

Methodist Homes

Willesden Court

Inspection report

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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 undertook this unannounced inspection on 15 June 2017. Willesden Court is a care home registered to provide nursing and personal care for 60 older people. It is a purpose built home with three floors. The ground floor accommodates 18 people living with dementia who do not require nursing care. The first floor accommodates 21 people with general nursing needs, and the top floor accommodates 21 people living with dementia who also have nursing needs.

At our previous comprehensive inspection on 18 November 2014 we rated the service as "Good". We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in respect of Regulation 12 HSCA RA Regulations 2014 in relation to safe care and treatment. The registered provider had not ensured that the administration of medicines was recorded accurately to show that people received their prescribed medicines safely. At this inspection the service demonstrated that they had taken action to comply and the required checks and documented evidence was in place. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. Audit arrangements were in place and people confirmed that they had been given their medicines.

People informed us that they were satisfied with the care and services provided. They had been treated with respect and felt safe living in the home. There was a very positive atmosphere within the home. The welfare of people was at the centre of the service. Management and staff worked well together to ensure people had a meaningful and enjoyable life. There was a safeguarding adult's policy and appropriate arrangements for safeguarding people. Safeguarding allegations were taken seriously and reported promptly. The service co-operated fully with investigations by the local safeguarding team. The home had a safeguarding folder with full details of action taken following each safeguarding allegation.

People's care needs and potential risks to them were assessed and care workers were aware of these risks. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency. Care workers prepared appropriate and up to date care plans which involved people and their representatives. People's healthcare needs were carefully monitored and attended to. The home had a varied activities programme to ensure that people could participate in social and therapeutic activities. There were several examples of good practice where people had made significant improvements in their well-being. Two people who previously required a high level of care had improved to such an extent that they were able to return home.

The premises were kept clean and tidy to a high standard. No unpleasant odours were detected anywhere in the building. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills, training and a fire equipment contract. Fire drills had been arranged.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the

reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We noted that the home had suitable arrangements in place to comply with the MCA and DoLS.

The dietary needs and preferences of people were met. Most people informed us that they were satisfied with the meals provided. There was a varied and innovative activities programme which was arranged to meet the needs and choices of people. This included the needs of people with dementia and promoting the independence of people. There were outdoor movies in the garden and outings to places people had requested.

Careful thought had been given to ensure that the home had a pleasant and relaxed environment and this included having fresh flowers in the dining rooms. There was a moving picture of a waterfall. This was coupled with a sound device that had different settings for sounds of birds singing, water falling, crickets and frogs in the background.

There were enough care workers deployed to meet people's needs. They were knowledgeable regarding the needs of people. The service actively worked to develop good teamwork and effective communication among care workers. Care workers had received a comprehensive induction and training programme together with support from a "buddy" so that they could care effectively for people. There were arrangements for support, supervision and appraisals which focussed on strengths and achievements of care workers. Managers were highly motivated and met regularly with staff to ensure they were well informed and discuss the daily care of people.

The service listened to people who used the service and responded appropriately. There were opportunities for people to express their views and experiences regarding the care and management of the home. Regular residents' meetings had been held for people and their suggestions and concerns noted. People knew who to complain to. Complaints made had been carefully recorded and promptly responded to.

The service had a culture of promoting excellence and a high quality of care for people. It had won several recent awards for outstanding care and management. These identified good staff moral and team work, stability of the management team, audit tracking and dealing with issues immediately. Comprehensive audits and regular checks of the service had been carried out by the registered manager and the service manager. Audits were carried out monthly and included checks on care documentation, medicines, and maintenance of the home. A recent satisfaction survey indicated that people were very satisfied with the care provided. There was an action plan accompanying the survey together with evidence that it had been followed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. There were suitable arrangements for safeguarding people and ensuring the security of the home. Care workers were carefully recruited. Staffing levels were adequate and regularly monitored. Risk assessments had been carried out. There were suitable arrangements for the management of medicines. Infection control measures were in place. No unpleasant odours were detected in the home.

Is the service effective?

