment such as hoists, wheelchairs, baths, lifts, the call bell system and window restrictors were also serviced and checked regularly to ensure they were functioning correctly and safe for use.

There were safe systems in place for storing, administering medicines and for monitoring controlled drugs. Medicines including controlled drugs were stored securely. Where medicines required refrigeration, we saw they were stored in medicines fridges and daily medicines fridge and clinical room temperature monitoring was in place and recordings were within the appropriate range. People had individual medicine administration records [MARs] that included their photographs, details of their GP, information about their health conditions and any allergies. There was guidance in place for staff on when to offer people 'as required' medicines or pain relief. We checked MARs for six people; these indicated that they were receiving their medicines as prescribed by health care professionals. We observed a nurse administering medicines to people. They administered medicines to people safely in a caring and unrushed manner. Training records seen confirmed that staff had received training and had completed medicines competency assessments before they were permitted to administer medicines to people. We saw medicine audits were carried out on a regular basis and evidence that the outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon.

The provider had infection control policies and procedures in place which provided staff with guidance on how prevent or minimise the spread of infections. We found that the home was warm, clean and tidy and free from any unpleasant odours. We saw hand washing reminders in bathrooms and toilets and hand sanitizer was available. Staff knew the importance of following infection control protocols. They told us they wore personal protective equipment (PPE) when supporting people and we observed this throughout our inspection. Training records showed that all staff had completed training in infection control and food hygiene. We spoke with four members of the domestic team. They all said they had cleaning schedules that they followed, they were very well trained, and they had access to cleaning materials, equipment and protective clothing.

Is the service effective?

Our findings

People and their relatives told us the service was effective and met their needs. Comments included, "I think the staff understand me. If I had a problem, it would be addressed quickly", "The staff deal with my personal needs very well", and, "The staff look after me very well. I am very happy. They are very good. They understand me." Comments from relatives included, "The staff know my loved one very well. They give them all the support they need."

Assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to draw up individual care plans and risk assessments. Nationally recognised planning tools such as the multi universal screening tool (MUST) were being used to assess nutritional risk. People's care plans described their needs and included guidance for staff on how to best support them. We saw that people's care plans and risk assessments had been kept under regular review.

The home employed a full-time admiral nurse. Admiral nurses are specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia. The admiral nurse told us they had used guidelines from the University of Stirling which they said provided excellent information on evidence based best practice for dementia friendly environments. These included a 'safe garden' off the dementia unit where people could sit in warmer weather. There was also a much larger 'rose garden' which staff told us was used a lot in the summer for events such as fetes and barbeques. The home environment was bright, clean and tidy. The décor in the dementia unit was suitable for people with dementia and those with visual impairments. There were contrasting colour toilet seats and hand rails in toilets, as this helped them be more visible to people living with dementia. We also saw memory boxes to aid orientation and pictures on the walls which could promote interest and discussion.

Staff told us they had completed an induction when they started work and they were up to date with their training. They said they received regular supervision with their unit managers. The deputy manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix confirming that staff had completed training on topics such as moving and handling, safeguarding, dementia care, positive behaviour support, mental health awareness, the administration of medicines, equality and diversity, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Nursing staff had completed training in clinical areas for example, wound care, catheter care and venepuncture.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The deputy manager and staff we spoke with demonstrated a good understanding of the MCA and DoLS. They said that most people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where there were concerns regarding a person's ability to make specific decisions we saw that managers had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications had been made to the local authority to deprive people of their liberty, for their own safety, where these had been authorised we saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

People were provided with sufficient amounts of nutritional food and drink to meet their needs. Care plans included assessments of individuals dietary needs and preferences which indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs. We saw that records were kept of people's fluid and dietary intake when they had been assessed at risk of malnutrition or dehydration. A unit manager told us that these records were reviewed by health care professionals who provided guidance for staff on how to support people to meet their nutritional needs. We saw that referrals had been made to appropriate health care professionals following changes to people's dietary intake or weight loss.

We visited the kitchen and spoke with the chef. They told us that nursing and care staff kept them up to date with people's dietary needs and showed us documents which alerted kitchen staff about people's personal preferences and any food allergies they had. A recent meeting had been held with people and their relatives to discuss the meals provided at the home. The chef told us that people had made some suggestions for the meals to be included on the next menu cycle. They said that once the new menu had been completed they planned to circulate it to each unit at the home for people's views. The kitchen was clean and well-kept, and we noted that the Food Standards Agency had visited in November 2018 and rated the home 5 meaning very good food hygiene.

