

# Polish Citizens Committee Housing Association Limited

## Antokol

### Inspection report

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Kent  
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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Antokol is a 'care home' providing personal and nursing care to 33 people at the time of the inspection. The home can support up to 36 people. The home is owned by a Polish charity. It was established by Polish residents after the second World War. It has a strong Polish ethos and mainly, but not exclusively, provides care and support to people with strong Polish links. Antokol was providing care to some people living with dementia.

### People's experience of using this service

The home was rated Outstanding in Caring at our last inspection. The service continued to be Outstanding in the way they cared for people. Staff continued to offer people care and support that was exceptionally compassionate and kind. 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 service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. People's medicines were managed safely. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed when they started to use the service. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them. 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 and their relatives (where appropriate) had been consulted about their care and support needs. People planned for activities that met their needs and preferences and they were supported to follow their interests. Staff had a clear understanding of people's needs and had developed positive relationships with them and their family members. 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. There were procedures in place to make sure people had access to end of life care and support when it was required.

The registered manager was proactive in seeking new ways to make improvements for the people living at the home. They worked in partnership with health and social care providers to plan and deliver an effective service. They motivated and encouraged staff to develop their professional and leadership skills. The provider took people, their relatives, staff and professionals views into account through satisfaction surveys. Staff enjoyed working at the home and said they received good support from the registered manager. A

person using the service had also been involved educating school children about Polish history. This reinforced the home's role in the local community.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 13/04/2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Antokol

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

A single inspector carried out this inspection. The inspector was supported by an interpreter on the first day of the inspection.

#### Service and service type

Antokol 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced. The site visit activity started and on 14 October and finished on 16 October 2019.

#### What we did

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We looked at four people's care records, two staff recruitment records, records relating to the management of the service such as medicines, quality assurance checks and policies and procedures. We spoke with six members of staff and the registered manager about how the service ran and what it was like to work there. We spoke with six people using the service and four relatives and one person's friend. We also spoke with two visiting health care professionals about their views on the quality of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I feel safe living here. It's very nice and I am used to this place."
- There were safeguarding adults' procedures in place. Staff had a clear understanding of these procedures. They said they would report any concerns they had to the registered manager and to the local authorities safeguarding team and CQC if they needed to.
- The registered manager knew they had to report abuse to the local authority and CQC; however, there had not been any concerns of abuse since our last inspection of the service.
- Training records confirmed that staff had received up to date training on safeguarding adults from abuse.

Staffing and recruitment

- One person told us, "There's plenty of staff, there is always someone around." Another person said, "If I use the call bell someone comes to see me straight away." During the inspection we observed that staff attended call bells quickly. A relative commented, "I think the staffing levels are good, in fact they are quite generous."
- We observed, and staff told us the staffing levels at the home were meeting people's needs.
- The registered manager told us that staffing levels were arranged according to the needs of people using the service. If people's needs changed additional staff cover was arranged.
- Robust recruitment procedures were in place. Recruitment records included completed application forms, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.
- 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).

Assessing risk, safety monitoring and management

- Risks were managed safely. People's care records included risk assessments, for example on moving and handling, bed rails, using stairs and eating and drinking. Risk assessments included information for staff about action to be taken to minimise accidents occurring.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.
- We saw records confirming 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, lifts and the call bell system were also serviced and checked regularly to ensure they were functioning correctly and safe for use.
- Training records confirmed that staff had received training in fire safety.

### Using medicines safely

- One person told us, "I have quite a lot of medicines. The nurses give them to me on time every day."
- People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. MAR records had been completed in full and there were no gaps in recording.
- There was guidance in place for staff on when to offer people 'as required' medicines or pain relief.
- Medicines including controlled drugs were stored securely. Daily medicines fridge and room temperature monitoring was in place and recordings were within the appropriate range.
- We saw records of medicines received into the home and medicines returned to the pharmacist. Medicine audits were carried out on a regular basis and no errors had been identified since the last inspection. However, the registered manager told us there were medicines forms to complete if there were errors. These were shared with the local authority.
- Training records confirmed that staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines by the home's clinical lead nurse.

