Defence Business Services

Ilford Park Polish Home

Inspection report

Stover
Newton Abbot
Devon
TQ12 6QH

Tel: 01626353961
Website: www.gov.uk/government/publications/ilford-park-polish-home/ilford-park-polish-home

Date of inspection visit:
12 July 2016
13 July 2016

Date of publication:
18 August 2016

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

This unannounced inspection took place on 12th and 13th July 2016.

Ilford Park Polish Home is a care home for older people some of whom may be physically frail or living with dementia. The home provides nursing and residential care for up to 95 people. Ilford Park provides residential and nursing care to former members of the Polish forces, and their spouses, under British command in World War 2. At the time of our inspection there were 78 people living at Ilford Park. The home has retained a strong sense of community and commitment to Polish values and traditions and is affectionately known by its residents, the local community in Devon and Polish organisations as "Little Poland".

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

The home environment was unique and was set up to resemble a polish village community. There were four living areas each with their own communal lounge and "streets", containing people's private bedrooms, branching off in each direction. All lounges and streets had Polish names such as Warsaw, Wroclaw and Gdynia. A separate nursing unit branched off from Warsaw area. The living areas and streets were all individually decorated to a high level and were light and airy. The home benefits from beautifully tended gardens for people to enjoy. All bedrooms were pleasantly decorated and all were fitted with a call system and had access to bathroom and toilet facilities.

People who live at the home told us they felt safe, and we found that the provider had a number of systems and processes in place to promote safety. Staff received training in and understood their responsibilities in safeguarding of vulnerable adults.

People had care plans that clearly explained how they would like to receive their care and support. Care plans were regularly updated and amended where necessary to meet peoples changing needs. Care plans included an assessment of people's needs and were written to reflect people's individual preferences and wishes. They told us they had read and understood the care plans and ensured they followed them. We found risks to individuals were well assessed and clear plans were in place to minimise these risks.

We looked at the way in which the home managed people's medicines. Medicines were stored safely and accurate records were maintained. Staff received regular competency assessment checks to ensure the on-going safe management of medicines. Safe systems were in place to manage medicines so people received their medicines at the right times.

Staff were knowledgeable about people living at the home and understood how to meet their diverse needs.

We observed warmth and affection between staff and people who lived in the home. People were treated with dignity and respect.

The service was working within the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Applications had been submitted to the local authority for assessment and authorisation where necessary. Care plans contained assessments of people's capacity to make decisions in line with the Mental Capacity Act 2005. Where people lacked capacity to make a decision we saw documentation of best interests decisions and who had been involved in making those decisions.

Recruitment processes were robust and thorough checks were always completed to make sure staff were safe and suitable to work in the care sector before they started work at the home. Staff told us they felt supported by the registered manager and they were given appropriate training such as how to support people living with dementia.

We were told by some people that they did not enjoy the food. They told us that the menu did not contain enough traditional Polish meals and were not prepared by a Polish chef. The management team were fully aware of the negative comments about the food and were taking action by holding two-monthly meetings and gaining feedback from the weekly social group to discuss the menu and how things could be improved. People told us that they always had enough to eat and were given a choice and could have other foods that were not on the planned menu. The food looked appetising, smelt good and we saw people enjoying their meals throughout the inspection.

Staff supported people to follow their interests and take part in activities. Activities at Ilford Park were approached from an individual perspective and were tailored to people's hobbies and interests. People said they valued the fact that they were free to move about and do what they wanted to do.

There were systems in place for monitoring the quality of the service and the care and support that people received. If there were areas for improvement that were highlighted through the audit process there were action plans to rectify the issues.

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 home was safe.

Care plans recorded risks that had been identified in relation to people's care. Risks were being managed and processes were in place to reduce risk of harm.

People were protected by a robust staff recruitment process.

Medicines were ordered, stored and administered safely.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The home was effective.

People's records showed how the principles of the MCA had been applied when a decision had been made for them. DoLS processes had been appropriately applied.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff received induction, on-going training, support and supervision to ensure they always delivered the very best care.

People were provided with a choice of meals and were supported to maintain a balanced diet and adequate hydration. Actions had been taken to respond to negative feedback about the food offered.

