

Bupa Care Homes (CFChomes) Limited

Elmstead Care Home

Inspection report

104 Elmstead Lane
Chislehurst
Kent
BR7 5EL

Tel: 02034680974
Website: www.bupa.co.uk/care-services/care-homes/elmstead-chislehurst

Date of inspection visit:
02 August 2018
10 August 2018

Date of publication:
27 September 2018

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 2 and 10 August 2018 and was unannounced. Elmstead Care Home 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.

Elmstead Care Home provides accommodation and personal care support for up to 49 older people. The home is situated within the London borough of Bromley and is spread out over three floors. The middle floor has been designed for people living with dementia. Care provided within the home ranges from respite services, day care facilities for people who enjoy socialising or their informal carer is unavailable or requires a break, residential care and dementia and convalescent care for people recovering from surgery or illness. At the time of our inspection there were 39 people living at the service.

The service continued to have a long standing experienced registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was aware of their legal requirement to display their current CQC rating which we saw was on display within the home and on the provider's website.

At our last inspection of the service on 5 and 6 July 2016 we rated the service overall as 'Good'. At this inspection we found evidence that not only continued to support the rating of good, but we also found for the key question 'is the service Responsive?' the service had improved to 'Outstanding'. There was no evidence or information from our inspection and on-going monitoring that demonstrated any risks or concerns.

Risks were managed positively in the least restrictive way to protect people from possible harm. Medicines were managed, administered and stored safely. People were protected from the risk of abuse, because staff were aware of the types of abuse and the action to take to ensure people's safety and well-being. There were systems in place to ensure people were protected from the risk of infection and the home environment was clean and well maintained. Accidents and incidents were recorded, monitored and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs in a timely manner.

People's needs and preferences were met by suitably skilled staff with the right knowledge and experience. There were systems in place to ensure staff were inducted into the service appropriately. Staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's physical, mental and social needs were holistically assessed before they moved into the home to ensure staff and the home environment could meet their needs safely and

appropriately.

The home environment was suitably maintained and adapted to meet people's needs. People were supported to eat a healthy, well-balanced diet and people told us they enjoyed the meals on offer at the home. People were supported to maintain their health and well-being.

People were proactively supported and encouraged to maintain relationships with people that were important to them. People and their relatives told us that staff were caring. There were well established and affectionate relationships between staff, people and their relatives which was promoted by the stable longstanding staffing team. People were able to express their views, were involved in decisions about their day to day care and were provided with information about the service. People's privacy and dignity was respected and maintained and staff supported people to retain their independence.

People received outstanding responsive personalised care and support. People and their relatives told us that staff had outstanding skills and excellent knowledge and understanding of their diverse needs and how best to support them. Staff had excellent understanding of people's needs and preferences. They were skilled and knowledgeable about initiatives and best practice when supporting people living with dementia. Staff were provided with up to date training in line with best practice that was tailored to meeting people's individual needs and choices.

People, and those with permission to act on their behalf, were involved in planning, developing and reviewing their care and support. People received individualised care and support that was exceptionally responsive to their needs and wishes. People's diverse needs and human rights were supported, encouraged and respected. People received outstanding care based on their individual needs because staff worked extremely well with health and social care professionals to ensure their needs and preferences were met. Responsive partnerships with other professionals and agencies were formed and the home worked innovatively to ensure people received high standards of care. People were supported to live an active and fulfilling life as arrangements in place for social activities were innovative and excelled at meeting people's individual needs. The home takes an active key role in the local community and is actively involved in building further links. Activity provision was outstandingly responsive to people's needs, person-centred and innovative. There were suitable arrangements in place to respond to people's concerns and complaints appropriately.

The service was particularly well-managed and staff had an accurate mix of skills and knowledge. There was a clear chain of management in place with a distinct line of responsibility and accountability within the staffing team. People and their relatives spoke highly and enthusiastically about the management, staff and running of the home. The home had an open and inclusive culture and staff spoke positively about the registered manager describing them as a visible presence within the home who offered them support and leadership. There were systems in place to recognise and acknowledge excellence in the work place.

There were sustained positive links and partnerships in place with other agencies, charities, community initiatives and professionals to ensure people received appropriate levels of care and support to meet their needs and information and best practice was shared between agencies when appropriate. There were systems in place which continuously sought ways in which the home could be improved upon and which encouraged people and their relatives to participate. There were effective and well-led governance arrangements in place to monitor, assess and improve the quality of the service.

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 remained Good

Is the service effective?

Good ●

The service was now effective

People's needs and preferences were met by suitably skilled staff with the right knowledge and experience.

There were systems in place to ensure staff were inducted into the service appropriately.

Staff received training, supervision and appraisals.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005).

People's physical, mental and social needs were holistically assessed before they moved into the home.

The home environment was suitably maintained and adapted to meet people's needs.

People were supported to eat a healthy, well-balanced diet and people told us they enjoyed the meals on offer at the home.