Good ●

The service was effective. People who used the service were cared for by care workers who were knowledgeable and understood their care needs. People's nutritional and healthcare needs had been carefully monitored and attended to. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Care workers were supported by managers who were highly motivated and diligent.

Is the service caring?

Good ●

The service was caring. People were listened to and treated with respect and dignity. Care workers protected people's privacy. People had opportunity to express their views and the home made effort to respond to suggestions made. The premises were made comfortable and pleasant for people.

Is the service responsive?

Good ●

The service was responsive. Complaints had been promptly responded to. The needs of people had been carefully assessed and appropriate care plans were in place. Care was regularly reviewed. There were examples of good practice where people had made great improvements in their well being.

Is the service well-led?

Good ●

The service was well-led. Comprehensive audits and regular checks had been carried by the managers of the home and the service manager. People and care workers expressed confidence in the management of the service. The leadership of the home was forward thinking and committed to excellence. The home

had won several awards for being well managed.

Willesden Court

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.

The inspection took place on 15 June 2017 and it was unannounced. The inspection team consisted of two inspectors. Before our inspection, we reviewed information we held about the home. This included notifications from the home and reports provided by the local authority. Prior to the inspection the provider completed and returned to us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were 58 people living in the home. We spoke with 12 people who used the service, two relatives, a friend of a person and a healthcare professional. We received feedback from one social care professional. We also spoke with the registered manager, the deputy manager, and six care workers.

We looked at the kitchen, laundry, medicines room, communal areas, garden and people's bedrooms. We obtained further feedback from one social care professional. We reviewed a range of records about people's care and how the home was managed. These included the care records for six people, seven staff recruitment records, staff training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

At our previous comprehensive inspection on 18 November 2014 we rated the service as "good". We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in respect of Regulation 12 HSCA RA Regulations 2014 in relation to safe care and treatment. The registered provider had not ensured that the administration of medicines was recorded accurately to show that people received their prescribed medicines safely. At this inspection the service demonstrated that they had taken action to comply and the required checks and documented evidence was in place. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. We examined six medicine administration record (MAR) charts. There were no unexplained gaps. People we spoke with told us they had been given their medicines. Audit arrangements were in place and people confirmed that they had been given their medicines. We noted that on three dates in the previous thirty days the temperature of the room where medicines were stored was slightly higher than the required temperature of 25 degrees centigrade. The registered manager stated that they were aware of this and an air conditioner would be purchased soon.

On arrival at the home we noted that the front entrance was secure. We were asked who we were before being allowed into the premises. This ensured that people in the home were protected. People told us that they felt safe in the home and they were well treated. One person said, "I feel safe here. The staff are good to me." A second person said, "I feel safe here. Everyone is fine and kind. My bedroom gets cleaned every day. They help me have a shower and they are careful." A third person said, "I feel safe here. There are enough staff."

During the inspection, we observed that people were cleanly dressed and appeared well cared for. Care workers were attentive, welcoming and interacted well with people.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were on display in the home. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. A small number of safeguarding concerns were notified to us and the local safeguarding team. The service had co-operated with the investigations and followed up on agreed action. The home had a folder with details of safeguarding incidents and information on action taken. CQC had been promptly informed of safeguarding concerns. Updates regarding these concerns were provided regularly to the CQC by the registered manager.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks of falling, pressure sores, neglect and anti-social behaviour. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency. These were seen by us.

There were suitable arrangements for ensuring fire safety which included an updated fire risk assessment

and fire equipment contract. The emergency lighting had been checked monthly. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out almost monthly in the past twelve months and one of these was done after dark. Fire procedures were on display throughout the home. The hot water temperatures had been checked by care workers prior to people being given baths or showers. Documented evidence was provided. It was further checked monthly by the maintenance person and recorded.

The premises were well maintained. This was also confirmed by feedback from a social care professional. The service had a record of essential maintenance carried out. These included safety inspections of the portable appliances, passenger lift and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. All bedrooms visited had window restrictors.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks in place prior to being employed. We examined a sample of seven records of care workers. We noted that all the records had the necessary documentation such as a criminal records disclosure, references, evidence of identity and permission to work in the United Kingdom. The records had a tracker in place to highlight when staff documentation was due to expire. The registered manager informed us that they had a low turnover of staff. This meant that they could provide consistency of care to people. Information on staff were displayed on the notice board in reception.