People had access to healthcare and were supported to maintain their health. Staff liaised with health professionals effectively and appropriately whilst promoting peoples' choices and independence.

Is the service caring?

Good

The service was caring.

People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff treated people respectfully, and supported people to maintain their dignity and privacy.

People's privacy and dignity was respected and people were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and provided information of how staff should support them.

People were actively encouraged and supported to engage with their community and there was a range of varied activities available within the home.

People and their relatives felt listened to and were confident in expressing any concerns they had.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well led.

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and the registered manager was keen to further improve the care and support people received.

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

This unannounced inspection took place on the 12th and 13th July 2016 and was conducted by two adult social care inspectors. A pharmacy inspector attended on the first day and an inspection manager, the second day. Both days were supported with a native Polish speaking interpreter.
As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. The provider had completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We consulted community nurses and spoke with one visiting nurse and one GP about their opinion of the home. We also contacted the local authority, Quality and Improvement Team and Healthwatch Devon who provided information. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and observed the way staff interacted with people to help us understand the experience of people who could not talk with us. We also spent a period of time carrying out a SOFI observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care. During the inspection we spoke with 19 people who used the service, seven relatives and we received 12 feedback forms and emails. We also spoke with the registered manager, deputy manager, and 12 staff members which included registered nurses, care staff and manager's.

We looked at the care plans, records and daily notes for six people with a range of needs, and looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at six staff files to check that the

home were operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Good

Is the service safe?

Our findings

People who lived at Ilford Park told us that they felt safe. One person told us, "I feel safe, very, very safe". Another person said that the atmosphere at the home made them feel safe as the staff knew them and helped them when they needed it. People told us that they were happy with the security arrangements. For example, one couple had a door to their own garden, which was alarmed. They described how this made them feel secure at night, and how quickly staff came when the alarm sounded accidentally. Relatives told us they felt their relatives were safe living at the home. One said, "My relative is safe living here. Security is good. It's secure which makes them feel safe. People can leave if they want but strangers can't get in".

Staff members knew their responsibilities to keep people safe from abuse and avoidable harm. They were able to identify the different types of abuse and knew how to report concerns. Staff had been given the procedures for dealing with abuse and avoidable harm including a policy on safeguarding adults. We saw that staff had received training in keeping people safe. One staff member told us that they would report anything untoward to the manager, the safeguarding team or the Care Quality Commission. This demonstrated that people were supported by staff who understood their responsibilities to safeguard people living at the home.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. Risk assessments included risk of developing a pressure ulcer, falls and nutrition. Where risks were identified such as with nutrition and the risk of choking there was evidence health care professionals were involved. For example, one person had assessments by the Speech and Language Therapy team. They were having a pureed diet and fluids thickened to custard consistency. Staff were also instructed that the person should be sat upright, to have a pillow behind their back and to be encouraged to eat with a teaspoon as they had a tendency to eat quickly which increased their risk of choking. When asked, the staff, including the agency staff, knew this information and knew what consistency to thicken their fluids.

Assessments also included those for bedrails and identified whether having the bedrail was safer than not. There was evidence these assessments were reviewed, every one to two months or as was necessary. For example, one lady's assessment and care plan had been updated after she had had a fall. Mobility risk assessments were very clear and included pictorial representation of what equipment to use under what circumstances. For example, if someone fell, after assessing for possible injuries, a hoist must be used. The type of stand aid/hoist was identified as well as the correct sling size. There was evidence a physiotherapist had been involved with guidance for staff about how to assist one lady who could walk for short distances but was at risk of falls. We saw staff using a stand aid, and this was done safely with staff explaining to the person what was happening.

There was a robust system in place to ensure that medication was administered safely and appropriately. People were supported to take their daily medicines as prescribed. A medication administration record (MAR) was used to document when this had been administered. Some people looked after their own medicines, after it had been assessed as safe for them. One person told us they liked to do this. Systems

were in place for these people to store their medicines securely. Trained staff gave other people their medicines. We saw some medicines given at lunchtime in a safe way. People were asked if they needed any 'when required' medicines such as pain killers.