People were supported to maintain their health and well-being.

Is the service caring?

Good ●

The service remained Good

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive

People received outstanding, responsive personalised care and support. Staff had excellent understanding of people's needs and preferences.

People's diverse needs and human rights were supported,

encouraged and respected.

Responsive partnerships with other professionals and agencies were formed and the home worked innovatively to ensure people received high standards of care.

People were supported to live an active and fulfilling life as arrangements in place for social activities were innovative and excelled at meeting people's individual needs.

People were supported to explore and record their wishes about care at the end of their life, so that they felt consulted, listened to, and valued.

There were suitable arrangements in place to respond to people's concerns and complaints appropriately. People received accessible information.

Is the service well-led?

The service remained Good

Good ●

Elmstead Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 2 and 10 August 2018 and was unannounced on the first day of the inspection and announced on the second day. The inspection was carried out by one inspector 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. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority who commissions the service to obtain their views. We used this information to help inform our inspection planning.

We spoke with ten people using the service and four visiting relatives. We spoke with 15 members of staff including the registered manager, care managers, team leaders, care staff, activity coordinators, the chef and housekeeping staff. In addition, we spoke with three external health and social care professionals. We looked at six people's care plans and care records, four staff recruitment, training and supervision records and records relating to the management of the service such as audits and policies and procedures.

People living at the home had varying levels of communication so we therefore used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing the support provided to people in communal areas, at meal times and the interactions between people and staff.

Is the service safe?

Our findings

People continued to receive safe care and support. People and their relatives told us they felt the home was a safe place to live and they felt safe with the staff that supported them. Comments included, "Oh yes I definitely feel safe. The staff are kind people and they have a chat with you", "Oh yes, very good, this does excel. My son and daughter want to put their names down to come here", "My [relative] permanently tries to leave as they feel they need to be somewhere. They [staff] have been brilliant just changing the security to ensure they are safe", "The carers are lovely. They make sure I am safe", and, "Staff are so good at making sure mum is safe and well. They are really very caring and I feel better knowing that she's safe."

People were protected from the risk of abuse. The provider had up to date policies and procedures in place for safeguarding adults from abuse and there were robust systems in place to report and act on concerns or allegations. The registered manager was the safeguarding lead for the home and they were responsible for managing safeguarding concerns, liaising with local authority safeguarding teams and ensuring staff received up to date safeguarding training.

Staff we spoke with were aware of their responsibilities to safeguard people. They told us the registered manager encouraged and supported them to speak out if they were concerned about abuse or poor working practices and told us about the provider's 'Speak Up' policy. This is a framework which encourages staff to speak up about any concerns they have and to feel safe knowing their concerns are taken seriously and investigated and responded to appropriately. One member of staff said, "If I had any concerns about abuse I would report them immediately. The manager is very supportive and I know action would be taken." Another member of staff told us, "Staff really care here. If anyone had any concerns I know they would report them. We have an open culture and I would feel comfortable speaking out." We saw there was information about safeguarding and how to raise concerns which was displayed within the home and safeguarding information was available for people in alternative formats such as large print or pictorial easy read if required.

Accidents and incidents involving the safety of people were recorded, managed, monitored and acted on appropriately. We saw there were robust systems in place to record and review accidents and incidents and to look for patterns and trends. Records were detailed and an analysis to look at factors that could influence areas such as falls, like the time of day and whether the person required equipment to mobilise safely were conducted. The registered manager maintained an accident and incident monitoring tool which included information of actions taken to reduce the risk of recurrence. For example, where someone may have suffered from repeated falls, health care professionals such as the GP and or occupational therapists were referred to.

Risk were managed positively in the least restrictive way to protect people from possible harm. One relative told us how staff ensured their loved one was kept safe without restricting their movement or creating an environment that felt enclosed. They said, "To stop [relative] feeling locked in they moved them to the ground floor which has enabled [relative] to get out into the garden more now." Risks to people were identified, assessed and managed to help keep them safe. Assessments were conducted to assess levels of

risk to people's physical and mental well-being. Care plans contained risk assessments which documented the areas of risk to individuals. These included nutrition and hydration, falls, moving and handling, personal care, behaviour and skin care amongst others. Risk assessments included guidance for staff and the actions they should take to support people safely and promote their well-being. For example, where people were assessed as requiring support to mobilise due to the risk of falls, this was documented to ensure appropriate support from staff was sought and where required suitable equipment was provided to aid safer mobility.

There were robust arrangements in place to deal with foreseeable emergencies. The environment was appropriately maintained, which supported people's safety. Records confirmed that fire drills were carried out and fire alarm systems and equipment were tested regularly by maintenance staff and external contractors when required. Staff knew how to respond in the event of a fire or an emergency and confirmed that regular fire drills were conducted and training was provided. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency. Maintenance records showed environmental health and safety and equipment checks were routinely undertaken. These included checks on gas safety and electrical installations and appliances; water hygiene and the monitoring of water temperatures, lifts and the servicing of equipment used in the home such as; pressure relieving mattresses, sensor mats, bed rails and window restrictors.