We looked at the staff rota and discussed staffing levels with the deputy manager and the registered manager. On the day of inspection there were a total of 58 people who used the service. The staffing levels normally consisted of the registered manager, the deputy manager, two nurses, a senior care worker and ten care workers during the day shifts. There was at least one nurse, one senior care worker and five care workers on waking duty during the night shifts. The registered manager stated that additional staff would be provided if needed. In addition there were three domestic staff, a housekeeper, a laundry assistant, two activities organisers and three kitchen staff.

People informed us that there were sufficient care workers and they were satisfied with the care provided. Care workers we spoke with told us that the staffing levels were sufficient and enabled them to attend to their duties. One relative stated that they felt that there should be more staff on duty. This was discussed with the manager who stated that they had a tool for calculating staffing levels and the current staffing levels were adequate. She stated that additional staff would be provided if needed.

The premises were clean and no unpleasant odours were noted on any of the floors of the home. This was reiterated by a social care professional who visited the home recently. The registered manager stated that carpets were cleaned every day. We saw cleaning staff on each floor of the building. People informed us that their bedrooms were cleaned daily. Care workers had access to protective clothing including disposable gloves and aprons. The home had an infection control policy together with the guidance regarding infectious conditions and diseases. The kitchen was inspected and found to be clean and a five star rating had been awarded by the local environmental health department. The registered manager stated that the local infection control nurse had visited and raised only minor issues such as some adjustments to the sink in one of the room and the report was pending.

We reviewed the accident records. Accidents forms had been fully completed and signed. Where appropriate there was guidance to care workers on how to prevent a re-occurrence.

The service had a current certificate of insurance.

Is the service effective?

Our findings

People using the service told us that care workers were competent and they were satisfied with the care provided. One person said, "I am happy with the meals here. The chef checks with me what I want. They have given me food I liked." Another person said, "I get a good breakfast every morning." When asked about healthcare, this person said, "I have seen the doctor. I can see the doctor when I am not well." A second person said they had received their medicines.

People's healthcare needs were closely monitored by care workers. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. We saw evidence of recent appointments with healthcare professionals such as people's dentist, chiropodist and GP. We spoke with a healthcare professional who informed us that the home maintained close contact with them and the healthcare needs of people were assessed weekly. The GP visited the home weekly. However, the registered manager stated that people were also encouraged to go to the GP surgery if they could. This was to encourage people to be independent.

Arrangements were in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and care workers were knowledgeable regarding the dietary needs of people. Kitchen staff told us they spoke with people each day to check that they were satisfied with the meals provided. The registered manager informed us that people were consulted regarding their preferences. We observed people having their lunch and spoke with them. With one exception people told us they were satisfied with their meals. The person who was not satisfied requested special meals. This was discussed with the chef and registered manager who agreed that these meals would be provided. To ensure that people received sufficient nutrition, monthly weights of people were documented in their care records. We noted that two people had lost significant amounts of weight over the past twelve months. One of them had not yet been referred to the dietician and both did not have food intake monitoring charts. This was discussed with the registered manager who agreed to consult with the doctor(s) concerned. She informed us soon after the inspection that this had been done and advice had been provided by the doctor.

Care workers were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, Mental Capacity Act and safeguarding. Care workers confirmed that they had received the appropriate training for their role. Nurses in the home had phlebotomy training. The registered manager explained that this meant that people who used the service do not have to be inconvenienced with having to attend very early appointments for blood tests such as those for fasting bloods tests.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. The registered manager informed us that new care workers had already completed their NVQ (National Vocational Qualification) and the home's own comprehensive induction. She stated that the home had a Care Certificate trainer and new staff would be enrolled on the Care Certificate if

needed. The home had allocated "buddies" or more experienced care workers to support each member of staff during their induction.

