Mission Care

Greenhill

Inspection report

5 Oaklands Road
Bromley
Kent
BR1 3SJ

Tel: 02082909130
Website: www.missioncare.org.uk

Date of inspection visit:
07 August 2018
08 August 2018

Date of publication:
20 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Greenhill is a care home for older people, some of whom are living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Greenhill is registered to accommodate up to 64 people. There were 62 people living at the home when we visited.

This inspection took place on 7 and 8 August 2018 and was unannounced. The last inspection of the service took place 14 and 16 June 2017 where we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 because risks to people had not always been adequately assessed. We also found other areas that required improvement. These included the cleanliness of the service, medicine management, staff interaction with people, people did not receive their meals when due; and quality assurance systems. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring and well-led to at least good. The provider sent us an action plan on how they would improve. At this inspection, we found that the service had made the required improvement and complied with our regulations.

Risks to people were assessed and risk management plans developed. Staff knew the risks associated with people they supported and how to manage them safely. Incidents, accidents and near misses were reported. The registered manager investigated incidents and put actions in place to prevent them from happening again. Health and safety checks were conducted regularly to ensure the environment was safe.

Staff followed infection control procedures to prevent and reduce the spread of infection. People received their medicines as prescribed. Medicines were administered, managed and stored safely.

People's nutritional and hydration needs were met. Staff provided effective support to people when eating and drinking, where required. People's needs were assessed in line with best practice guidelines.

People, and their relatives told us that staff were kind, compassionate and caring. People felt comfortable with staff. Staff respected people's choices. Staff understood the importance of respecting people's dignity and privacy.

Regular checks and audits of the quality of care were carried out to improve on service delivery. The service maintained close partnerships with other healthcare professionals and with external agencies.

The service had a registered manager in post. 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.

There were systems and processes to safeguard people from abuse. Staff had been trained in safeguarding. They had the knowledge and understanding of the various types of abuse and how to report any concerns appropriately. The registered manager followed the provider's safeguarding procedures when required in reporting any allegations to the local authority.

There were sufficient staff on duty with suitable skills and experience to meet people's needs. Appropriate recruitment procedures were followed to ensure staff were suitable for their roles working with people. Staff were trained, supported, supervised and appraised to be effective in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People gave consent to the care and support they received. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People had access to a range of healthcare services and to maintain their well-being and good health. The service had systems in place to ensure people's care was properly planned and delivered when they moved between services. The home had been adapted to meet people's needs.

People received care personalised to their needs. Care plans reflected people's needs. Staff knew people well and understood their needs, likes, dislikes and preferences. People were supported to take part in a range of activities which they enjoyed. People were supported in the way that they wanted at the end of their lives. People and their families were given the emotional support they needed. People were supported to maintain relationships which mattered to them. People received appropriate support which reflected their cultural, social and religious needs and preferences.

People knew how to make a complaint. Complaints were resolved in line with the provider's procedures. The provider sought people's feedback about the service and used this to plan and make improvements There was an open and transparent culture at the service. The registered manager was visible and approachable. Staff told us they received the leadership and direction they needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe with staff and in the home. Staff were knowledgeable about signs to identify abuse and how to report any safeguarding concerns.

Risks to people were assessed and managed in a way that reduced the likelihood of harm to them.

Incidents and accidents were reported and reviewed, and lessons were learned from them.

There were sufficient staff that were appropriately deployed to provide safe care to people. Staff were suitably vetted to work with people.

Medicines were administered, managed and stored in a safe way.

Health and safety systems were well maintained. Staff followed infection control procedures.

Is the service effective?

Good

The service was effective.

People's needs were assessed using recommended assessment tools where relevant.

Staff were well trained, supported and supervised to be effective in their roles.

People's rights were protected in line with the Mental Capacity Act 2005 (MCA). People consented to their care and support before they were delivered. The registered manager and staff understood their responsibilities under MCA and Deprivation of Liberty Safeguards.

People had access to healthcare professionals to meet their healthcare needs. There was an effective system in place that ensured people received well-coordinated care when they

moved between services.

People's nutritional needs were met. People received the support they needed to eat and drink safely.

The service had been adapted, and had suitable facilities and space to meet people's needs.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring towards them. People felt comfortable with staff. Staff gave people the emotional support, reassurance and comfort they needed.

People were involved in making decisions about their day-to-day care.

Staff respected people's choices, dignity and privacy. Staff had received training in dignity in care and knew the importance of this. People were supported to maintain their independence and fulfil their potential.

Is the service responsive?

Good

The service was responsive.

People's care was personalised to their needs. People were engaged in a range of interesting activities they enjoyed. People's cultural, and religious needs were met.

End-of-life care was provided in line with people's wishes. People and their relatives received the emotional support they needed at that time.