People told us they thought the home was well maintained and kept clean. Comments included, "Oh yes, the cleaners are very good, my room is always kept nice", "Yes, it's a home from home", and, "They [domestic staff] are excellent, they really are." Throughout the course of our inspection we observed the home was clean and free from odours. Hand washing reminders were displayed in bathrooms and toilets and hand sanitizer was available and was being used by staff throughout the home to promote good infection control standards. We observed domestic staff cleaning the home during our inspection. They told us that personal protective equipment such as gloves and aprons and cleaning equipment was made available to them and care staff when they needed it. Training records confirmed that staff had completed training on infection control and food hygiene. The home was awarded a rating of five by the food standards agency in January 2018, which is the highest possible rating. The food standards agency is responsible for protecting people's health in relation to food.

Medicines were managed, stored, disposed of and administered to people safely. People told us they received their medicines as prescribed by health care professionals. One person said, "Yes indeed, I get them when I should." Another person commented, "I get my tablets regularly every day."

Medicines were stored safely and securely and medicines rooms were tidy and well organised. Medicine trolleys were also well organised and medicines which required refrigeration were kept in a lockable refrigerator and temperatures were monitored to ensure medicines were safe to use. We looked at Medication Administration Records (MARs) for people using the service. We saw that these were completed correctly by staff in line with best practice. We also checked the arrangements in place for people who were diabetic and saw evidence of involvement from visiting community nurses to assist in the management of diabetes. We spoke with a visiting health care professional who told us they visited the service twice a day to administer diabetic medicines. They said, "Staff here are always welcoming and monitor people's diabetes well keeping them stable. They are good at ensuring people are safe and well."

Medicines were administered by staff who were appropriately trained and who had their competency assessed to ensure the safe management and administration of medicines. Staff confirmed they had received up to date medicines training and had competency assessments to ensure they were skilled and knowledgeable to manage and administer medicines safely. The provider had an up to date medicines

policy in place which provided guidance for staff and medicine audits were conducted on a regular basis to ensure continued safe medicines practice.

There were enough staff deployed throughout the home to ensure people's needs were met safely. One person told us, "I think so yes, they [staff] are excellent. Very caring and so friendly you feel as though they care. I used the call bell when I fell over and they came quickly." Another person said, "Oh yes, there are quite a few of them [staff]. They are always there when I need them." Throughout our inspection we saw there were sufficient numbers of staff on duty to keep people safe and people's needs and requests were met in a timely manner. The registered manager told us that staffing levels were arranged according to people's needs and this was reviewed on a regular basis, or, when there were changes in individual's needs. Staff rotas were drawn up for each shift and we saw that rotas corresponded with the identities and number of staff on duty.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of four members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out to ensure people were protected from the risk of unsuitable staff.

Is the service effective?

Our findings

People's needs and preferences were met by suitably skilled staff with the right knowledge and experience. Comments from people and their relatives about staff competences were positive and included, "Yes I do think they [staff] are knowledgeable as a whole, one or two are better than others," "Yes they [staff] really are. They know exactly what they are doing and they do it well", and, "Yes, they [staff] are. They know how to occupy my [relative] and how to distract them."

Staff completed an induction when they started work and received regular appropriate training to support them effectively in their roles. They told us they also shadowed experienced staff as part of their induction which allowed them to become familiar with the home environment and with people's needs and preferences. The registered manager told us that new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new health and social care workers.

There was a rolling programme of training in place which ensured staff knowledge and skills remained up to date and reflective of current best practice. We looked at the provider's training matrix which confirmed staff had completed training in areas such as, infection control, moving and handling, safeguarding adults, nutrition and hydration, medicines management and the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) amongst others. Staff had also completed other training relevant to people's needs for example, care of a person with dementia and behaviour that may challenge the service.

Staff received effective and regular support, supervision and appraisals of their work performance which supported the provider to review staff professional development and day to day practices. Supervision records we looked at were detailed and included discussions about day to day issues within the home and personal development needs including any identified training. Staff told us they felt very well supported by the registered manager and had good opportunities to further their skills and knowledge. One member of staff commented, "I feel 100 percent supported. The manager is very good and always has time for us. I get supervision on a regular basis and the training we have is really good."

People's physical, mental and social needs were holistically assessed before they moved into the home to ensure staff and the home environment could meet their needs safely and appropriately. We saw that assessments were completed before admission, on admission and were audited after admission by senior staff to ensure all documentation was completed and care and support plans were in place that addressed and met individual's needs. Assessments covered areas such as emergency contact information, life story, preferences and wishes, physical and mental health needs and communication needs amongst others. Care plans documented the involvement from people and their relatives where appropriate and any health and social care professionals involved, to ensure all individual needs were considered and addressed.