There were clear records of medicines administered to people or not given for any reason. This helped to show that people received their medicines correctly in the way prescribed for them. There were separate charts and body maps for recording the use of creams or other external items. Some people were prescribed a medicine that needed additional monitoring and regular blood tests. Staff kept the results of the most recent blood test and the current dose with the administration records. This meant that staff were able to ensure they always gave the correct dose.

Occasionally there were agreements in place for staff to give people their medicines covertly. This meant staff could disguise the medicines in food or drink to make sure they took them. Safeguards were in place to protect people and make sure this was in their best interest.

Medicines were supplied to the home using a monthly ordering cycle. Staff told us that a few night time doses of medicines were sometimes removed from their packs on the last night of the cycle, whilst new medicines were being placed into the cupboards. Staff placed these doses into labelled lidded pots a few hours before they gave them to the appropriate people. However, this is not considered as best practice. We discussed this with the registered manager who immediately put improvements into place during our inspection to make sure this did not happen in future, and to make sure medicines were always given directly from labelled packs.

There was an audit trail of medicines received into the home and those sent for destruction. This helped to show how medicines were managed and handled in the home. Staff completed medicines checks and audits to help make sure that medicines were managed safely. We saw that any issues with medicines were picked up, reported and handled appropriately.

Medicines were stored securely. There was a refrigerator for medicines needing cold storage. Records showed that these medicines were stored at correct temperatures so that they would be safe and effective for people. There were suitable arrangements and records for medicines requiring extra secure storage. Policies and procedures were available to guide staff, and information was available for staff and residents.

Staff had been checked for their suitability to work with people before they started their employment. We saw that the provider had a recruitment policy in place that was followed. For example, two references had been obtained as well as undertaking Disclosure and Barring checks. The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Records confirmed that these checks had been carried out and that the provider had safely considered information it had received on people's suitability. This meant that people were being supported by staff who had been appropriately checked. One person told us that recruitment procedures must be very good because the turnover of staff was very low. They said staff told them how much they enjoyed working at the home, and this showed in the care they gave them.

Throughout the inspection we saw there were enough staff to meet people's needs and the people and relatives we spoke with supported this. They said they had no concerns and staff always came readily when asked for help. Staff were visible in communal areas and people did not have to wait for support. During the inspection we observed people were offered any necessary assistance and support to enable them to move around or go and sit where they wished. Staff were readily available and quick to ensure, where required, people had their walking aids to hand, so they were able to move safely. We saw there was always care staff

around in the lounges throughout the day. If a member of staff needed to help anyone to move to another part of the building, they ensured there was always a colleague available to stay with the other people in the lounge.

The registered manager confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. We saw rotas confirmed this.

Systems were in place to record incidents, accidents and falls electronically. This helped the provider to maintain a monthly overview of incidents and to identify any issues or trends and take action to reduce these where possible. For example, accident forms indicated that one person had become more unsteady on their feet and had fallen more frequently. This person's support was discussed with the GP at the weekly multidisciplinary meeting. Action planned included increasing staff observation, using a pressure alarm mat and referral to the falls clinic for review. The care plan and discussion with staff confirmed that this had been put in place. The registered manager analysed accidents and incidents and reviewed their systems, processes and practices to ensured that people were protected, wherever possible, from risks.

Staff had access to aprons and gloves to help control the risks of cross infection, and these were being used throughout the inspection. The home's laundry was clean and clear from a build-up of soiled items. A member of staff showed us how the workflow systems meant that clean and dirty linens were kept separate, which reduced the risks of cross infection.

All areas of the premises were well maintained, very clean and readily accessible throughout. There were arrangements in place and contingency plans to deal with unforeseen emergencies, such as fire. People had their own personal evacuation plans (PEEP) to ensure they were fully supported in an emergency. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced.

Good

Is the service effective?

Our findings

Some people told us that they were unhappy with the food. One person said that they would like more Polish food on the menu. They commented that they would like a Polish chef that understood what the people like to eat and can prepare traditional Polish meals. However, one person said that they were very happy with the food and they enjoyed it, "It was all tasty and I liked it very much". People told us that they always had enough to eat and were given a choice and could have other foods that were not on the planned menu. One visiting relative told us that they had sampled the food and thought the food was very good.