Care workers said they worked well as a team and received the support they needed. The heads of departments carried out supervision and annual appraisals of care workers. Care workers we spoke with confirmed that this took place and we saw evidence of this in their records. We noted that a new appraisal form had been introduced recently which looked at areas where personal development was needed and also focused on staff achievements, strengths and developments. This ensured that the appraisals were positive and balanced.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). 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. A summary of the principles of the MCA was on display in the reception area. We saw that mental capacity assessments had been carried out. Where people lacked capacity, details of their advocates or people to be consulted were documented in the assessments.

Care workers were aware of the need for best interest decisions to be made and recorded when necessary. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. They stated that they asked people for their consent or agreement prior to providing care or entering their bedrooms. This was confirmed by people we spoke with. People stated that care workers usually asked for their consent before providing care. The home has a policy providing guidance to staff on seeking consent from people.

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. We noted that authorisations had been given and the CQC notified.

Is the service caring?

Our findings

People spoke highly of care workers and informed us that they were caring. One person said, "The staff talk nicely to me. They show respect for me. They knock on the door before coming in." Another person said, "We have one to one meetings. I can make suggestions about my care." A third person stated, "The staff are caring." A fourth person said, "I am very happy here. The staff are very nice and kind. They take good care of me." A relative who wrote to us prior to this inspection had expressed gratitude and appreciation for the care provided by care workers.

Effort had been made to provide a pleasant environment for people. There was an aquarium in the reception area and in the lounges on the first and second floors. On one floor there was a moving picture of a waterfall descending from the mountains. This was coupled with a sound device that had different settings for sounds of birds singing, water falling, crickets and frogs in the back ground. This provided a relaxing atmosphere. There were fresh flowers and plants throughout the home. The garden had flowers and vegetables and sheltered seating areas. Drinks were served to people who sat in the garden. The atmosphere was relaxed. People were able to move around freely within the home and in the garden. Some people sat in the reception area while others sat in the garden. We observed that there were positive interactions between care workers and people. Care workers were friendly, helpful, calm and attentive.

We saw serviettes were carefully folded and fresh flowers were in the dining rooms. This made the rooms look pleasant. The registered manager told us, "I get real flowers for the home every week. We have real flowers in our own homes so why not here." On the day we inspected it was hot and the home was kept cool with air-conditioning and fans so that the temperature was comfortable for people. Drinks were available throughout the home for people.

People were supported to maintain relationships with family and friends. This was confirmed by people, relatives and a friend of a person who spoke with us. People and visitors could make hot drinks for themselves in the kitchenettes on each floor.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They said they would knock on bedroom doors and request permission to enter. They stated that when they provided personal care they would ensure that doors were closed. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering.

The service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. There was a folder with information regarding various cultures and religions in the reception area. In addition there was a table with religious icons, statues and books of various faiths. This was useful to assisting people of different faiths feel at home. Priests and officials from various religious denominations visited their members each week. One visitor sung religious songs to people. A Muslim staff member was available to read from the Quran for people who wanted this done.

Care plans included information that showed people had been consulted about their individual needs including the preferred gender of their carer, their spiritual and cultural needs. Meetings had been held where people could express their views and be informed of any changes affecting the running of the home. People informed us that the service listened to them and their views. The registered manager gave us examples of what they had done in response to suggestions made. A music CD of a pop group suggested by a person was purchased. People requested pictures of their favourite music artist Elvis Presley to be displayed on the walls and this was done. In addition, they arranged for a Elvis impersonator show in the home. Requests by people for special food such as chapattis and dumplings had been responded to.

One person said they wanted to have their ethnic food. The chef informed us that some ethnic foods were on the menu and provided documented evidence of this. The registered manager informed us soon after the inspection that they had ordered the particular ethnic food requested by a person. A request made for a barbecue on the day after the inspection was also responded to.

Each person had their own room. The bedrooms were well-furnished and had been personalised with people's own ornaments and belongings according to their preference. The registered manager informed us that the home purchased a roller iron for the laundry. They also reviewed contractual hours for the housekeeper, This was to ensure that laundry was checked by her before being returned to people.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and care workers were responsive to their needs. They stated that there was a variety of activities in the home. One person said, "I am well looked after. We got exercise sessions and outings. I have made improvements. I feel improved every day."