The home environment was suitably maintained and adapted to meet people's needs. There were accessible toilets and bathrooms throughout the home and equipment was available for people who

required it; such as walking frames, wheelchairs, hand rails and lift access to all floors. People living with dementia were cared for in an adapted dementia friendly environment to meet their needs. This had been achieved by having street doors fitted to each room, painting people's doors different recognised dementia friendly colours in line with evidence based guidance and research, using easy read and pictorial signage and displaying memory boxes outside people's rooms filled with photographs and objects that are important to people to aid orientation. This made it easier for people living with dementia to identify different rooms in the home and to orientate themselves within the home environment.

People also had access to an outside garden and terrace areas which included seating areas, a pond and planted flowers. One person said, "My door is always open to sit outside and there's room for plenty of people. Staff walk me up to the big park if I want which I think is rather nice." A relative commented, "Oh yes we can go upstairs into another garden if we chose and go out with family. We also have four lounges we can use."

Staff were aware of the importance of obtaining consent and told us they sought consent from people when offering support and respected their wishes. People confirmed that staff sought their consent and respected their wishes and independence. Comments included, "You go to bed at your own choice", "I am free to do whatever I want here. Staff always encourage and support my independence", and, "Very much so, staff are very collaborative."

Staff demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently, but, where necessary to act in someone's best interests. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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. Care plans showed that where people lacked capacity to make specific decisions for themselves, mental capacity assessments were conducted and decisions were made in their best interests, in line with the requirements of the MCA. We saw that applications had been made to local authorities to deprive people of their liberty for their safety, where this was assessed as required. Where these applications had been authorised, we saw that the appropriate documentation was in place and kept under review and any conditions of authorisations were appropriately followed by staff.

People were supported to eat a healthy, well-balanced diet and people told us they enjoyed the meals on offer at the home. People typically described the quality of the food served as good. Comments included, "Food excellent", "Sometimes I'm fussy, I would recommend this place to people with dementia as you do have a choice", "I eat them and enjoy", "I always have a big enough meal for myself", "Food is excellent. My son thinks the place is fabulous", "They [staff] come around every day about choice for lunch and evening meal", "There is a choice, all meals always smell good."

We visited the kitchen and observed it was clean and well organised. There were systems in place to manage risks in relation to people's nutritional and dietary needs. We spoke with the chef who showed us dietary and allergy information which was displayed within the kitchen to ensure catering staff were aware of people's needs and any dietary modifications needed or dietary and cultural preferences. Rotational menus

were in place and there were choices of meals provided daily. However, the chef told us that menus were planned by the provider centrally so they didn't always have flexibility to meet people's choices. For example, one week could be minced meat and the next pies. However, we were told that people could ask for anything they wanted and it would be accommodated. We observed the lunchtime meal in one dining room and noted people were free to eat their meals where they wished, for example in their rooms or communal areas. Staff were supportive and attentive to people living with dementia who were unable to remain seated for the duration of the meal. When people left the table, and walked with a purpose staff supported them to do so and either offered them meal choices to eat whilst walking if appropriate, or, monitored them until they wished to return to finish their meals which were kept hot. The atmosphere in the dining room was relaxed and there were enough staff to support people promptly when required. Staff communicated effectively with people about the choices on offer and used pictures and sample plates to support them in making their choice of meal. Where required we observed staff supported people with their meals and people received their specialised or chosen diets where appropriate, for example soft or cultural foods.

People were supported to maintain their health and well-being. One person told us, "The doctor visits me when I need them and staff are very good at making sure I'm well." Care plans demonstrated that people were referred to health and social care professionals when required. Records from visiting health and social care professionals were retained in people's care plans to ensure staff were aware of people's presenting health and social care needs.

Is the service caring?

Our findings

People and their relatives told us that staff were caring. Comments we received were positive about staff and the care they provided and people typically described them as 'kind, caring and friendly'. Comments included, "They [staff] do their job as well as I would expect them too. They think of us and even lay out sun hats too in the hot weather," and "Very good, I couldn't fault them [staff] in anyway", "Yes staff are great, they listen to my [relative] and give them enough time", "Staff are so caring. They really look after my [relative] well and are always so friendly", "The carers are lovely. They are so friendly, there like family", "There are really lovely and genuine people here", and, "They [staff] are all so caring and friendly. They can't do enough for you."

Throughout the course of our inspection we observed positive caring interactions between people and staff. Interactions were based on understanding, compassion and empathy; for example, staff sat and talked with people offering them comfort in times of anxiety, confusion or distress. Staff were affectionate and offered physical comfort such as a hug which people responded well to and people and staff shared jokes and laughter which enhanced the friendly and homely atmosphere of the service. A visiting professional told us, "People always appear happy and well whenever I visit. Staff are very caring and take time out to spend with people to ensure their well-being." Staff greeted people warmly addressing them by their preferred names and spoke to them in a kind and caring manner. People appeared at ease and comfortable in the presence of staff, a relative told us, "It makes me very happy to see my [relative] smile when staff talk or cuddle them. The staff are so very caring and it's all genuine." One person commented, "I couldn't get up one day as I had high blood pressure. They [staff] made me stay in bed and said they would bring lunch for me, it was like home from home, they really care."

