

Bupa Care Homes (ANS) Limited

Havelock Court Care Home

Inspection report

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15 June 2017
19 June 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection on 23 and 24 March 2016, where we found the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) 2010. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Havelock Court Care Home' on our website at www.cqc.org.uk.

We undertook a focused inspection on 7 July 2016, where we found that the registered manager and provider had followed their action plan in respect of the breaches identified during our comprehensive inspection of March 2016. Despite meeting the legal requirements in relation to staffing and management support to staff we did not revise the rating for the key questions 'Is the service safe?' and 'Is the service well-led?' because to do so required a record of consistent good practice over time.

We undertook this unannounced comprehensive inspection on 15 and 19 June 2017 and found the provider had sustained the improvements put in place after our previous inspections of March and July 2016.

Havelock Court Care Home provides care and support to up to 60 people with mental health needs. The first floor caters for younger adults who are physically mobile. The second floor caters for older adults or those that are physically frail or have limited mobility. At the time of our inspection, 54 people were using the service.

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

People were safe at the service. Staff knew how to identify and report abuse because they had received training on how to protect people from harm. Appropriate safeguarding procedures were in place and were followed to keep people safe. Staff understood their responsibilities in relation to safeguarding and reporting concerns.

Risks to people were identified and managed. Staff had sufficient information about how to mitigate risks to people's health and well-being. Positive risk taking was encouraged to support people to live an independent life as far as practically possible.

People were supported to take their medicines safely by staff trained and assessed as competent to do so. Staff followed the provider's procedures and current practice when managing people's medicines.

People received effective care from trained staff who were supported in their role. Staff had supervisions and appraisals to reflect on their performance. Personal development plans were put in place to address any knowledge gaps and skills.

People's care was delivered in line with the requirements of the Mental Capacity Act 2005. People were asked for their consent before care was provided and staff respected their decisions. Relatives and healthcare professionals were involved in best interests meetings to support people who were unable to make decisions about their care. People enjoyed their freedom in adherence with the restrictions placed on them by the Deprivation of Liberty Safeguards.

People enjoyed the food provided at the service and their nutritional and dietary needs were met. Refreshments, fruits and snacks were available. Staff supported people to access healthcare services and to maintain good health.

People's needs were assessed with their involvement and that of their relatives and healthcare professionals when appropriate. Care plans reflected people's individual needs and preferences. People received individualised care in a manner they preferred. Staff respected people privacy and promoted their dignity.

People were encouraged to pursue their interests and supported to access the community. People knew how to make a complaint. Complaints were resolved in line with the provider's procedures.

People received support from a sufficient number of suitably skilled staff to meet their needs. Reviews of people's needs ensured staffing levels were adjusted when needed to enable staff to provide effective and safe care.

Staff were happy with how the service was managed. The provider and registered manager gave staff an opportunity to raise concerns about the service and addressed matters raised. There was an open and honest culture at the service. The registered manager was visible at the service and demonstrated a passion about the care provided.

Regular checks and audits of the quality of care were carried out to improve on service delivery. The service worked in close partnership with other healthcare professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from the risk of harm. Staff knew how to identify abuse and the safeguarding procedures to follow to keep people safe.

Staff identified and managed risks to people whilst promoting their independence.

Suitably vetted staff were deployed in sufficient numbers to meet people's needs.

People received their medicines when needed. Medicines were managed by competent staff and in line with the provider's procedures.

Is the service effective?

Good ●

The service was effective. People received effective care from knowledgeable and skilled staff. Staff attended training and received regular supervision to support them in their roles.

Staff sought people's consent before providing care. People had their care provided in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat healthy meals and to choose what they ate. People had access to health care services to maintain their health.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and compassion. People had developed positive relationships with the staff who supported them.

People were involved in planning their care and accessed advocacy services when needed. People's care met their individual preferences.

People were treated with respect and their privacy and dignity maintained. Staff supported people to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive. People received personalised care that met their needs. Support plans were reviewed and updated regularly.

People took part in a range of activities of their choosing at the service and in the community.

People were able to make a complaint and raise any concerns about the quality of care.

People's views about the service were sought and their feedback acted on.

Is the service well-led?