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to the premises, mobility, mental health, skin condition and communication needs. Care plans were then prepared by nurses and senior carers. People and their representatives were involved in planning their care and support. Care records contained photos of people. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of people. The key workers and key nurses of each person were displayed in people's bedrooms. This ensured they were fully informed.

We discussed the care of a person with a grade four pressure sore. We noted that there was a risk assessment in place. A pressure sore care plan had been prepared. There was evidence of involvement of the tissue viability nurse who specialised in advising on pressure area care. There were completed charts indicating that people had been turned in bed to change their position and prevent pressure sores worsening. This also ensured that pressure sores healed faster. An air mattress had been provided for this person to further assist the healing process. We noted that this person's pressure sore was healing.

We also discussed the care of people with diabetes. Diabetes care plans were in place. We checked that diabetic medication had been given. There were blood glucose monitoring charts to check on the condition of people. Care workers were aware of the dietary needs of people and action to take if a person with diabetes was hyperglycaemic and hypoglycaemic.

Formal reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress. People's relatives confirmed that they had been involved in these reviews. We also noted that the home carried out its own monthly reviews of care plans. The registered manager informed us of examples of good practice where people had improved following care provided by care workers. One person who was admitted to the home for end of life care had made great improvement and was able to take interest in gardening and go on outings. The registered manager stated that the dedicated care provided by care workers contributed to the improvement of this person. A second person with an injury and was unable to mobilise unaided and required a high level of care also made improvements and could walk freely and unaided. This person was supported by the home to have his medicines in order and travel abroad to visit a close relative. This person returned to live in their own home. A third person who was immobile and had a pressure sore from hospital also made significant improvements and they decided they were well enough to return home. The registered manager stated that the care and encouragement from care workers contributed to this person's improvement. The registered manager sent us documented evidence including emails from professionals to evidence the progress that these three people had made. In all the three examples, care workers encouraged people to participate in activities.

The home had a varied and regular programme of activities to ensure that people received adequate social and therapeutic stimulation. Activities were discussed on admission and people's preference documented in their care plans. This was reviewed twice a year with people. The home's programme was displayed on all floors and in people's bedrooms. Activities provided included outings to the seaside and movies shows in the garden like an outdoor cinema. The registered manager stated that this was to bring back memories of bygone days when some older people watched movies outdoors. Memory boxes were in all lounges with memorabilia familiar to older people. There were pictures of activities that people had participated in displayed around the home as well as a notice board of any service user's birthdays that month. We observed that people were engaged in a range of activities. On the day of inspection we saw people engaged in gentle exercise and art and crafts sessions on each floor. There was a movie session in the garden. The home has two activities organisers. A social care professional reported that they saw people participating in various activities when they visited the home and they noted that care workers interacted well with people.

Activities provided were discussed at all residents' meetings. This was to ensure that activities were relevant and what people wanted. The registered manager provided us with examples of good practice. For example residents requested "paw therapy" the activity staff trained up his own dog and brought it in weekly. The home also had a cat on premises as one person liked to look after it. A person wanted to go to Brent Cross shopping centre and this was arranged and she was taken regularly to the local shops as they enjoyed shopping. The managers and staff arranged Christmas stalls at the home for people to attend and people made a cake for the cake stall. People and their relatives found this very enjoyable seeing different people in the garden and they were able to purchase gifts for their families. A person enjoyed gardening and they planted flowers in the garden. The registered manager stated that the activity staff were arranging for a visit to Kew Gardens soon as this was requested by people.

The registered manager informed us of specific effort they had made to engage people with dementia. The home had dementia cushions with different objects on the cushions such as zips, buttons, different textured materials. She stated that some people enjoyed touching the cushion. There were also aprons with different objects attached. These provided sensory and therapeutic stimulation for people with dementia.

The home had a complaints procedure which was displayed near the entrance of the home. People informed us that they knew how to complain. We examined five recent complaints. These had been promptly responded to. Letters to complainants were attached to each complaint. One relative informed us that they had raised a complaint and the registered manager had responded promptly. The complaints were checked monthly by the registered manager, area manager and their head office.