We observed there were well established and affectionate relationships between staff, people and their relatives which was promoted by the stable longstanding staff team without the use of external agency staff which enabled consistency. Staff knew people they supported very well and had good knowledge of their personalities, behaviour and communication needs. They were aware of people's individual daily routines, preferences, life histories, family and the things that were important to them such as personal possessions. Staff we spoke with told us of the importance of knowing individual's personal histories and preferences and how this helped them to develop good relationships with people and their relatives. One member of staff said, "It's really important that we always remember this is people's home. Knowing everything we can about someone helps us to help them better and tailor their care to meet their needs." The registered manager told us, "At Elmstead we have a motto, 'We come to work in the resident's home, they do not live in our work place'."

People's care plans included information on their cultural and diverse needs and the required support to meet these needs. Staff told us they were committed to providing support to people which reflected their needs regarding their race, religion, sexual orientation, disability and gender. One member of staff said, "We know people very well and so are able to support them in any way we can. It's important to know what matters to people and how they wish to live their lives." One person told us, "I love all the people here, I get Caribbean food." Staff understood and responded to people's diverse, cultural and spiritual needs and we

saw the home worked with local religious denominations and churches to support people to practice their faith. One person told us, "We do have a lady from the church who comes in and talks to us." Another person commented, "I like the church services."

People were proactively supported and encouraged to maintain relationships with people that were important to them. Relatives and visitors told us they were always made to feel welcome and there were no restrictions placed upon them. Comments included, "We visit regularly, it's like my second home. The staff are wonderful and we are greeted like one of the family", "Oh we feel very much a part of the family when we visit", "My family visit all the time. They love to talk with the staff, I'm sure they like visiting them too." Throughout our inspection we observed many instances of staff greeting visitors in a friendly way, taking time to speak with them on arrival.

The home had systems in place which promoted and supported people to remain in contact with people that mattered to them. For example, people had access to the internet so people could send and receive e-mails or make video calls to relatives and friends who were unable to visit or if they lived abroad. Staff supported people to learn how to use technology and social media if required. The home produced a monthly newsletter and had an account on a popular social media site which provided people and their relatives with up to date information and news about the home and offered further opportunities for them to give feedback about the service.

People were able to express their views, were involved in decisions about their day to day care and were provided with information about the service. One person told us, "Oh yes, I'm always involved and can make my own mind up. They [staff] are very good at supporting me with things I need help with." A relative told us, "Communication is good. They [staff] keep us up to date with what is going on and we meet them sometimes to review the care." The registered manager told us that people received a copy of the provider's 'Your guide to Elmstead' information book on admission. This provided them with information about the home including sections on, meeting your needs, getting involved, medical support and other services and information on the staffing team.

People's privacy and dignity was respected and maintained and staff supported people to retain their independence. One person told us, "When you get out of the bath they [staff] cover you up with a big towel and will leave you alone to get on with it." Another person said, "Yes, I try to keep my independence, they [staff] only help me when I need it which is good." Staff told us they encouraged and supported people to do as many things as they could safely for themselves. One member of staff said, "We always try to help people to do things for themselves but when needed we will help them. I always maintain people's dignity when helping them with personal care, for example, by making sure the door is closed and covering them up." Staff were aware of the importance of ensuring information about people was kept confidential. We saw that care plans and records were kept securely in staff offices and office doors were locked to maintain security and confidentiality.

Is the service responsive?

Our findings

People were supported to live an active and fulfilling life as arrangements in place for social activities were innovative and excelled at meeting people's individual needs. The home had gone the extra mile to find out what people did in the past and aimed to make their choices and wishes happen. For example, the registered manager told us that the activities coordinators created a 'wish tree'. This was a large mural on the wall in the form of a tree which allowed for and encouraged people to place their wishes on the tree which staff worked tirelessly to make happen. One person told us that it was a wish for one person to meet with a famous stage and recording star. Staff contacted the stars promoters and told them of the persons wish to meet with the star. Thanks to the staff's continuous hard work the star sent the person a personalised video and CD and later much to everyone's surprise met with them in person. One person commented, "They staff are absolutely brilliant. It was a fantastic time and we all enjoyed it very much."

People and their relatives told us there were plenty of fantastic opportunities for people to participate in meaningful activities. Comments we received included, "If I'm all tensed up they [staff] give me a lift up, they are always on the go and they are never miserable, 100 percent really genuine", "I'm planning on taking my [relative] on holiday. They [staff] have been very good on advising and very approachable. Paris with one of their carers", and, "There are so many things going on, too many to say. Whenever I visit there is always something happening."