Good ●

The service was well led. People, their relatives and staff were happy with how the service was managed. The registered manager was visible at the service and approachable.

There was an open and transparent culture centred on people's needs. Staff were valued at the service and supported in their role.

Quality audits and monitoring checks were carried out. Action plans were put in place to make improvements when needed.

The service enjoyed a close working partnership with other healthcare agencies and the local community.

Havelock 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. It was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 19 June 2017. The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law.

The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with 10 people who used the service and three relatives. We spoke with five healthcare professionals who were visiting the service to obtain their views about the service. We also spoke with the registered manager, resident experience manager, 16 members of care staff including a senior charge nurse, activities assistant, three registered nurses, deputy housekeeping manager, senior clinical assistant, a maintenance technician, domestic assistant and chef manager.

We looked at 15 people's care records and 14 medicines administration records. We reviewed 15 staff records relating to training, supervision and appraisals and duty rotas. We looked at incident reports, safeguarding concerns, complaints and audits carried out to monitor the quality of the service and other records relating to the management of the service. We checked feedback the service had received from people and their relatives.

We undertook general observations and formal observations of how staff treated and supported people

throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from four healthcare professionals.

Is the service safe?

Our findings

There were sufficient staff deployed to ensure that people received safe care when needed. One person told us, "Yes, there is always staff around to help." Another person said, "My call bell is on the wall and I've used it many times and they [staff] come very quickly." Staff told us the environment was busy at certain periods of the day but said they were able to manage the workload. One member of staff told us, "We have enough staff on duty to safely care for people." Staff told us and records confirmed additional staff were provided to support people to attend appointments, access the community and pursue activities of their choosing. We saw staff responded to people's requests without delay and call bells were answered in a timely manner.

People were protected from the risk of abuse. Staff knew how to identify abuse and report any concerns to keep people safe. One member of staff told us, "I know the types of abuse and the symptoms people will show if they were being abused. I would report immediately any concerns to the manager." Staff had received training in safeguarding and understood their responsibilities to protect people from harm. Appropriate safeguarding procedures were followed in handling allegations of abuse. The registered manager had reported cases of potential abuse to the local authority safeguarding team for investigation and taken appropriate action following these incidents to ensure people were protected from abuse.

Staff knew how to whistleblow to external agencies to protect people from poor practice. Information about organisations to contact was displayed on noticeboards at the service including details of the local authority and the Care Quality Commission. Staff were aware of the provider's whistleblowing policy and were confident that the registered manager would address any concerns about people's safety.

People lived their lives as free from risk of harm as possible. Assessments were carried out in relation to identified risks to individuals such as falls, absconding from the service, choking whilst eating, developing a pressure ulcer, losing weight, self-neglect and behaviours that challenged. Support plans were detailed and contained sufficient guidance for staff on how to mitigate the risks to people without restricting their freedom unnecessarily for example, in relation to the use of bed safety rails. People who were at risk of developing pressure ulcers had pressure relieving equipment such as cushions and mattresses when needed. Staff were able to describe the risks to people and the support they provided as reflected in the care plans. Regular reviews of risk assessments ensured staff had up to date information about people's needs and the support required to keep them safe. We observed staff encouraging positive risk taking which enabled people to access the community independently.

People's care was provided by staff who were suitable for their role. The provider followed the appropriate recruitment procedures in place to ensure the fitness and suitability of staff to provide care at the service. Pre-employment checks were carried out on the applicant's work history, proof of identity, a criminal records disclosure, work and character references, fitness to practice and the right to work in the United Kingdom. Staff told us and records confirmed that they had started to work at the service when all the checks were returned as satisfactory. New staff underwent a probationary period where the registered manager reviewed their practice and confirmed them in post when they were assessed as competent.

People had received their prescribed medicines when needed. Medicines were administered safely to people in line with the provider's procedures. Staff had received training and underwent a regular assessment of their competency to manage people's medicines. Medicine administration records (MARs) were completed and showed people had received their medicines at the right time and given the right dose. Medicines, including controlled drugs, were safely managed and securely stored in appropriate conditions. Temperatures of the rooms and medicines refrigerators were monitored and recorded daily. MARs included the person's name, bedroom number and photograph for identification to minimise the risk of people being given the wrong medicine. In addition, essential information relating to any allergies and how people preferred to have their medicines was recorded. We observed that treatment rooms were kept locked when not in use and the keys were held by the registered nurse in charge of each shift. Medicine trolleys were secured to the wall when not in use.