We observed how people were being supported and cared for at lunchtime. Most people ate independently, some people required support and some people preferred to eat their meals in their rooms. We saw they received hot meals and drinks in a timely manner. We observed staff providing support to people giving them time and encouragement to eat their lunch. The atmosphere in the dining areas was relaxed and not rushed and there was plenty of staff to assist people when required. People were provided with a choice of drinks and snacks throughout the day and these were available in the lounges on each unit. People's comments about the food provided at the home included. "The food is lovely", "The food is excellent. There is always a choice", "The food is good, not first class but it's getting there", and, "I can only eat soup now, but I think it's excellent, they are doing their best for me."

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. A GP told us their practice visited the home once a week or when required to attend to people's needs. A health care professional told us they had been visiting people at the home since it opened, there was always a good atmosphere and the staff were very supportive if they needed any help when they were treating people. Another health care professional told us, "The staff have everything ready for me when I get here. A nurse is always available to discuss any issues I find, and the staff are always helpful."

The home used a local initiative scheme called the 'Red Bag Scheme'. A red bag would be sent with people

who were transferred to hospital. The red bag contained information about the person's general health, any existing medical conditions they have, medication they are taking, as well as highlighting the current health concern. This meant that ambulance and hospital staff could determine the treatment a person needed more effectively. The bag also had room for personal belongings (such as clothes for day of discharge, glasses, hearing aid, dentures etc) and it stayed with the patient whilst they were in hospital. When patients were ready to go home, a copy of their discharge summary (which detailed every aspect of the care they received in hospital) would be placed in the red bag so that care home staff had access to this important information when the person arrived back home.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. Comments included, "The staff are very kind. I have nothing to complain about. They are always ready to stop for a chat. I regard the staff as my friends", "I am very happy here. The staff are very friendly, and the food is lovely", "The staff are very kind. They pull my leg quite a lot which I enjoy" and, "They held a wonderful party for my birthday." Comments from relatives included, "The staff are very nice. They treat my loved one with dignity and respect. As soon as I walk in here, they offer me a drink", and, "They [staff] really go above and beyond in the way they care." A health care professional told us, "I would say that the staff at this home are superb in the way they care for people."

People and their relatives told us they had been consulted about their care and support needs. One person told us, "They asked me a lot of questions when I moved here. Thankfully my family were here to tell them what else I needed." This person's relative said, "The staff were very good when we came, we filled in all of the forms and our [loved one] has settled in here. My loved one is happy, we are happy knowing they are secure and well looked after." Another person told us, "When I got here we discussed my needs. This place is just what I wanted." This person relative said, "I have been involved in all of the care planning. The admiral nurse has been very helpful."

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. Staff appeared to know people well and we saw care was delivered by staff in a way which met people's needs. For example, during meal times and social activities we saw staff actively listening to people and encouraging them to communicate their needs. Staff were also observed assisting people to sit or stand with gentle physical promoting.

People told us their privacy and dignity was respected. We saw staff respected people's wishes for privacy by knocking on doors before entering their rooms. One person said, "The staff are very respectful towards me. When they help me to get washed and ready they close the doors and draw the curtains and they make sure nobody else comes into my room." Another person told us, "The staff are really good at helping me to maintain my independence and that is really important to me." Staff told us how they ensured people's privacy and dignity was respected whilst personal care was provided. A member of staff told us they closed doors and curtains when supporting people with personal care. If other staff knocked on the door they would ask them to wait until they had finished personal care and advise them when it was alright to enter the person's room. They said they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could by themselves.

People using the service and their relatives were provided with appropriate information about the home in the form of a 'service user's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The deputy manager told us this was given to people and their relatives when they moved into the home.

Is the service responsive?

Our findings

At our last inspection people told us they received personalised care which met their individual needs and preferences. At this inspection staff had built on this, and people now described it as outstanding. One person said, "The staff are exceptionally good, quite outstanding. They support me if I need it." Another person told us, "My [relative] knows all the care homes around here and they thought that this was the best." A relative said, "The staff really go out of their way to find out what my loved one's likes and dislikes are and, if I raise issues, the staff are always very responsive."