The home employed two activities coordinators who excelled in following best practice guidance and research outcomes so people can live as full a life as possible. They told us about their roles within the home and the work they did which went above and beyond their duties to ensure people's needs were met. One commented, "I enjoy planning reminiscence sessions with people. When I'm not working I often visit antique shops and markets to look for interesting objects which would stimulate conversations." A relative told us, "Staff often 'drop in' when they are not working; especially if it is somebody's birthday they will come in with a present. It's marvellous."

On the first day of our inspection there were two events that were planned for the day. It was a mile stone birthday for the registered manager and the staff, people and their relatives planned a surprise garden party to celebrate. The chef had made a variety of foods and cakes and everyone was invited to attend. We noted lots of relatives came to celebrate with the registered manager and to show appreciation for their work. Later in the day there was another planned event held in a sheltered part of the garden. This was a country and western event that included an external county and western band playing music, decorations including a picture of a cut-out horse and western style jail which people could fit their heads through so pictures could be taken, banners and streamers, cowboy hats for people to wear and to also shade them from the heat, activity coordinators dressed in country and western outfits and they went over and above by buying local bales of hay to decorate and make the event more authentic. People and their relatives were supported and encouraged to be interactive in the event and we observed them happily dancing and playing instruments that the activity coordinators had given them. Another recently held event was 'a day at the seaside'. Again, this involved staff decorating the garden and home with bunting, flags, sandpits and buckets and spades. Cocktails were served with lunch which included fish and chips and other choice of

menu followed by ice-creams. Families with children visited and the home hired a candy floss machine which everyone enjoyed. There was a live singer with limbo dancing and a visit from a donkey from a local farm.

Contact with community resources and support networks were built, encouraged and sustained. The registered manager told us of some networks they had built to support people's well-being and needs. These included, working in partnership with a local school to set up a pen pal scheme which involved children writing letters to people which they were excited to receive, working with a local animal rescue centre charity allowing them to hold table sales and in return they bring animals in to meet with people, local community shops including a butchers who donates at their fundraising raffles, the Army who visits the home in uniform to commemorate events such as remembrance day, visits from local community police and supporting events such as 'community Christmas' which is a charity that helps reduce loneliness and isolation among the elderly on Christmas day. The home does this annually by offering ten places around the table for anyone locally with no family and who wants to join them for the day's festivities.

Activity provision was outstandingly responsive to people's needs, person-centred and innovative. The home had a well decorated café and a pub, which we saw was a popular place for people and their guests to socialise over a hot or cold drink and to have bar snacks. We noted that regular activities were conducted in the pub and included pub games such as cards, Jenga and Mahjong which was played on the home's electronic tablet. The registered manager told us that the pub had become such a popular place for people to meet that they are currently considering moving the pub to a larger area of the home so more people can be accommodated.

The home also had a successful well-established 'breakfast club'. Every Tuesday people if they so wished could visit the café where they would be greeted by waitresses in uniforms and have their breakfast orders taken ranging from full English cooked breakfast to cereals, yoghurts and fresh fruit. This had proved very popular with people so staff provide three sittings to accommodate anyone wishing to make use of this. The registered manager told us this provided people with the opportunity to chat with others, read newspapers and to gain a sense of using community services without leaving the home.

Throughout our inspection we found that people received outstanding, responsive, personalised care and support. People and their relatives told us that staff had outstanding skills and excellent knowledge and understanding of their diverse needs and how best to support them. One relative told us, "The staff are what matters here, they are always open to new ideas. I take my [relative] out to events with one of the carers. They make life possible, my [relative] has come here to live not die."

The home had a key role in the local community and was actively involved in building further links. The registered manager told us and we observed that many people living in the home disliked unoccupied hands so they contacted their local church knitting group who handmade fiddle aprons and fiddle cuffs. These are woollen and fabric and are covered in ribbons, buttons, zips and press studs giving people sensory objects to feel and touch. Staff told us that at times of confusion or anxiety these can help people to relax. They also introduced 'baskets of objects' which are baskets placed around the home containing objects such as books, dolls and puzzles which people can pick up, touch and use.

People were encouraged to be involved in their care. There was an established food committee in place made up of people and staff. Feedback from the committee revealed that many people used to have a heavier meal in the evenings. In response the service changed their meal serving so people had lighter meals at lunch times and ate a heavier meal in the evening. The trial was so successful that they kept this arrangement in place. Staff and people had noted that they were sleeping better at night with less walking

around lowering the risk of falls and that people were more alert in the afternoons and joining in more with activities.

People, and those with permission to act on their behalf, were involved in planning their care and support. People and their relatives told us they participated in developing and reviewing their plans of care. One relative told us, "Staff are very good at letting us know what's going on and always involve us", Care plans were composed in a holistic way including the use of photographs and included information specific to the individual. People's diverse needs and human rights were supported, encouraged and respected. The registered manager told and showed us they were planning a 'Diversity week' which included staff and people researching cultural history, cultural differences, foods and languages. During our inspection we saw that staff were preparing menus and activities for the event and posters of the event were displayed throughout the home. Staff told us that many people living at the home moved there from different places from around the world including Israel, St Lucia and France amongst others. They said that they will be preparing and cooking foods from around the world to celebrate the occasion.