We discussed the negative comments we received about the food with the registered manager and catering manager. They were aware of the feedback and were having two-monthly meetings and gained feedback from the weekly social group to improve the food. People were encouraged to give their feedback and make suggestions on how menus could be improved. As part of continuous quality assurance, the registered manager told us that once a week a member of the management team ate lunch with people so that they could sample the food and lunch time experience. The feedback from this was discussed at the food meetings. Staff told us that as a result of the negative feedback, they had been asked by the manager to let them know each time someone said they did not like the food.

The home used a four week menu to ensure people received a wide variety of food that was appropriate to the season. The menu consisted of half English and half Polish foods with healthier options identified on the menus. The catering staff and care staff in each of the living areas had detailed dietary information for each person who used the service. This included information about allergies and food intolerances, food likes and dislikes, preparation of food (e.g. soft or pureed diet) and any assistance they required with eating and drinking.

We observed lunchtime in the dining rooms. People were asked where they wanted to sit, some opted to eat in the lounge areas and others chose to eat in their own room. The home had a dining room in each of the four lounge areas. We saw that tables were set with cutlery and napkins which made the room inviting; music played whilst people ate which enhanced the atmosphere. Drinks were on the table and staff offered more throughout the meal. We saw people being offered wine before their meal and staff said they could have beer as well if they wished. Most of the people in the dining room were eating independently and plated meals were brought to them individually. Staff checked they were happy with the meal and offered extra as they went round. One person said they didn't want the main meal and requested a second bowl of soup which they were given. Another person was shown both main meal options so they could choose. Where people required support to eat this was provided promptly and staff were patient and took time to encourage people to eat as much as they could. We observed one person being supported to eat their meal. The staff member sat next to them and did all they could to encourage the person to eat. Meals looked and smelt appetising and were presented well. There was a calm, pleasant atmosphere, with no-one rushing about or being rushed.

Where nutritional risks were identified, each person had a nutritional risk assessment and care plan in place. These identified whether people were at risk of excessive weight loss or gain and guidance was in place for

staff to support people effectively with their diet. Where advice was needed from external professionals such as dieticians or GPs to support people with their diet, this had been requested in timely manner.

People received support from staff who knew them well and had the necessary knowledge and skills to meet their identified care and support needs. People and their relatives spoke positively about the service and were confident in the staff and the support they provided. One person told us, "I've got no concerns, I'm happy and I like it here. This is how you see it, it looks good and it is good".

The provider ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. Records showed staff were up to date with their essential training in topics such as moving and handling, infection control, first aid at work, the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and dementia.

Staff told us they had received the training and support they needed to do their job and felt confident they had the skills they needed. Staff said they really enjoyed working at the home, one said "it's the best home I've ever worked in", others said, "I love my job", "it's a really nice place, the residents are lovely", and "I'm proud to work here. We provide a very high level of care". One member of staff told us that they had worked in the kitchens before moving into care work. They liked the relationship between the care staff and the people at the home and wanted to have more involvement. Staff described having lots of training, including the David Sheard Dementia Care Matters, pressure area care, continence care and medication training.

We saw that staff had received an induction when they had started to work for the provider. One member of staff that had been working at the home from an agency, they liked the home so much they took up a full time job with them. They described their induction as thorough, even though they knew the home well. Depending on previous experience, new members of staff were required to shadow existing staff to gain experience. The registered manager told us, and records confirmed, that new staff were required to complete the Care Certificate, which outlines the basic knowledge and standards expected of care staff. This ensured that staff had the necessary skills and knowledge to carry out their role effectively.

We saw that staff met regularly with their line manager for supervisions and annual appraisals. This enabled staff to receive guidance and feedback on their work and discuss areas of training and development. Supervisions also allowed the registered manager to discuss any issues around performance, to ensure that the professional standards of the service were maintained.

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

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

We checked whether the service was working within the principles of the MCA. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Where it was felt the person would be unable to retain information long enough to make decisions about their care, staff were instructed that MCA

assessment would be needed and best interests decisions made. One person's care plan did not have this statement, but staff were very aware that she would need MCA assessments and best interest decisions made for her due to her dementia. This was discussed with the registered manager who told us they would update this immediately.