The provider's policies and procedures for ordering, storage, administering and recording medicines were up to date and staff told us they had access to these documents for guidance. Staff followed the provider's protocols for 'when required' (PRN) medicines and maintained records of the reason why a person had received the PRN for example, for a stomach upset or pain. Reviews of regular and PRN medicines were carried out to ensure people received medicines appropriate to treat their conditions.

People lived in a safe environment. Fire safety systems were in place and records confirmed staff had undertaken fire safety training and attended fire drills. Each person had a personal emergency evacuation plan for the risk level associated with evacuating them safely in the event of a fire. We saw 'ski pads' stored in stairwells for use in an emergency. Staff told us and records confirmed that the maintenance technician carried out regular checks of emergency exits, fire doors, the fire alarm panel and fire-fighting equipment. Cleaning detergents were securely stored in locked cabinets to minimise the risk of people accessing harmful substances.

The premises were clean and free from unpleasant odours and dirt. Staff practiced good hygiene practices such as hand washing before and after handling medicines, carrying out personal care and serving meals. We observed staff used protective clothing including disposable gloves and aprons to minimise the risk of spreading infection.

Is the service effective?

Our findings

People received effective care at the service. One person told us, "I get the right support when I need it." Another person said, "The staff are very professional." One relative commented, "They [staff] get things done. People are well looked after." Another relative said, "I am happy with the care provided." Healthcare professionals commented, "Staff have good knowledge of their residents" and "Staff communicate well and maintain accurate records."

People received support from staff who were inducted in their role. New staff underwent a comprehensive induction before they started work at the service. This included meeting people, reading their care plans, shadowing experienced colleagues, reading policies and procedures on how to provide effective care. The induction also comprised of completing the provider's mandatory training through e-learning, face to face teaching and completing practical assessments. A new member of staff told us, "I met the [registered] manager who explained my role and the service's expectations on how to deliver high standards of care." New staff were paired with an experienced colleague who acted as a buddy to support them to understand their role and to develop an understanding of people's needs and the support they required. They completed the Care Certificate training which is a set of standards that social care and health workers commit to practice. The registered manager reviewed staff's performance during induction to ensure they developed the right skills and knowledge for their role. Staff told us and records confirmed they had completed the induction before they were confirmed in post.

People were supported by staff with the competencies required to undertake their role. One member of staff told us, "I feel supported in my role. The management team is readily available to talk about how I can improve on my practice." Another member of staff said, "We talk about all the positive things happening at the service and the challenges too. The managers take the opportunity to say thank you for a job well done." Staff told us and records confirmed they had regular supervision to identify what was working, areas they needed to improve on, talk about their learning and training needs and to receive feedback about their performance. Staff said supervisions were beneficial for their personal and professional development and keeping up to date with current practice. Supervision records were comprehensive and showed there was a follow up on issues identified in the previous meetings such as ensuring a member of staff had attended additional training.

Staff told us they were able to discuss and get advice from senior staff including the clinical team on how to support people with specific needs such as nursing care and behavioural support. Nurses received clinical supervision to monitor and review how they provided care to people which they said enabled them to deliver appropriate care and treatment. The registered manager had ensured every member of staff received an annual appraisal of their performance. A personal development plan was put in place to support staff to develop the skills and knowledge required for their role.

People received care from staff who had the knowledge and skills needed to carry out their roles effectively. Staff told us there were good opportunities for training. One member of staff said, "The training is very good and we can request for more to develop new skills." Another member of staff said, "The training has made me more confident to do my work." Staff had attended training in equality, diversity and human rights,