The home environment and equipment in place assisted in the promotion of people's independence and staff worked well with people to maximise their independence. We saw the home was proactive in ensuring good communication and information was displayed around the home for people in accessible formats in line with the Accessible Information Standard. The Accessible Information Standard ensures that services must identify, record, flag, share and meet people's information and communication needs. Staff were knowledgeable about people's needs with regards to any protected characteristics under the Equality Act 2010 and supported them appropriately. Staff received equality and diversity training to assist them in meeting people's needs better and the registered manager told us they had conducted an in-house training programme based on CQC's Equally Outstanding good practice resource and the government equalities office information.

People received outstanding care based on their individual needs and because staff worked extremely well with health and social care professionals to ensure their needs and preferences were met. Staff were inspired to think of people even when they were not at work. The registered manager told us that staff went above and beyond their roles in visiting a person in hospital when recovering and worked with hospital staff including physiotherapists so the person could regain their mobility and return to the home.

Responsive partnerships with other professionals and agencies were formed and the home worked innovatively to ensure people received high standards of care. The service was a member of NHS ENRICH (Enabling research in care homes) network. The aim of ENRICH is to help improve the quality of life for people living with dementia and other illnesses. The registered manager told us that one part of this project meant that medicine reviews were conducted in a timely manner, resulting in changes in people's medicines and therefore leading to better physical outcomes. The home was chosen by the provider to take part in a provider led dentistry project which included the testing and reviewing of new dentistry equipment. A small group of people from the home took part and feedback from them was positive stating they had enjoyed the experience and had received good treatment. Staff at the home had a good working relationship with the local community mental health team to meet people's mental and emotional needs. Visits from their 'care home project team' were arranged to support staff in the use of innovative ways to work with people living with dementia. A member of the team told us, "Staff at the home are always open to any suggestions and always demonstrate an openness about understanding why a person is distressed, seeing it from the person's perspective. The manager is a beacon of excellence and a great role model for good dementia care."

Staff provided responsive support in partnership with local hospices and health care professionals to people

at the end of their lives. The home was chosen to sign up to an 'end of life' project lead by a general practitioner. The project was developed to promote and enable conversations with people and their families making it a little easier to talk about their wishes at the end of their lives. A relative told us, "It can be difficult to discuss death, but staff were friendly and compassionate which made it a bit easier." The registered manager told and showed us that learning tools including DVD's had been provided to guide and support staff on ways in which to approach and discuss the subject with people and their relatives. We saw that where appropriate people had Do Not Attempt Resuscitation orders (DNARs) in place and people's choice of funeral arrangements were documented to ensure their wishes were known and respected.

There were suitable arrangements in place to respond to people's concerns and complaints appropriately. People and their relatives said they knew how to make a complaint and had confidence that any issues they raised would be dealt with appropriately. One person told us, "The manager is very receptive and I know she would listen if I had any concerns." There was a complaints policy and procedure in place and this was displayed within the home for people and visitors to refer to. Complaints records we looked at showed that when complaints were received these were responded to timely and appropriately in line with the provider's policy. There had been one complaint since our last inspection of the service and this had been dealt with timely and appropriately with a positive outcome for the complainant. There was a complaint's monitoring tool in place which enabled the registered manager to evaluate the complaints process, monitor complaints received and to share any learning with the staffing team going forward. For example, we saw that comments and suggestions made for changes to menus and housekeeping were discussed with individuals at keyworker and resident's meetings and actioned.

Is the service well-led?

Our findings

The service was well-managed and staff had a comprehensive mix of skills and knowledge. There was a clear chain of management in place with a distinct line of responsibility and accountability within the staffing team. People and their relatives spoke highly and enthusiastically about the management, staff and running of the home. Comments included, "If they [staff] can do anything for you they will. Food is excellent and the people here are good. They must love their job as they are always smiling", "I talk to her [registered manager] every day, she is very approachable and her door is always open", "It's very well run, there's always someone who knows what they are doing", "Really is an excellent home", "Food is excellent, entertainment is good, everything is wonderful", and, "I can't find any faults. The manager is good and runs the home well, staff are great and my [relative] is so happy living here." A visiting professional told us, "This is a very good well-run home. You can see that people are at the forefront of everything they [staff] do and the standard of care is high."

At the time of our inspection there was a long standing registered manager in post. They were an experienced home manager and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager was aware of the legal requirement to display their current CQC rating which we saw was displayed at the home. The registered manager had excellent, detailed knowledge of everyone at the service and oversight of the needs of the staffing team. Throughout our inspection we saw that the registered manager put people's needs first and was constantly visible and available within the home to people, their relatives, visitors and staff.