If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. The registered manager had made five applications to deprive people of their liberty but at the time of the inspection, none had yet been approved.

Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. For example, one care plan said, "(name) had limited decision making – may be able to choose what to wear, what they would like to eat and drink and whether they wished to stay in bed or get up". Staff told us they always offered people a choice. People were encouraged to make decisions for themselves such as over clothing. Staff described how they would help people by showing them a choice of clothes. People were asked what they would like to eat and drink and where they would like to sit, in their room or the lounge rooms.

A relative we spoke with told us they were pleased with the way their family member's health was monitored. Another said, "Mum's health, over the recent months has been a challenge. The staff have kept the family well informed and supported us in addition to caring for mum."

Care records showed people regularly saw health and social care professionals such as GPs, advance nurse practitioners, district nurses, dentists, opticians and chiropodists. The home had an onsite clinic with a regular GP that provided twice weekly surgery. The GP also attended monthly meetings with staff to review peoples needs. One visiting healthcare professional commented positively about the service and told us the home acted on advice they gave them. They said, "The care is outstanding. They always respond to people's needs and go the extra mile".

All areas of the home seen were warm and comfortable. The home had been subject to an extensive programme of redecorating internally to make the environment more 'dementia friendly', and to make the living areas and corridors more homely. The registered manager told us that following Dementia Care Matters training the staff were involved in improving people's environment making the communal areas interesting and homely. The home had four large communal rooms that were separated into specific themed areas such as a traditional Polish street scene, a seaside scene with a beach mural, seashells and fish dangled from nets. There was also an area for people to sit in that resembled a traditional front room/lounge and a dining area. The decorations extended to corridors with murals, paintings and Polish folk art. There were signage throughout and each of the "community" areas had Polish names and street names. Some people's rooms had pictures of them as they look now and some of when they were younger so that they would be able to easily identify their rooms. Throughout the home there were Polish themed paintings and ornaments for people to look at which helped to prompt discussion and reminiscence. Staff told us that the environment changes had a positive effect on people. People enjoyed looking at the points of interest around the home, they didn't just watch the television all day. Relatives said "The public spaces are light and airy and always clean with lively and stimulating décor which is regularly refreshed and updated". Another told us, "[name] likes to walk, he can walk around the building and see something interesting at all times".

Good

Is the service caring?

Our findings

People told us that they were delighted with the care being provided and felt care was centred on them as individuals, "Staff are superb, very considerate, caring and respectful". Another person said, " I honestly think my service is excellent. I feel I am pampered by the care staff. We feel that they care for us as their own family and friends". Without exception, relatives we spoke with told us how happy they were with the care and the support their relative received at Ilford Park. Comments included "I am overwhelmed with the level of care, support and compassion being shown every day to [name]. His care is absolutely exemplary and for that I am eternally grateful", "People are well loved and respected by the staff", "I cannot express how grateful I am that my mother is a resident in that wonderful home" and "The staff make this place. They get to know people here and their individual personalities. More like a big family home. The staff are very cheerful". A relative told us the care was very professional with a human touch.

The registered manager carried out regular quality observations of the way the staff interacted with the people they cared for. Records showed the assessments focused on whether staff treated people in a dignified and respectful way. We observed staff interact with people throughout the inspection. They did so in a kind, compassionate and caring way. They showed a genuine interest in people's well-being and we observed staff spending time sitting and talking with people. People responded positively to the staff. We saw one member of staff cuddle a lady who was walking around the lounge area and talk to her about the soft toy she had given her. Another member of staff gave a lady a box of jewellery to look through, and although she didn't stay long with her she encouraged her to take the items out. The person seemed to enjoy this. One person told us of the little things that staff had bought them because they thought it would make them happy. They showed us fruit and ornaments that staff had given them. We saw staff enjoying affectionate moments with people.

People told us they celebrated important events such as birthdays, and were included and involved when people became ill and/or died in the home. A recently bereaved relative told us that the home had provided a minibus and a carer for the relative to enable them to attend their loved one's funeral. The home also enabled the family to hold the wake after the burial, in the lounge area, so that the person could attend.