positive behaviour support, moving and handling, safeguarding adults, fire safety, infection control, health and safety, the Mental Capacity Act 2005, Deprivation of Liberty Safeguards, food hygiene, medicines management, person centred care, managing behaviour that challenges and first aid. Specialist training such as end of life, malnutrition care and dementia care was provided to enable staff to understand people's specific health conditions and to develop the skills required to provide the appropriate care. The provider maintained a training schedule and the registered manager ensured staff had the time off from work to attend courses when they were due.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People consented to care and treatment. People told us staff asked for their consent before they carried out any care tasks and supported them as they wanted. One person told us, "Staff ask and I either say yes or no and they help as I want." The registered manager and staff had a good understanding of the MCA. Mental capacity assessments were on record and showed whether a person had the ability to make certain decisions about their care. People using the service and others as required for example, relatives, GPs and healthcare professionals attended best interests meetings to support a person who was unable to make a specific decision about their care. People were supported by an Independent Mental Capacity Advocate to make decisions about where they lived and to receive care and treatment where appropriate. Care records showed people were involved in care planning and reviews and that staff respected their decisions in line with the MCA.

People enjoyed their freedom and rights as appropriate to meet their health needs. Staff understood the circumstances in which people could be deprived of their freedom and knew that they required authorisation to do so. DoLS applications were made to the relevant supervisory body to ensure people's safety. 34 people were subject to a DoLS authorisation at the time of our inspection. Records showed care was provided in line with the authorisations such as a person being accompanied to access the community safely or attending hospital appointments for treatment.

People received sufficient food and drink and were supported to maintain a healthy balanced diet. Comments from people included, "I enjoy my meals. The food is tasty." "Food is good and I get a choice and I like to eat in my room although I could go down to the dining area." "Supper is very good; if I get hungry at night I can get a sandwich with a drink or a cup of tea." One relative said, "The food is appetising and presented well. There is a wide selection and good helpings too."

People enjoyed the meals provided at the service. We observed people at lunchtime. The meals that were served looked appetising and were appropriately prepared. People finished their meals and told us they had enjoyed their food. People who required assistance to eat and drink were supported discreetly and encouraged in a dignified manner. Adapted cutlery and crockery was provided when needed to support

people to eat with dignity and maintain their independence. Refreshments, snacks and fruit were available in areas accessible to people when they wished.

People were involved in planning the menu and their choices and preferences were reflected. Fresh food was prepared at the service and included vegetables. Records identified people's dietary and nutritional needs and indicated how this could impact on their well-being. Information about people's dietary needs, food preferences, likes and dislikes were shared with the chef to ensure their individual needs were catered for. Menus were displayed in the dining rooms and people told us they could order anything outside the menu if they wished.

Staff monitored people's food and fluid intake to help identify if a person was at nutritional risk. Food and fluid monitoring charts were completed and monitored. The nurses followed up on concerns raised by staff about a person's eating and drinking and made a referral to healthcare professionals when needed. Staff followed guidance from a Speech and Language Therapist (SALT) in relation to managing people's dietary needs. The kitchen staff received regular updates about people's dietary requirements and provided appropriate soft, pureed and gluten free diet as required. The chef attended residents' meetings and had met with a representative of the hospice care home team and received advice regarding diets and fluids for people who may have swallowing difficulties. Records showed people received their recommended diets.

People were supported to maintain good health and received ongoing healthcare. One person told us, "The GP comes once a week and I get to see him when I am unwell." Another said, "Yes, if I need the GP they get [them] for me; [their] office is quite local and the chiropodist comes and cuts my toe nails." One healthcare professional told us, "Staff contact us without delay when they have concerns about the residents. Follow up care is very good." Each person had an individualised health action plan which included dates for medical appointments, medicines reviews and annual health checks. Staff made referrals to the relevant healthcare professionals for advice and guidance when a person's health needs changed. Where specialist advice was needed, for example about pressure ulcer management or to reduce the risk of choking, we found that the advice received was followed. Records confirmed the outcomes of visits undertaken and advice given by a range of professionals including GPs, opticians, occupational therapists, dental hygienists, podiatrists, SALT, dietitians, dentists and physiotherapists.

Is the service caring?

Our findings

Staff were caring and provided people's care with kindness and compassion. One person told us, "No one has ever shouted at me or been aggressive. The staff are very kind and polite. Always." Another person said, "I like it here, I get really good care." One healthcare professional said, "People appear well cared for and the staff are attentive."