Is the service well-led?

Our findings

People and their relatives expressed confidence in the management of the home. One person said, "The manager is good. I can talk to her." Another person stated, "We have residents meetings. The manager listens to me." A relative stated, "The managers are excellent! They have an excellent attitude." One social care professional who visited the home recently provided positive feedback regarding the management of the home and indicated that management were diligent and the home was well managed. This professional also stated that people who used the service appeared happy in the home. A healthcare professional who spoke with also expressed confidence in the management of the home and informed us that communication was good and the managers were actively involved in ensuring that people were well cared for.

The home had effective quality assurance systems for assessing, monitoring and improving the quality of the service. The registered manager or the deputy manager walked around the building daily to check on the premises and care provided. Formal checks were also carried out weekly and monthly in areas such as cleanliness of premises, fire safety, medicine administration charts, care documentation and catering arrangements. Monthly audits had been carried out by the service manager and senior staff of the company.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care documentation and other records associated with the running of the service were up to date and well maintained.

The home carried out a recent satisfaction survey which reflected the five main questions examined during our inspection. The feedback from people and their representatives indicated a high level of satisfaction. There was a written action plan following this survey which was seen by us. This action plan had been checked by the service manager to ensure that it was completed. One action arising from this survey was that training on dignity and respect was provided for all staff. Each staff member had been presented with a certificate and pocket information on dignity and respect.

The home had a clear management structure. The registered manager was supported by a deputy manager, a team of nurses and senior carers. The service manager visited the home at least once a month to support the registered manager. The registered manager informed us that managers of the home also had buddies to ensure they were adequately supported.

The registered manager provided us with an example of good practice. She stated that the home had an effective communication system. Hand-over meetings took place at the beginning and end of each shift. There was a communication book which was used for passing on important information such as appointments and duties for care workers. Care workers informed us that there were meetings where they regularly discussed the care of people and the management of the home. The minutes of these meetings were seen by us. In addition, information was displayed on staff notice boards and messages sent to all staff through their "Careblox machine" (This is where staff clock in and out daily.) and in monthly newsletters with

staff payslips. Care workers stated that communication was good and they were aware of their roles and responsibilities.

The registered manager informed us of an example of good practice. She stated that management staff were highly visible in the home and she had an open door policy which encouraged people and staff to talk to managers. She stated that she or the deputy manager visited early every morning to meet with the night staff and join in the hand-over meeting. This enabled management to be fully informed regarding the care of people. Care workers stated that they worked well together. We saw that the home had an employee of the month scheme to encourage excellence.

A further example of good practice was given to us. The registered manager stated that at Christmas time as there was no public transport, she picked up care workers from their homes to come to work and drove them back again so that they ensured that the same level of care is delivered to people.

The home had recently won several awards for excelling in the care of people. One award was for being among the top 20 care homes most recommended in the region. This award was based on positive reviews and recommendations received from people, relatives and friends over the past three years to February 2017. The home was one of the two homes in the organisation within the London Region to have achieved this. The second award was for being the most improved home. This award was carried out in the London region and presented by their line manager. The registered manager stated that the home had lacked a stable management team for many years and five managers had come and went and the morale of the staff was low. The home had since improved significantly in many areas via responding to feedback from people and their relatives. There were regular meetings with staff and heads of department to discuss how they would move forward in supporting people. They also listened to people and provided personal centred activities. Staff morale had also improved.

A third award was for meeting the standards of the organisation in the London region. This was again presented by their line manager. This was an internal audit and had the same key areas of a CQC inspection. The inspection was carried out by their quality team and took place over a week where records were checked in all areas such as care plans, pressure area care, fluid and food charts, maintenance records and complaints. The home received a score of 86%.

The fourth award was for achieving the highest score in the survey related to the five CQC questions (Safe, Effective, Caring, Responsive and Well Led). The registered manager reported that in the organisation's London region their residents were the most satisfied. This was based on completed questionnaires which produced a high performance score of 969 when the average was 880.

The registered manager stated that they had been able to receive awards because they ensured that whenever they received feedback on how things can be improved they acted on these immediately.