The home provided outstanding end of life care and people experienced a comfortable, dignified and pain free death. The home had been accredited the Gold Standard Framework (GSF) Beacon status for the high quality of care they provided to people in their final years of life. A nurse from a palliative care team told us, "The care the home provides for their residents is individualised and dignified. Staff fully participate in training offered at the hospice and the home provides support over and above what is required. They especially excel in the care they give to residents towards the end of their life and those living with dementia, enabling them to have quality of life while they live as well as when they die. Their care extends to listening, understanding and supporting families in a unique and personal way." The deputy manager showed us a guest room and told us relatives stayed at the home when their relatives were poorly or approaching the end of their lives. A relative of a person being supported at the end of their life told us, "Our loved one was in hospital and we didn't feel she was being cared for well. We spoke with the deputy manager who said our loved one could 'come home'. That phrase meant a lot to us. We were able to stay with our loved one in a very comfortable room at no cost to us. The individualised care and attention we and our loved one are receiving at this most difficult time has been phenomenal. We are really happy our loved one is being looked after by staff that are loving and caring."

We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. These had been signed by people, their relatives [where appropriate] and their GP to ensure their end-of-life care wishes would be respected.

The home had employed a full time dedicated admiral nurse since October 2018. The admiral nurse ran workshops at the home and provided training and information for staff, people using the service and relatives on dementia awareness. They told us about a workshop held at the home in December 2018 where they had invited people and their relatives to discuss the question 'What is dementia', and what the home could do to help support people living with dementia. They said people were fully engaged and enjoyed this session, after which they each received a certificate of attendance. The admiral nurse ran a daily 'advice drop in' service for relatives to access. They promoted the admiral nurse service when visiting other care homes, people in the community and when potential residents with a diagnosis of dementia visited the home. The admiral nurse also provided training for staff on dementia care. A member of staff told us this training had enhanced their understanding of people living with dementia and how they should be supported as individuals. Domestic staff told us they had also received training on dementia so that they could support people if and when the need arose.

The home was very proactive in raising awareness of people's diverse needs. Staff had received training on equality and diversity and they understood how to support people with their diverse needs. People were supported to meet their spiritual and religious needs by the provision of daily services and the Christian ethos of the home was reflected in the attitude of the staff and their approach to care. One person told us, "Although this is very much a Catholic institution, I am made very welcome as an Anglican." The deputy manager told us that the home welcomed people from different religious and cultural backgrounds. Representatives of other faiths were encouraged to attend the home to support people whenever the need arose. For example, monthly Church of England services took place at the home. We saw a notice board entitled, 'Embracing Diversity in the Workplace'. The deputy manager told us that each month a member of staff from a different country or cultural background helped to design the notice board. The country of the month for January 2019 was Sri Lanka. The notice board included interesting facts about Sri Lanka, for example the national dish, dress and sport [Volleyball] and included the contact details of the Sri Lankan staff representative. A member of staff told us "The notice board has made staff feel included. If residents of other cultures come to the home this would help to welcome them and make sure their needs were met."

The deputy manager told us that the provider wanted to raise awareness of the Lesbian, Gay, Bisexual and Transgender [LGBT] community. We saw the minutes from the residents and relatives meeting held in December 2018 where the topic was discussed. The meeting was attended by the provider's operations manager. They advised on the importance of person centred care, acknowledging and recognising people's different needs and making people and staff feel comfortable. The registered manager told us that they were currently looking at ways for promoting protected characteristics such as LGBT at the home. They planned to speak with staff with a view to develop staff representatives in these areas.

Staff knew people exceptionally well and understood their needs. A person using the service told us, "After my lunch I like to come back to my room for a nap. The staff are respectful, they know my routine, so they don't disturb me. They know I like to go out in the garden when the weather is good, so they take me." A relative commented, "The nurses and the care staff are exceptional, they know exactly what my loved one needs, and they are always doing the best they can do to help." Another relative told us, "Even though my loved one is not very verbal, the staff communicate with them very well, and know exactly what their preferences are. I am very happy." We observed staff gently supporting and encouraging people to eat their meals and have drinks at lunch time. We saw a member of staff supporting a person who was becoming anxious about what they needed to do next. The staff member spoke with them reassuringly and directed them to the lounge area where they sat and chatted with other people using the service. The staff we spoke with were able to describe people's support needs in detail. For example, one member of staff told us how they supported a person to participate in activities and another member of staff told us how they needed to make sure that another person drank lots of fluids throughout the day. A visiting GP told us, "The nursing and care staff know people very well, and that is vital. When I come here I am provided with a list of patients that I need to see. A nurse accompanies me on my rounds."