People and their relatives knew how to complain about the service. They told us their concerns were addressed and resolved.

Is the service well-led?

Good

The service was well-led. There was a clear and visible management presence in the service. The registered manager understood their role and responsibilities.

People, their relatives, and staff told us that the service was well managed. The service obtained feedback from people to drive

improvements.

Staff told us they were supported and they had the leadership they needed to carry out their jobs effectively.

Staff undertook a range of quality checks to monitor and assess the service delivered to people.

The service worked in partnership with other organisations to develop and meet the needs of people.

Greenhill

Detailed findings

Background to this inspection

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

This inspection site visit took place on 7 and 8 August 2018 and was unannounced. On the first day of our visit, the inspection team consisted of one inspector, a specialist advisor 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. The specialist advisor was a qualified nurse. The inspector visited alone on the second day.

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information such as notifications we held about the service and the provider. A notification is information about important events the provider is required to send to us by law. We also received feedback from the local authority commissioning team and used this information to help inform the planning of our inspection.

During the inspection we spoke with six people who use the service, seven relatives, five members of care staff, three qualified nurses, the activity coordinator, the registered manager, the regional care director and the pastoral director. We looked at 10 people's care records and medicine administration records for 30 people. We reviewed six staff members' recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits and health and safety management records.

We undertook general observations of how people were treated by staff and how they received their care and support. We also used the Short Observational Framework for Inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection in June 2017, we found a breach of regulations because risks to people had not always been assessed and there were not always guidelines for staff to follow on how to manage risks safely. There was risk of infection as the home was not clean and people did not always receive their medicines as prescribed.

At this inspection people told us they felt safe living in the home. One person said, "People are nice, they've never done anything wrong to me." Another person mentioned, "Oh yes, I feel safe."

Risks to people's physical and mental health were assessed. Other areas of risk assessed included mobility, falls, moving and handling, pressure sores, malnutrition, choking, and isolation. Management plans were developed to provide guidance to staff on how manage identified risks. We saw management plans for people at risk of developing pressure sores. There were body maps included in their care plans for staff to document any concerns noted on people's skin. People had pressure relieving mattresses and cushions they used to reduce the risk of damage to their skin integrity. Staff assisted people to reposition to relieve pressure points. Charts showed that staff followed people's risk management plans and assisted people to turn in bed as recommended. Staff maintained people's personal hygiene and applied barrier creams as required. Staff knew good hygiene was important to promote skin integrity. People had moving and handling plans which staff followed to ensure safe transfers. Staff had completed up to date moving and handling training. Appropriate equipment was available for staff to use where required to aid safe transfers. Staff told us they followed people's risk management plans to maintain their health and safety.

People received their medicines safely in line with the prescriber's instructions. Medicines were administered by qualified nurses and senior staff members who had been trained and assessed as competent to do so safely. We observed the administration of medicines during our visit. Staff followed their procedures and checked they were administering the right medicine to the right person, at the right dose and using the right method. Medicine administration records (MARs) were completed to confirm people had taken their medicines as prescribed. The MARs we reviewed were up to date and had been correctly and clearly completed.

The service had protocols in place for 'as required' (PRN) medicines and 'homely remedies' (medicines which can be purchased over the counter). Staff followed these protocols to ensure safe administration. There were clear guidelines on the covert administration of people's medicines where this was required for them to safely take their medicines. These guidelines had been agreed with the involvement of relevant healthcare professionals and relatives where appropriate. Covert medication is the administration of any medical treatment in disguised form.

Medicines were stored securely and managed safely. They were locked in medicines trolleys and kept in the medicines room. Medicines requiring cool storage were stored appropriately in a medicines fridge and records showed they were kept at the correct temperature in order to be safe to use. Controlled drugs were appropriately stored, administered and recorded. The service maintained accurate records of medicines

received and disposed of.

The service had systems in place to manage and control infection. Staff were trained in infection control. We saw staff use personal protective equipment as required. Hand washing facilities were available in all washrooms and communal areas. The provider had appropriate arrangements in place for the disposal of clinical waste.

People were safeguarded from the risk of abuse. There were adequate systems in place to safeguard people from abuse. Staff also knew how to report any concerns they may have to their manager or person in charge in line with their procedure. One staff member said, "If a resident was being abused or being treated badly, I will report it to the nurse in charge and the registered manager. If they fail to do something about it, I will take it further. I will alert social services and head office. I have a duty to protect people." Another commented, "Safeguarding is about protecting people from abuse or harm. If I suspect abuse, I will inform the manager in charge and they will follow the procedure. The registered manager is very firm and there is zero tolerance to abuse in this home." The registered manager was aware of their responsibility to act on safeguarding concerns when they arose. Records showed they had followed their procedures in responding to the concerns that were raised including alerting the local authority, investigating and notifying the Care Quality Commission (CQC).