### Preventing and controlling infection.

- The home was clean, free from odours and had infection control procedures in place. A relative told us, "This place is always spotlessly clean."
- We saw hand wash and paper towels in communal toilets and staff told us that personal protective equipment such as gloves and aprons were available to them when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring, investigating and learning from incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends and actions had been taken to reduce the likelihood of the same issues occurring again. For example, after a person had a fall from their bed, appropriate actions were taken to reduce the risk of them falling out of bed again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw initial assessments of people's health care and support needs located in their care records. These assessments were used to draw-up care plans and risk assessments. Nationally recognised planning tools such as the Multi Universal Screening Tool [MUST] was being used to assess nutritional risk and the waterlow score were being used to assess the risk of people developing pressure sores.
- A relative told us, "My loved one's needs were assessed before they moved into the home. They used this information to put care plans in place."

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision.
- The registered manager told us that staff new to care were 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.
- Training records confirmed that staff had completed training that was relevant to people's needs. This included dementia awareness, safeguarding adults, moving and handling, health and safety, infection control, medicines administration and 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 diabetes.
- A dementia care professional told us they had worked with Antokol for the past five years. They said Antokol requested training from the dementia team on a yearly basis. During training Antokol staff were engaged and open to new learning and thinking.

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

- People's comments about the food provided at the home included. "The food is good, I cannot complain." , "I don't have an appetite right now, but I get the type of food I like." , "I like all kinds of food. The chefs cook Polish food and its very authentic." And, "The meals the chefs make are very satisfying." A relative commented, "I usually have a meal when I visit. The food is excellent."
- We observed how people were being supported and cared for at lunchtime. People were offered a choice of meals by kitchen staff from a trolley where they could see the choices of food available. We saw they received hot meals and drinks in a timely manner. Some people ate independently, some people required support and some people preferred or were supported to eat their meals in their rooms.
- Staff supported people by giving them time and encouragement to eat their lunch. The atmosphere in the

dining areas was relaxed and there was plenty of staff to assist people when required.

- Where people needed their food to be prepared differently due to medical conditions this was catered for. The chef told us they worked closely with staff and health care professionals when required to make sure people could enjoy food and drinks that met their needs.
- We noted that the kitchen was exceptionally clean and well maintained. The home had been awarded a Food Hygiene rating 5 in September 2019.

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. One person told us, "I am fine and don't need to see the GP at the moment, but I can if I need to." A relative told us, "My loved ones' healthcare needs are being met. I met with the GP relating to my his moving and handling needs. I also met the occupational therapist who put in a plan of what is safe for him."
- A visiting health care professional told us, "I can trust the nurses in making clinical judgements. If they call you for help, you know they genuinely need it. They understand the people that live here well. They follow any advice given by speech and language therapist's [SALT] and occupational therapists [OT]."
- We saw that peoples care records included records of health care appointments and advice and support guidance for staff to follow, for example, from SALT, OT's and dietitians.
- The home employed the 'Red Bag Scheme'. A red bag is sent with people who are transferred to hospital. The red bag contains 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.

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

- The registered manager told us that since the last inspection parts of the home had been refurbished for example, bathrooms had wet rooms and walk in showers, the dining room was redecorated using dementia friendly colours, the Chapel was moved so that people had access to a bigger lounge. People's bedrooms were also redecorated according their preferences.
- The registered manager said people had complained they couldn't get into the garden because of a large step and it wasn't wheelchair accessible. As a response the whole garden was lowered and landscaped to include pathways for wheelchairs, a fishpond, a vegetable garden and areas for people to sit with family members.
- We saw dementia appropriate signage throughout the home for example signs to the garden, dining room and library. Peoples bedroom doors also included photographs to aid them with orientation.

Ensuring consent to care and treatment in line with law and guidance

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

- Where people lacked capacity to make specific decisions for themselves, they 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.

- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review.
- The registered manager and staff demonstrated a good understanding of the MCA and DoLS.
- Staff had completed MCA and DoLS training. They told us they sought consent from people when supporting them and they respected people's decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people and knew them extremely well. People and staff laughed and joked with each other throughout the course of the inspection. Staff knew people well and care was delivered by staff in a way which met people's needs. Many people living at the service were Polish speakers and the manager and staff spoke both Polish and English to ensure people felt included and involved in all aspects of the service.
- We observed a birthday celebration for one person just before lunch time. All at the home were present. Everyone sang 'happy birthday' in Polish and then in English, the person received flowers and a cake. It was obviously a very joyous occasion and we observed that the person and some of the staff became emotional.
- A visiting health care professional said, "I think it was exceptional to observe the people that live here out the garden being entertained and enjoying the company of staff on hot summers days. There is a real caring atmosphere."
- A relative said, "The home offers people good personalised and dignified care. The staff always speak to my loved one respectfully. They make sure my loved one is well dressed, and their hair looks good."
- Respect for privacy and dignity was embedded within the service. A member of staff told us, "Personal care is always done in a dignified way. When I am helping someone to get ready I make sure doors and curtains are closed. It is very important for staff to ask the person if they agree for us to get into their personal space. When a new person comes we have a long conversation regarding their personal care needs and we try to promote their independence as much as possible."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were empathetic and ensured people received the highest standard of care. A relative told us, "When my loved one first came here they no longer recognised me. The care is superb, the staff take their time and they somehow communicate with my loved one. Everything is done for their comfort and wellbeing. This is the way I would like to be looked after." Another person's friend told us, "We wanted to find a home that understood dementia. We went to a lot of homes and this one was the best. The staff really understand people living with dementia. My friend can get agitated, but the staff are very calming, and he is very valued. The care here is exceptional. I come here at all of the times of day and I am always welcomed."
- A visiting health care professional told us, "The service people receive is excellent. The staff work hard and are very caring. I have never had any concerns when I visit. People are well looked after and cared for. If I had to go into a home I would come here I know they would look after me."
- Staff went above and beyond to ensure that people received reassurance and support when they were admitted to or had to visit hospital for appointments. A relative told us, "The staff are absolutely caring and kind and all of them go beyond the call of duty. For example, staff always go with people on hospital

appointments, people are never left alone. Even if people have to stay in hospital staff stay with them and bring them back home." A third relative commented, "My loved one had two medical appointments last week and the staff came with us. Their keyworker was not due to be working that day, but they worked an extra shift just to support us."

- The service was particularly sensitive to times when people need caring and compassionate support. The registered manager told us that when people were approaching the end of their lives, they made it easier for relatives to be able to spend quality time with their loved ones at the home if they so wished. For example, they provided meals to their family members and if there was a room available the family could stay with their relative.
- People were supported to meet their spiritual, religious and cultural needs. The home had a dedicated Chapel and services were held on Fridays and Sundays. Mass was delivered in Polish and English to ensure everyone was included. The registered manager told us that where people did not follow the Catholic faith, arrangements were made for ministers to visit people at the home.
- One person said, "I pray every day and go to Church on Sundays which is very important for me." A relative told us, "The Archbishop is a regular visitor to the home and the nuns that work here gives spirituality to the place." Another relative said, "Although most people here are Catholic, I and my loved one are made very welcome as Anglicans. I take him to an Anglican Church on a Sunday. If I can't make it the registered manager puts an extra member of staff on shift so that he can go."
- Training records confirmed staff had received training on equality and diversity. A member of staff said, "I am convinced Antokol provide the greatest standard of care no matter where people come from. The most important thing for us [staff] is to provide great care and keep people safe."

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

- The service used creative ways of reflecting people's personal histories and cultural backgrounds. One person told us they taught Polish history to school children from different schools every two or three months. They said they and the other people living there enjoyed meeting the children when they visited the home. A head teacher from a Polish Saturday School told us, "Meetings with [named person] are always touchable history lessons. The students are joyful when they take part in them."
- Care records included detailed input from people, their friends and family members. Assessments were carried out on people's religious, spiritual or cultural needs and their likes and dislikes relating to the food, music and their preferred activities. Care records also included people's backgrounds and histories and relationships that were important to them. Care records were available in Polish for people and staff to ensure everyone was able to contribute and understand what they said.
- A relative told us, "I have always been consulted and involved in planning for my loved one's care. The staff all have a drive for learning and improvement. They come to me and ask me what I think will help my loved one." Another relative said, "My loved ones first language is neither English or Polish. The staff are very proactive, they asked me for a list of songs in her language, so they can sing along and listen to. I am always involved and kept in touch with regarding her care." A friend told us, "My friend cannot speak a word a week. But the staff crouch down to my friend's level, look in to their eyes and speak to them with warmth. I am very much involved in planning for my friends care needs."
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. It offered sensitive and respectful support and care. A visiting health care professional told us, "The quality of care provided at this home is excellent. They identify sick patients early and they involve family members." Another health care professional told us, "People are extremely well looked after and are provided with exceptional care. Consideration for their individual needs and safety is paramount. We would never hesitate to recommend this exceptional and wonderful home."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that described their health care and support needs. For example, there was information for staff for supporting people with moving and handling and with eating and drinking. People had oral health assessments and care plans in place. The assessments recorded people's daily routines and the support required from staff.
- Care plans contained information about people's likes and dislikes as well as details about their life histories. Relatives told us their loved one's care plans had been discussed with them to help establish their preferences in the way they received support.
- A relative told us, "When my loved one came here they couldn't sit in a chair for more than an hour a day. He now gets up every day and doesn't go to bed until night time. The staff help him with his arm exercises every day and they always organise staff to walk with him. The stroke rehabilitation team physiotherapist came to see him and now with the aid of a member of staff I can get him into my car and we can go for a drive."
- Staff understood people's needs and they were able to describe people's care and support needs in detail. A member of staff told us, "The training I received on dementia definitely allowed me to have a better insight from the point of view of a person living with the condition. I can now meet people's needs better by allowing them time to express their needs and give them space, so they can be individuals and do things for themselves."
- A health care professional told us, "During our meetings and discussions with Antokol staff, it is felt there is a good understanding of person-centred care and why it is important in dementia care setting. Staff at all levels display a respectful, professional, polite and kind manner."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to follow their interests and to take part in activities that are socially and culturally relevant to them
- The home employed three activities coordinators. Two activities coordinators worked during the week and one activity coordinator worked at the weekend.
- People were supported to partake in activities that met their needs. Activities included reminiscing, listening to music, sing a longs, arts and crafts, animal bingo, quizzes, flower arranging, ball games and baking. We observed the home's activities coordinator playing games with people in the lounge. People had weekly activities plans located in their bedrooms recorded in their first language for their understanding.
- One person told us, "The activities are easy going. We do lots of different things. Sometimes musicians come." Another person said, "I like to stay in my room. I don't feel isolated because I like peace and quiet."