People were provided with a range of interesting and varied social activities. Comments included, "We are very well looked after in terms of activities", "I like all the activities", "I think that the activities are quite good", "Staff do the crossword with me and, we had a lovely Christmas party.", and, "There is a constant flow of activities. I tend to enjoy the musical stuff most." Activities included, for example, gentle exercises, ball games, movie afternoons, board games, manicures and visiting entertainers. A yoga instructor attended the home on the first day of our inspection. We saw the session was very well attended by people using the service. The home employed two activities coordinators. One activities coordinator told us they also visited people who liked to stay in their rooms for a chat, hand massages and to offer them opportunities to go for walks or partake in planned activities. The admiral nurse told us that when the building work was going on next to the dementia unit, one person who used to work in the building trade was supported to keep an eye

on the progress of the work by making a hole they could look through. They said the person told them they really enjoyed that, and it was used as an activity.

People's individual care and support needs were assessed, and care plans were developed based on an assessment of their needs. The home used a computer-based care planning system. Care plans detailed people's histories, preferences and expressed wishes with regards to the care and support they received. They contained information and guidance for staff on the support people required in a range of areas including their communication methods, physical and mental health needs, hydration and nutrition, medicines, activities, night care, and mobility amongst others. We saw that people's care records were constantly updated throughout the day by staff using handheld computer tablets. For example, health care assistants recorded what people ate and drank or if there were any changes in their needs or behaviours that might require medical assistance and unit managers recorded the outcome of appointments with and referrals made to health care professionals.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. The deputy manager told us that most people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide. We saw information on a notice board advising people that if they required a copy of the service users guide, the complaints procedure or any other information in a different format or language that they should ask a member of staff and this would be made available to them.

People and their relatives said they knew about the complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. One person told us, "If I had a complaint I would tell staff and I am confident they would deal with it." We saw copies of the complaints procedure was displayed throughout the home. Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

At our last inspection the home had been rated in Good in well-led. Since then, the registered manager and provider had built on this and there was now outstanding leadership at the home. The registered manager was not able to attend this inspection however, they spoke with us over the phone to answer any questions we had, and they supported the deputy manager remotely through the inspection process. The deputy manager, the admiral nurse and unit managers all very competently and ably supported the inspection team throughout the inspection. The systems and processes that the registered manager had put in place, ensured that even in their absence the exceptional leadership at the home was evident.

People and their relatives spoke extremely positively about the running of the home. One person told us, "The registered manager is extremely able. She wanders around and is very observant. The good performance of the staff is down to her leadership. I was also really impressed by the way the higher management of the company visited us over Christmas." Another person said, "I always see the registered manager around and the unit manager on my floor is absolutely fantastic." A relative commented, "This is an absolutely lovely place, it's got to be one of the best in the country. We are very pleased our loved one is here." Another relative said, "This home is very well organised. The registered manager knows exactly what is going on. Overall, this place is excellent. I am really very happy." A visitor to the home told us, "The registered manager sees what happens, she's very, very observant and gets things done. The deputy manager is also very good."

Health care professionals also commented on the outstanding leadership of the home. A GP told us, "Everything is well organised. The GP practice has a very good relationship with the home. They know what we expect from them and they know what to expect from us." A nurse from the palliative care team told us, "The leadership team are fully committed and effective. They are always eager to learn, they recognise when they need help and are prepared to ask for it."

The home had been involved in a local Project ECHO [Extension for Community Healthcare Outcomes]. A group of care homes were invited to form a community of practice and participate in an ongoing programme of ECHO sessions. The aim of the project was to empower and support care home staff to provide individualised, skilled and effective end of life care for their residents. Coloma Court were the first home to bring a case presentation to this Community. The deputy manager told us the presentation 'Recognising pain in dementia' was well received by those staff that attended. Taking part in the session had increased staff's awareness of the topic and they spoke passionately about ensuring people were as pain free as possible. A student nurse told us they were coming to the end of a two-week placement at the home. They said, "It has been very pleasant working here. The staff are hardworking, very enthusiastic and everyone wants the best for the people who live here."