Staff had taken time to support people with their personal grooming, respecting their dignity. Attention had been paid to areas such as hair, nails and their choice of clothing. The home had a small hairdressing salon. Staff understood how people liked their care to be delivered and were conscious of people's wishes. They could tell us, for example, about how people liked their morning routines and how they supported them with this.

We saw people were supported to be as independent as they wanted to be. People were encouraged to do as much for themselves as possible. This included walking around the home independently, eating and drinking unaided and choosing the activities they wanted to take part in. People's privacy was respected at all times and all personal care was provided in private. We observed staff leave people alone if they wanted to be. There was plenty of space in the home if people wished to spend time alone or with family and friends.

Throughout the inspection we saw many examples of people living with dementia being treated with respect and dignity and support was offered in a sensitive way. For example, we saw one person became anxious whilst sat in the lounge. A care worker recognised this and brought them a cup of tea, sat down next to them and spent time providing them with reassurance and engaging them in conversation about topics which they knew were of interest to them. We saw this person's anxiety quickly reduced and they began smiling and talking with staff.

The home had regular residents meetings as well as fortnightly food menu meetings. Families were also encouraged to attend. People were encouraged to share any ideas they had about potential improvements for the service. There was a seasonal newsletter/booklet in Polish and English, telling people about what was going on at the home. This included welcoming new residents to the home, obituaries, photographs of events that had taken place, information on planned events and information about the home. This helped ensure people felt involved and part of a community.

People were supported to remain at the home wherever possible at the end of their lives. Senior staff and team leaders received training in end of life care from a local Hospice. People had access to pastoral support if they wish. One relative said that during a recent bereavement they were supported well by both the management team and staff. "The compassionate professionalism shown was outstanding as was the home's pastoral care".

Good

Is the service responsive?

Our findings

People who lived at Ilford Park told us they could make choices about aspects of their daily lives. They said they could choose how to spend their time, what activities to participate in and where they wanted to spend their time, when to get up and go to bed. One person told us, "I do get what I expect here, and there is enough to do and I choose what I do". Another person said, "Nobody can be bored here. There is plenty to do, I can't complain". People, relatives and healthcare professionals were complimentary about the responsiveness of staff. Relative's said, "Staff are really good and keep me well informed about my relative" and "Staff are amazing, they go that extra mile to fill us in as to what [name] been doing and feeling".

A pre-admission assessment of each person was carried out to see if the service was suitable to meet their needs. Where people made a self referral or family referral they completed an initial assessment. This assessment was used as a basis for developing personalised care plans to meet each person's individual needs. People and their families were encouraged to visit the home for a trial before making an application to ensure that the home could meet their needs and they would be happy. One relative commented "Our initial visit prior to mums admission was fully informative, professional and friendly".

Care plans contained information about people's personal life and social history, likes and dislikes, their interests and hobbies, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Senior staff updated care plans when people's needs changed and we noted that plans included clear guidance for staff on the level of support each person required. Staff knew people well, who they were and how they liked to be cared for. Staff told us they knew how to look after people because they had consulted their care plans. Staff were involved in reviewing people's care needs with the team leader to ensure care plans were up to date. All of the care plans we reviewed were up to date and reflective of people's current needs.

One person described how staff helped them to stay healthy by giving good care. They told us they could not walk so were prone to pressure sores, so staff ensured any areas at risk were creamed and checked. They told us about the pressure relieving equipment used on their chair and bed. They described how all staff knew how to help them to move and were familiar with the equipment used. Another person with a health condition had a care plan that provided a clear description of their needs. Their care plan clearly described what their health condition was and what signs and symptoms staff should be observant for as this may indicate a deterioration in the person's well-being. Another person's care plan identified that they may become distressed and shout but did not identify she may hit out, which had been recorded in her daily care notes. Staff described how they support her at these times, they knew her well and said they would leave her for a few minutes and then go back with a big smile and cheerful approach and she would have forgotten that she was anxious. However, this was not recorded in the plan to the same level of detail: it said "try to reassure and have a conversation to find out why she was anxious. Tell her all is well and she is safe". This was discussed with the registered manager who immediately arranged to have her care plan reviewed and updated.