The home had an open and inclusive culture and staff spoke positively about the registered manager, describing them as a visible presence within the home who offered them support and leadership. Staff told us they were well supported, able to develop in their roles and there was a strong sense of teamwork promoted by the registered manager who was always approachable. One staff member said, "I feel very much supported. The managers door is always open and we can talk to her about anything. Training we get is good and we all work together so well, I love my job." Another member of staff commented, "I've worked here for a long time and I love it. Everyone is so nice and we are all committed to caring for people the best we can and making them happy."

Staff we spoke with shared the same vision and values in relation to providing high standards of person centred care to people. Staff were passionate and expressive when describing to us about the work that they did with people and their relatives and when people moved on or passed away how this made them feel as the service had created a family culture and environment. One member of staff said, "My job is wonderful but also upsetting at times, particularly when we lose someone. We are a real family here." This demonstrated that staff put people first at the heart of the home and that staff really cared about the people they supported.

Staff meetings were held on a regular basis to enable staff to share the visions and values of the home and to learn and disseminate best practice. Staff demonstrated a clear understanding of their roles and knew

what was expected of them. Throughout our inspection we observed staff worked well as a team communicating effectively and offering support to one another where needed. We saw there were efficient lines of communication within the home providing staff with the opportunity to meet and communicate on a daily basis. Staff told us they regularly attended team meetings and daily handover meetings to ensure people received responsive care. We noted that discussions held at handover meetings were recorded on communications handover forms and within a communication book so staff who were unable to attend were kept informed of discussions and updates. One member of staff said, "We have meetings every day to make sure all of us know how people are and how we need to care for them that day. We also have full staff meetings which are good and these let us all have a say on how the home is doing or what we can do better." There were systems in place to ensure management support was available to staff when required. There was an on-call manager rota in place which enabled staff to call for and be supported when required out of normal working hours and throughout the weekend.

There were provider systems in place to recognise and acknowledge excellence in the work place. Where individuals have demonstrated a positive influence on the quality of people's lives and provided high standards of care having gone the 'extra mile', their efforts are recognised and celebrated through an employee reward scheme. The registered manager told us that the provider has an 'e points' reward card that contains spendable points when staff are recognised for their outstanding achievements. They added that points are awarded to the home every month by the provider and they share them between staff who have excelled. Points can then be spent or saved by awardees at high-street stores. One member of staff told us, "It's always great to know that people appreciate your efforts and see that you care but it's also good to know that the organisation does as well."

There were sustained positive links and partnerships in place with other agencies, charities, community initiatives and professionals to ensure people received appropriate levels of care and support to meet their needs and information and best practice was shared between agencies when appropriate. Records demonstrated how the home engaged with other professionals, agencies, partners and specialists to respond to people's needs and to maintain their safety and welfare. We received significant positive feedback from professionals we spoke with about the management of the home and the care they provided. A visiting professional commented, "The home is very well-led. The manager is open and shares good practice which means people get good care, it's evident here."

There were systems in place which continuously sought ways in which the home could be improved upon and which encouraged people and their relatives to participate. There were a range of processes that enabled people and their relatives to provide feedback including a comments and suggestions box, regularly held residents and relative's meetings, annual satisfaction surveys and a 'You said, We did' initiative in place. The registered manager told us that every month they met with people and sought their views on what they could do better or if they wanted something changed within the home. These ideas were then displayed around the home for all to see and their response to the 'You said' was also displayed. For example, people said they wanted a local church to visit the home more frequently, this was achieved after meeting with the church and the 'We did' result was that the church now visited the home every week. Another example was people said the pub games were popular and busy, so in response the manager gained agreement as part of the home's refurbishment works to relocate the pub to another larger part of the home so more people could be accommodated.

We looked at the minutes for the residents and relatives meeting held in June 2018. We saw that items discussed included, activities and social events, warm welcome to new residents, home refurbishments programme, staff recognition, health and well-being and housekeeping amongst other items. We also looked at the results of the provider's annual residents experience survey that was conducted in December

2017. Results were extremely positive with the provider recognising that the home achieved very high results and came top in the company with the staff survey at 98 percent. Results showed for example, that 100 percent of people said they were happy and content, 100 percent said they felt listened to by staff, 100 percent said they felt safe and secure, 100 percent said they were treated with dignity and respect and 100 percent said they were satisfied with the staff that supported them, of those respondent's 100 percent were extremely satisfied.

There were effective and well-led governance arrangements in place to monitor, assess and improve the quality of the service. Records we looked at demonstrated that management and senior staff undertook regular checks and audits in line with CQC's inspection methodology in a range of areas to ensure the service was managed well and people received good standards of care. Audits undertaken focused on areas such as health and safety, home environment, accidents and incidents, safeguarding, medicines, infection control, nutrition and care plans amongst others. Records of actions taken to address any highlighted concerns, issues or planned improvements were documented and recorded as appropriate. There was a strong focus on continuous learning at all levels within the home and the organisation. The provider's regional director also completed monthly checks and visits to the home to ensure any actions required were taken promptly and the home continued to be well-led.