This Sunday I went to see the fish in the garden with my daughter. It was very pleasant, and it is really nice to have the new garden." A third person commented. "There's always something to do here. We play games, do flower arranging, cross words and knitting. I go with my daughter to the garden as I am not able to go out too much." A relative told us, "You can book ahead for a family meal. They set the table for private parties. I have done it on a couple of occasions and the food is very good.

- An activity coordinator told us that weekend activities included aroma therapy, massages using essential oils, music therapy, old movies and reminiscence. People listened to classical music and read poems. There were lots of family visits on Sunday, so they supported people prepare tea for their family members. They said the home did not have its own transport however the registered manager regularly hired a minibus to take people to local garden centres and coffee shops. Some people had recently gone to a theatre to watch a play. A member of staff told us, "Although there are three activities coordinators we all get involved with activities any way we can."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in their care plans.
- The registered manager told us where people had been assessed as having poor eyesight they had been provided with information in larger print. Information could also be provided in different formats to meet people's needs, for example Braille or different languages. We saw that information such as the complaints procedure, activity plans and menus included photographs and were written up in Polish and in English.
- The registered manager told us staff translated for healthcare professionals when they visited people whose first language was Polish. A visiting health care professional told us that during their time attending to people staff had helped them to learn some words in Polish and this had helped them to improve their communication with people.

#### Improving care quality in response to complaints or concerns

- The home had a complaints procedure in place. The complaints procedure was available in format a that people and their relatives could understand and was displayed at the home.
- A person using the service told us, "I would complain to registered manager if I need to. I have never complained. The registered manager always asks me if everything is okay." A relative said, "I know about the complaints procedure. I can complain in writing or speak with registered manager; their door is always open."
- We looked at the complaints file. There had been three complaints since our last inspection. We saw correspondence confirming the complaints had been investigated and resolved to the complainant's satisfaction.
- An officer from the local authority commissioning team told us they had not received any complaints or concerns about the home and any feedback received was positive.

#### End of life care and support

- None of the people currently living at the home required support with end of life care. The registered manager said they would work with the GP and the local hospice to provide people with end of life care and support when it was required.
- The registered manager told us they attended the 'Registered Manager Networking Workshop' every three months run by the local hospice to improve their knowledge in supporting people with their end of life care

needs. Records showed that staff had received training on end of life care.

- The home employed the Steps to success programme. The programme is aimed at improving end of life care provided by care homes.
- People's care records included a section relating their end of life care wishes. We saw 'looking ahead' documents in people's files. Looking ahead documents inform future best interest decisions about end of life for people living in care homes who lack capacity to engage in their future healthcare.
- Where people did not want to be resuscitated, we found Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home and on the providers website.
- The registered manager had a detailed knowledge of people's needs and the needs of the staff team. There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. It was evident throughout the inspection that staff knew of the provider's values and we saw they upheld these values when supporting people.
- Staff spoke positively about the leadership provided by the registered manager. They told us management support was always available for them out of hours when they needed it. One member of staff told us, "The registered manager is very supportive, especially when it comes to my work and my wellbeing. I can speak to them about my career development and if there are any training courses coming up they do their best to get me on them." Another member of staff said, "Team working is very important, and everyone is very committed to providing people with good care. If staff members are struggling, we support each other. The registered manager supports us all very well."
- A visiting health care professional told us, "The registered manager is outstanding in the way they get the team to work together. We are using this home as a benchmark to bring other homes up to a similar standard."
- A relative commented, "I am very impressed with the registered manager. They are very kind and compassionate, and they have a great insight into people and their family's needs. The staff are very committed and caring and very well organised."