People enjoyed positive working relationships with staff and told us that staff treated them with respect. Staff were enthusiastic about their work and said they wanted to provide a high quality service for people. One member of staff told us, "We have time to care for people." Staff were knowledgeable about the care and support people required. We observed staff talking to people and that they were attentive and respectful in their approach and manner. Conversations between them were friendly and relaxed and demonstrated that staff had a good rapport with the people they were caring for. Staff told us they read people's care plans, interacted with relatives and spent time with each person. This enabled staff to know people and develop a good rapport with people.

People were encouraged and supported to maintain the relationships that were important to them. One person told us, "My [relative] comes and see me now and again. The staff are always welcoming." Another said, "Yes, I have a [relative] who comes and sees me and I also go and stay with [her/him]. There are no restrictions to when [she/he] comes and goes. Staff supported people to maintain contact with their relatives by telephone, skype and video calling and mobile phone. People were supported to write letters if they wished to do so.

People were supported by staff who understood the importance of equality and diversity. One member of staff told us, "Each person is different and we respect and treat everyone fairly regardless of their faith, gender or race." People celebrated religious festivals, birthdays and other commemorative days at the service. Staff were respectful of people's cultural backgrounds and their religion and supported them to practice their beliefs. People's bedrooms were personalised with their photographs, ornaments and other personal items. We saw photographs of people enjoying the various celebrations held at the service.

People were involved in making decisions about their care and support. One person told us, "They [staff] always ask me about what I want and how I want to be supported. They listen and help me as I wish." Another person said, "I choose what time I go to bed and wake up. They [staff] respect that." People using the service and records confirmed staff involved them in all aspects of their care and how they lived their lives. We observed people were involved in making choices about where they wanted to have their dinner, what they wanted to eat and the activity that they wanted to take part in. Staff supported people when they requested this and we saw this was acted on.

People were involved in developing their care plans. One person told us, "Yes, I get involved in my care plan. I sign it if I'm happy with it." Relatives and healthcare professionals where appropriate, contributed to care planning. Staff were able to tell us about people's needs and the support they required. One member of staff told us, "We get to know people through talking to them and their loved ones about their needs and

interests. Any new information about people is added to the care plans." A member of staff was assigned as a key worker to co-ordinate all aspects of a person's care. This enabled staff to understand how people wished to receive care and any concerns they had about the support provided. Care plans showed people's individual needs, preferences, likes and dislikes as highlighted from their key working sessions.

Staff treated people with respect and promoted their privacy and dignity. One person told us, "[Staff] are polite and very patient with me." People were able to spend time in their rooms and on their own with their visitors. Staff told us they ensured they shut doors and closed the curtains when providing care and that people were dressed appropriately. We observed staff knocking on people's bedroom doors and waiting for their permission before entering.

People's records and information were kept secure and safe. Personal records including support plans and medicines administration records were stored securely to maintain confidentiality. Information was shared appropriately in line with the provider's confidentiality and data protection policies.

People were encouraged to do as much as possible for themselves in their daily lives. Staff supported people to carry out tasks they were assessed as capable of doing. Care plans contained information about what people were able to do for themselves and what support they required including the use of equipment such as wheelchairs and walking frames to support their independence. Records showed people were encouraged to complete tasks such as dressing up and tidying their rooms.

People received appropriate care at the end of their life. One relative told us, "[My family member's] condition was managed very well." Staff told us and records confirmed they had undertaken end of life training and received guidance and support from a Hospice Care Home Team. Records showed staff followed advice regarding symptom control and pain management. Staff told us they had discussions with people where possible and their relatives where appropriate about their wishes and preferences in relation to their end of life care and these were recorded in their care plans. Records showed some people had completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and advance care forms which indicated their wish to stay at the service in their last days.

Is the service responsive?

Our findings

People were happy about the care they received. One person said, "My care is good." Another person told us, "The support is great." Relatives were happy about the care provided and one said, "No changes in [family member's name] goes unnoticed. The GP is called in no time." One healthcare professional commented, "The staff are responsive and adhere to advice given." We observed staff were attentive and responded without delays to call bells and to people's request for assistance.

People received care appropriate to their needs. Initial assessments were carried out to determine whether the service and staff could provide suitable care to each person referred to the service. Staff assessed people's needs and care plans contained detailed information about their health, background, life histories, likes, dislikes and preferences and the support they required. Support plans were individualised and provided sufficient information to staff on how to support people in line with their individual preferences, wishes and routines. People and where appropriate, their relatives and healthcare professionals were involved in planning and review of their care.