People's night time care needs were clearly described; some people didn't sleep well and were to be offered something to eat and drink if they were awake during the night. One person's said, they "liked to drink water throughout the night". Two people told us how well they slept. They said the beds were comfortable and at night the home was quiet. They thought the bedrooms were well insulated from other sounds. One person said they hadn't liked their bed, so staff had changed this. They said they then didn't like the mattress, and staff had changed this too.

People's preferred routines were identified, such as when they liked to get up, when they liked to go to bed and whether they liked their door open and a light left on, what they liked to eat and drink etc. One lady's care plan said if she requested water, she liked to have it flavoured with blackcurrant squash. And another lady's said she was to drink from a plastic cup as she would then be able to drink independently as this was lighter than a china cup.

Where information was known about people, they had a "my life story" document which detailed their past experiences and family life etc. People also had "my life" document which detailed their interests, what was important to them, what worried them, their preferred routine, what they liked to watch on TV, religious preferences and things they liked and disliked. One person told us how much they enjoyed the satellite TV which had Polish programmes. Another person told us how much they enjoyed having the church on site. They enjoyed attending the service on Sundays. They were also really pleased that this was open to the local community, giving them the opportunity to mix with people outside the home.

Staff supported people to follow their interests and take part in activities. Activities at Ilford Park were approached from an individual perspective and were tailored to people's hobbies and interests. People said they valued the fact that they were free to move about and do what they wanted to do. Some people told us how they enjoyed walking around the gardens and were able to go outside alone and when they wanted to. A relative told us "What makes [name] happy is being independent and walking around. Staff understand this and by helping her to do this, she is happy. Sometimes she does fall, but they manage it well. They get that balance right"
Other people said how much they enjoyed the organised activities such as the singing and dancing events. They told us "There's always something going on here", "we watch TV, walk and talk". Relatives said "Because [name] does lots of things she is happy whilst she's doing them, even if she can't remember having done them".

We saw that planned activities were displayed around the home in English and Polish, so that people were kept informed of social events and activities they could choose to engage in. The home displayed a full events calendar for the year that included English and Polish celebrations such as Polish Armed Forces Day, Halloween, All Saints Day, Polish Independence Day and Christmas events. Activities on offer included music groups, bingo, film viewings, exercise groups, six church services a week and each lounge area had an activities plan. People that were not living with dementia could attend a weekly group tailored to their needs and wishes as well as attending all planned activities. During our inspection we observed people enjoying a music session where energetic staff dressed in fancy dress and engaged people in singing Polish and English songs. They responded positively to the performance, with some people dancing and others clapping along to the music. We noted that these activities were having positive effect on people's wellbeing.

The home also arranged weekly trips out, recent trips had included, Buckfast Abbey, Teignmouth and Polish shops in the local town. People were also able to go out on shopping trips four times a week. We were told how much people valued the bus service into the local town. One person said "The bus is so good. I can go out when I like". A relative said "I know [name] is included in the activities because when I phone at times

when I know there are outings, she has gone out on the bus".

We saw some staff involve people in spontaneous activity that had not been formally planned. For example, we saw a staff member sitting with a person who liked to draw, helping and encouraging them. Another staff member sat down with people and read aloud for them. The home had a sun lounge area called Polska Chata (the cottage) where small groups of people could be involved in activities on a one to one basis such as art work, hand massage, manicures, discussion groups and reminiscence.

The registered manager told us that the staff made sure that people who isolate themselves do so by choice rather than circumstance. Staff told us about how they had engaged people that tend to isolate themselves. For example, during a music session where a staff member was playing the guitar, they noticed that one person appeared to be very attentive and interested. The staff knew that this person had enjoyed playing the ukulele when they were young so they asked them if they wished to play, at the time the person declined. However, the staff left the instrument next to the person and found that soon, they picked the guitar up and started to play some chords. The person now, is very happy to sit with people and play the guitar. In another example staff encouraged one person, who spent long periods of time in bed, to become active and socialise. The person had always enjoyed gardening so with this knowledge staff asked the person if they would help them tend their tomato plants as they weren't doing very well. This encouraged them out of bed, involved in activity that was stimulating and what they previously had loved to do. One relative said there is always something happening, there are lots of activities. They described the staff as "creative" in thinking about how to involve people. Recently staff prepared the hanging baskets in the home with people. Staff brought all the baskets, soil and plants inside so that people could get involved.
Staff used people's life experiences to engage them in activities. For example, we saw one person folding napkins. When we asked them what they were doing they said they worked there and were doing their job. We spoke to staff about this and they told us that the person had been a waitress when they were younger and still enjoyed doing small jobs. Another person, who had been really interested in mechanics, had been given a tool box and was very happy to sit and "tinker" with the tools. Another lady was given a dusting cloth as staff had noticed that she would go around and clean things. We were told that this made her happy as she had been a housewife when she was young.