Continuous learning and improving care

- There was a strong emphasis on monitoring performance leading to the delivery of demonstrable quality improvements to the home.
- An officer from the local authority commissioning team told us, "The registered manager or a representative always attends our provider forums or any other events we hold. We had an activities co-ordinator network meeting recently and they were there. They are always willing participants."
- The registered manager told us they attended these forums to learn about and introduce best practice to the home. For example, at one forum a speech and language therapist had explained the benefit of dysphagia training. Following the forum, the registered manager sent 20 members of staff on dysphagia training. After another forum where an oral hygiene assessment was discussed they introduced the

assessment at the home. They told us that consequently people's oral hygiene had markedly improved. They also learned about the 'Red Bag Scheme' at the forum and had introduced it to the home.

- The registered manager was also attending a 'My Home Life' training programme. The programme was for existing managers to improve their leadership skills. They told us that as a small provider it was important for them to mix with other registered managers to learn about and share what was working well in each other's care services.
- Regular audits were carried out at the home. These covered areas such as health and safety, infection control, incidents and accidents, care plans and medicines. Audits were up to date and remedial action was taken when necessary to ensure that care was provided in the right way. Monthly safety checks were also being carried out, for example on lifts, hoists and slings, bed rails, wheelchair and the call bell system.
- The registered manager carried out monthly unannounced night time visits. They told us they carried these out to check on for example, that staff were dressed in uniform, fire doors were not blocked, repositioning charts were being completed and that medicines were given to people when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home is owned by a Polish charity. It was established by Polish residents after the second World War. It has a strong Polish ethos and mainly, but not exclusively, provides care and support to people with strong Polish links.
- Throughout the inspection we observed very positive interactions between people using the service and staff. It was obvious that people appreciated the efforts of staff in supporting them to continue to enjoy their Polish heritage. People from all backgrounds were supported to follow their interests; and their spiritual and religious needs were well catered for. The home's Christian ethos was reflected in the attitude of the staff and their approach to care.
- One person told us, "I have been here a long time. The Polish history and celebrations are very important, but we accept all people and we are like a family." Another person said, "I have only been here for a short time on respite. I am not Polish, but I have enjoyed my time here."
- A member of staff told us, "We all support Polish values and traditions. For example, birthday celebrations are really important to people that come from Poland. We support non-Polish people to celebrate things that are important to them too."

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They said they had regular contact with health and social care professionals and they welcomed their views on service delivery.
- A health care professional told us, "I have been attending the home for a couple of years now. The staff are very helpful. There is always a designated member of staff to support me. Communication is really good, and the staff are great. I never have a problem." Another visiting health care professional said, "The home has experienced clinical staff that know what they are doing. We consider Antokol to be one of the top-rated homes in Bromley." A health care provider that had up until very recently worked closely with the home told us, "We always had a superb relationship with the home, their management and clinical teams and the patients. Antokol deliver an extremely high level of care set within an extremely efficient and caring environment. Up to the point the new health care provider took over, our staff got to know all the residents and all their life stories and enjoyed developing the relationships with the wonderful staff over the years they worked with the home."

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

- The provider sought people, their relative's, staff and visiting professionals' views about the home through annual surveys. All of the feedback from the April 2019 survey was either good or outstanding. Action had been taken following the survey, for example, some people said they wanted more activities at the weekends. On 1 May 2019 the provider employed an extra activities coordinator to work at the weekends. In March 2018 people complained about how difficult it was to access the garden because of a high step. As a response to this the step was lowered and the garden was levelled to make it more accessible for people using the service.
- Regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. A member of staff told us, "We frequently talk about what else can be done to improve things at the home." Another member of staff said, "At the team meetings we talk about people and what they need. I like it when new staff get introduced and we all get to meet them for the first time. If there are any problems we can raise them and resolve them together."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. They told us for example, they regularly liaised with family members about any incidents, accidents or medical updates following GP visits.
- Notifications were submitted to the CQC as required. This ensured we could effectively monitor the service between our inspections.