People's care was responsive to their individual needs. Regular reviews and updates of care and support plans were carried out. This ensured staff had up to date information about people's needs and the support they required. Staff monitored people's well-being and used effectively the systems in place to identify and respond to changes in their health. For example changes in sleeping patterns, eating habits and steadiness when walking were recorded and specialist advice sought on how to meet people's specific needs. Staff told us and records confirmed they had sought and followed advice from a dietitian and GP to support a person with their eating and drinking. Staff completed food and fluid charts and gave regular updates to the professionals until the person had attained a healthy weight. Staff had guidance about specific needs people had such as behaviours that challenged, the possible triggers and how to manage the situation. We observed staff receiving updates about each person's health at the beginning of each shift and reading the communication book for more detail. This ensured staff understood the changes to people's care and how to respond appropriately to their needs.

People enjoyed taking part in a wide range of activities provided at the service. One person told us, "Yes, I play bingo, dominos and exercises and sometimes a story and a walk. I like to go out and enjoy the body and soul activity with a group of people and that's every week." Individualised activity plans were completed and identified people's hobbies, interests and new things they would like to explore such as swimming. The activities assistant maintained records of activities people took part in or declined and reported to the registered manager any concerns about a person not receiving mental or physical stimulation. There was a weekly timetable of group activities which included card games, quizzes, arts and crafts, cooking, visits to the hairdresser, garden activities, flower arranging, dominoes and exercise to music.

People who were unable to leave their rooms or who did not enjoy group activities were supported with one to one activities in their rooms and to minimise the risk of social isolation. One person told us, "Staff come to my room and do some activities. I am never bored or short of things to do. I also get regular massages." Staff told us they encouraged people to come out of their rooms but respected their choices if they chose not to.

People knew what activities were going on each day as the activities programmes were displayed on notice boards around the home. We saw displays of arts and crafts produced by people. Staff told us and records confirmed the level of engagement and interaction of people in activities and the support people received. People had enjoyed a barbeque, arts and crafts display and a steel band performed the previous week where members of the local community were also invited to attend as well as relatives and friends. People visited coastal places and went out on day trips to places of interest in and out of London and enjoyed a river cruise. During the inspection we observed staff supporting people to go out shopping and for walks in the local area.

People using the service and their relatives knew how to make a complaint. One person told us, "No never complained; no need to but if I need to it would be to the [registered] manager." Another person said, "[Registered manager] takes everything very serious. I had a problem which was sorted in no time at all." One relative said, "I have had issues and these have been dealt with." Another relative said, "Niggles here and there. Generally speaking, I am happy with the responses to my concern." Staff were able to tell us how they would respond to a complaint and how to support people who wished to raise a concern.

People using the service and their relatives had access to the complaints and compliments policy and procedure which was also available in an easy to read format. The registered manager discussed complaints at staff meetings and supervision to help staff improve on their practice. We observed the registered manager had followed the provider's procedures when responding to people's concerns. Written responses were made to all complaints received and people and their relatives were kept informed of the progress at each stage of the investigation process. People were happy in the manner in which the registered manager resolved their complaints for example ensuring that clothes were returned to the right person after laundry. People using the service and their relatives were complimentary about the care provided. Positive comments included, "Faultless care," and "[My family member] received all the care that we could not match. Ever so grateful."

Is the service well-led?

Our findings

People using the service and staff told us the registered manager had a high profile within the home and held a weekly open surgery for them to talk about any issues they wanted to raise. One person said, "She's [registered manager] really approachable and she acts on things that get said." Another person said, "I can go into the [registered] manager's office anytime or I can call her. She has time for everyone." One member of staff told us, "The [registered] manager is hands on and she engages well with all of us [staff]." Staff were positive about the registered manager who they described as approachable, supportive, and enthusiastic about her role and provided them with constructive feedback about their work. Staff said the registered manager and management team were hands on and always available to help when needed. We observed the registered manager supporting a person to attend an end of life care planning meeting whilst another manager attended a social care review. We saw people using the service and staff could approach the registered manager and that their interactions were positive.