People told us they were very happy with the facilities at Ilford Park. The home had a hairdresser's that was open for appointments once a week, a wonderful Polish delicatessen shop offering traditional Polish food items and English basics and a catholic church with a resident Polish priest. A recent addition was a café area outside of the main entrance for people to entertain guests and enjoy the resident birds. One relative said "The facilities at Ilford Park are exceptional in meeting the residents needs. In addition to the personal needs being met and tailored to the individual. The church, shop, hairdressers, trips, bilingual staff, excellent food and choice of, not to mention the beautifully kept ground. All this ensures it is a home from home".

People told us they knew how to make a complaint and they felt that they would be listened to and action would be taken. The service had a clear policy and procedure about managing complaints. We saw that recent complaints about the food were being dealt with and action was being taken. The registered manager told us they take a proactive approach to any issues and this resulted in less complaints being made. They regularly spoke with people on a daily basis and held weekly residents meetings where people were encouraged to voice any issues or complaints.

Good

Is the service well-led?

Our findings

Ilford Park is now the last remaining home run by the Ministry of Defence. The initial responsibility was with the National Assistance Board, under the Polish Resettlement Act 1947. Ilford Park provides residential and nursing care to former members of the Polish forces that came under British command in World War 2, their spouses or people displaced from Poland during the war. The home had a registered manager with a strong experienced and knowledgeable management team supporting them. There was positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the service was run. Staff we spoke with told us the home was well led. The management team were visible on a daily basis and supported staff well, creating an open culture in the home. Staff confirmed they felt confident to report any concerns to them. The registered manager showed great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people.

People and relatives told us the manager and care managers were "wonderful". They described them as having a lot to teach other care home managers. They said the home was run in a way that included them, that promoted person centred care and resulted in staff valuing people. One person said "I have found them to be very friendly, approachable and willing to listen and provide advice. I have not had a problem reaching a member of the management team to discuss matters".

There was a clear management structure in place where each area had a designated care officer and staff had an understanding of their roles and responsibilities. The management team met fortnightly to discuss areas of concern and areas for development. Each team has a monthly meeting where key issues were discussed. The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The management team clearly understood the requirements of their registration with the Care Quality Commission and the registered manager had appropriately submitted notifications. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. Arrangements were in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. The registered manager and care manager undertook weekly observations as part of a quality assurance audit. Feedback was reported to the responsible manager of the area and any trends were discussed at the fortnightly management meeting. In addition, a non-care worker completed a monthly report based on checking records and speaking to staff, residents and visitors which was used as part of their quality assurance audit to develop the service. The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were in place. This was used

to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We found that people's care records, had been well maintained and amended as people's needs changed. Records relating to other aspects of the running of the home such as health and safety maintenance records were accurate and up-to-date. MOD policies and procedures were in place that supported service quality and safety. These included procedures related to environmental safety, staffing and care practices.

Staff at Ilford Park demonstrated clear vision and values keeping people at the heart of everything they did. From speaking with staff and observing them we could see that they ensured people were involved in their care and were treated with compassion, dignity and respect whilst promoting their independence. These were understood and consistently put into practice. The home had a positive culture that was person-centred, open, inclusive and empowering.

The service had excellent links with the local schools who would come in to speak with people, sing and learn Polish songs. The home also maintained relationships with ex-service groups such as the Airforce Signal Men and The Not Forgotten Association. People at Ilford Park were also invited to attend Buckingham Palace every year. This meant people were supported to maintain links with the local community and links with their past.