Relatives and staff told us the introduction of the admiral nurses post had had a very positive impact at the home. One relative told us, "The admiral nurse is brilliant and ever so helpful when you need most them." A unit manager told us, "The presence of the admiral nurse has enabled us to improve on the care we provide to people living with dementia and to support their families." The admiral had delivered talks on dementia awareness to people in the local community on multiple occasions. These included at the Royal British

Legion and a local church and there were further engagements booked were for May 2019. A person using the service had also been involved in delivering these talks. As a result of the talks some members of the audience had visited the home for advice from the admiral nurse, reinforcing the home's central role in the local community. These relatives had commented they had a better understanding of their family member's dementia as a result of the talks and support. When visiting these relatives were signposted to support groups being run at the home as part of their community engagement. The admiral nurse told us they had held a recent meeting with the Bromley Dementia Hub advisor who was supporting them with their plans to become a member of the Dementia Action Alliance Group for Bromley.

Staff spoke positively about the leadership provided by the registered manager, deputy manager and the unit managers. They told us there was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. Regular monthly staff team meetings took place on each unit at the home. One member of staff told us, "The team meetings are very good. We talk about the residents and what they need. We say what we think, we can discuss any problems there are on the unit." Another member of staff told us, "The unit managers are very good, and the registered manager is always around and is always helpful. When senior manager come to the home we are free to talk with them and they listen to what people have to say." A third member of staff said, "The teamwork at the home is excellent. We all support each other. We are well supported by our managers." The provider encouraged staff to develop their leadership skills. A unit manager told us they had completed a mentorship course and was currently attending a leadership course at university. A member of staff told us that they had worked for the provider for nearly 20 years and they were being sponsored by the provider with their nursing training.

There was a strong emphasis on monitoring performance leading to the delivery of demonstrable quality improvements to the home. Senior staff including the registered and deputy manager completed monthly audits on care files, medicine administration records, health and safety, infection control, call bells, staff training and complaints. The audits also covered incidents and accidents, falls, pressure sores, medicines errors and deaths. The information was analysed by the provider and any trends, patterns or queries were flagged up with them by the director of operations during their weekly meetings. Incidents and accidents, falls, medicines errors and complaints were discussed during team meetings and group supervisions to reduce the likelihood of these incidents reoccurring. We saw a January 2019 report from the provider's audit and compliance manager who regularly visited the home to talk to people using the service, relatives and staff and managers. The report evidenced they had spoken with people about the care they were receiving and with staff about working at the home, whose feedback was all positive. The registered manager had completed unannounced evening and night time visits carried throughout 2018 to ensure people were receiving the high standard of care and support expected. .

The provider sought people and their relative's views about home through satisfaction surveys and meetings. An action plan following a satisfaction survey acknowledged positive feedback from people relating to communication, food quality and care. Actions for improvement included the chef consulting with people and their relatives about their diets and recruiting a second activities coordinator. During our inspection we noted that the provider had acted to address these areas. The chef had recently met with people to discuss what meals they wanted to be included on the next menu cycle and a second activities coordinator had been recruited to work at the home. Minutes showed that residents and relatives meetings were well attended. Recent topics discussed included fire safety, communication, staff recruitment, an introduction from the Admiral Nurse, the providers complaints policy, catering and planning for Christmas. A visitor to the home told us the residents and relatives meetings were in place so people could express their views. They said people could be very vocal about the things they wanted. They felt that the management listened to them they tried to rectify any issues. Suggestion boxes were available on each unit. A unit

manager told us that people were encouraged to put any ideas forward regarding the running of the home.

The deputy manager told us that people using the service were actively involved in recruiting staff to work at the home. For example, they were involved in the recruitment of the activities coordinator in January 2019. Three applicants were shortlisted and were asked to conduct an activity with people living at the home. People then decided which applicant they preferred, and they were subsequently appointed to the activities coordinator role.

Feedback received from people about the care was positive. They noted that the home was exceptionally clean and well maintained. Notifications were submitted to the CQC as required. The registered manager was aware of the legal requirement to display their current CQC rating which we saw was displayed at the home and on the provider's website.