People using the service, relatives, staff and healthcare professionals were complimentary about how the service was managed. One person told us, "Yes, she's [registered manager] switched on and she's doing a great job and I have no concerns here." One relative said, "The home is well managed. The [registered] manager has her eyes firmly set on the ball." One healthcare professional said, "A committed [registered] manager, highly organised [who is] focused on providing a great service." One member of staff said, "Everything is working very well. Can't complain."

The service had a registered manager as required by law who was supported by a senior charge nurse acting as the clinical lead for the home. The registered manager understood and met their responsibilities to the Care Quality Commission. A record of incidents and accidents was maintained. The registered manager had submitted detailed notifications to the CQC in a timely manner which ensured we could take action when needed. The provider had an oversight of the management of the service and supported the registered manager by coordinating staff training, recruitment and auditing of the quality of the service.

There was an open and positive culture at the service. Staff told us the registered manager encouraged them to learn from mistakes and share their concerns about the service. Information was shared with relevant professionals through care records, the visitor's book, a compliments book and communication book. This ensured that there was transparency about how care was provided at the service and the action taken when care had not met people's expectations. Staff were aware of their roles and responsibilities. They understood the reporting structures and knew when to involve the registered manager and the management team.

People's views were sought and their feedback was used to develop the service. The provider had appropriate systems to obtain the views of people using the service, relatives, staff and health and social care professionals and how to respond to their feedback. One member of staff told us, "I have participated in staff surveys and we have the opportunity to discuss the findings." Staff held keyworker meetings with people and invited relatives and health and care professionals to care plan review meetings which provided an opportunity to get feedback about the service. Records showed the registered manager acted on

feedback from the meetings for example a refurbishment exercise was planned for the summer to improve the environment.

People and their relatives were invited to complete satisfaction surveys. The 2016 survey responses were highly complimentary of the care provided and were shared with staff to maintain good standards and to drive improvement when needed. There was a transparent culture and responses from questionnaires were displayed on noticeboards highlighting the action taken to improve people's experience of the service when needed.

Staff held meetings for people using the service and their relatives to give them the opportunity to have an input into the running of the home. The resident experience manager had supported people to set up a "Resident's Forum" which is independent and confidential and this had received positive feedback. One person told us, "I used to go to resident's meetings but now we have a resident's forum and we only allow two carers to be there which is much better you can say what you like without feeling watched." One suggestion from the resident's forum was a 'private dining' where a person and their family had the use of a private room and the choice of an a la carte menu. We observed that the idea had taken shape and invitations were ready to go out to families and friends.

Information was shared appropriately in the organisation for the benefit of people. Health care professionals were happy with the way they communicated with management and staff. One healthcare professional said, "The [registered] manager communicates on a regular basis with correct and relevant information about the residents." One member of staff said, "We work well as a team and communication is good." Staff attended regular team meetings, 'away days' and corporate development days which provided them with the opportunity to learn about the changes to the service and to discuss any improvements they would like to see. Information was displayed on a number of noticeboards located throughout the service for example safeguarding, infection control, staff training, complaints management, staff surveys and activities to raise the awareness of staff on good practice.

People benefited from regular checks and audits carried out to monitor the quality and safety of the service. The registered manager checked and ensured the completeness and accuracy of care plans, fire safety checks, health and safety and cleanliness of the premises. Records showed any issues identified were addressed in an action plan and within the provider's timescales. For example, the registered manager had ensured repairs were undertaken as needed on an emergency exit door. Medicines administration records were accurately completed and health and safety checks did not show any concerns. A regional director carried out monitoring visits including out of hours checks. The registered manager and resident manager told us and staff confirmed they had carried out a spot check visit on the first day of our inspection between four and six o'clock in the morning to check whether people's care was delivered in line with their support plans. Their report showed some people were in bed and those who were up had made that choice.

A close partnership with healthcare professionals and the service ensured people received quality care. The registered manager and provider promoted continuous improvement at the service and ensured policies and procedures were up to date and in line with changes to legislation. The registered manager involved various external agencies to support staff to provide specialist care to people living with dementia. The registered manager attended the provider's managers meetings, CQC organised events and meetings with clinical commissioning groups to enable them to drive improvement at the service.