The health and safety of the environment was well maintained by maintenance staff. The service had a fire risk assessment that identified actions to reduce the likelihood of fire and the provider had acted to address any identified issues. The service conducted fire drills at regular intervals to enable staff practice fire evacuation procedures. We saw valid maintenance and safety certificates for gas, portable appliances, electrical installation, and water safety. Equipment such as hoists and the stair lift were also serviced six monthly to ensure they were functioning correctly and safe for use.

People were supported by staff who were suitable to work with people who used the service. Recruitment records showed that the provider had obtained at least two references and conducted criminal record checks, checks on staff identification and their right to work in the UK before they were allowed to start working at the service. The provider also checked that nurses employed had the appropriate qualifications and their professional registration was up to date and continued to be valid.

There were suitably qualified staff available to provide safe care to people. We received mixed views from people and their relatives regarding the level of staffing. One person told us, "Not enough staff on the weekend. There are lots of agency staff at the weekend." Another person said, "I'm not sure who is agency staff and who is not. There's quite a high rate of turnover of staff. There's always some new face. Overall, they cope, there's enough staff. On the weekend it's a bit stressed." One relative commented, "Sometimes on the weekend there's less staff." "In my opinion there's not enough staff…Sometimes [loved one] waits a bit to get help." However, we found there was enough staff to keep people safe. At the time of our inspection there was a high usage of agency staff. The registered manager explained that recruiting permanent staff was difficult so they had regular agency staff they used to cover vacant shifts. The registered manager said their priority was to ensure people received safe care; and to ensure consistency and continuity as much as possible.

The registered manager explained that staffing levels were planned according to people's needs and occupancy level. They continued to review and analyse people's dependency level and with this adjusted the number of staff on duty to ensure it was safe to meet people's needs. Rotas showed that shifts were covered day and night with both qualified nurses and care staff. The service also had a number of volunteers available to assist people at mealtimes and with activities.

We observed on both days of our inspection that people's calls for help were answered promptly. People were given the support they needed, for example, there were sufficient staff available to support people with their meals. Staff were not hurried while attending to people and provided double handed support to people where required without delay. Staff told us they were enough to safely meet people's needs. One staff member said, "Staffing level: we work as a team to care for people. The level sometimes can be difficult but we get around it and try our best to make sure people get the care they need and are happy." Another member of staff commented, "The home is always well staffed. We have a great number of staff every day. We also have volunteers helping. We have a few agencies and bank staff we can call. We [staff] are also willing to do overtime. The registered manager has no reservation with us calling agency staff to cover shortfalls."

The service ensured that lessons were learnt when things go wrong. The service kept record of incidents, accidents and near misses including falls and medicine errors. The registered manager reviewed these regularly to identify patterns and trends, and produced an action plan to minimise and reduce future occurrence. For example, staff received further training and a reminder of the need to make checks on lifting equipment following a recent incident involving a faulty hoist.

Good

Is the service effective?

Our findings

At our last inspection of June 2017, we found that people were not supported effectively to eat and drink where required. At this inspection we found that people were appropriately supported to meet their nutritional and hydration needs. People told us they liked the food provided to them. One person said, "The food is good and enough." Another person commented, "I found it's very good. Today we choose for Thursday. We are offered water and cups of tea too." A relative mentioned, "The food is lovely and fresh. Morning coffee, tea with biscuits."

People's care plans indicated people's nutritional and dietary requirements and the support they require to eat and drink. We carried mealtime observations on all floors and saw staff supporting people in line with their care plans. Staff gave people choices of what to eat and drink. The service catered for the needs of people who required a soft diet or special diet. Staff supported people to eat where needed and people ate at their own pace. Staff were also on hand to support people who were nursed in bed or preferred to eat in their rooms. The atmosphere in the dining rooms was pleasant and staff interacted with people in a friendly and supportive manner. People were offered snacks, fruits and drinks at regular intervals throughout the day.

People's care needs were assessed in line with the guidelines of the National Institute for Health and Care Excellence (NICE) before they moved into the service to establish if their needs could be met. Assessments covered people's physical and mental health conditions, and areas including personal care, social needs, nutritional needs, behaviours, mobility, and skin integrity. The service used nationally recognised assessment tools to assess people's needs such as the Malnutrition Universal Screening Tool (MUST) and Waterlow assessment tool used to assess people's skin integrity.

People and their relatives told us staff were good at the job. One person said, "I think staff do a good job." Another person commented, "I don't know what training they [staff] get but they seem to know what they are doing." A relative mentioned, "They are good. I think they have a lot to look after." Another relative commented, "[Registered manager] and the qualified staff are excellent. Most carers are very good at the job. [Loved one] came here with a pressure sore but the staff here looked after them very well and [loved one] is now better."

Staff told us, and records confirmed that they completed an induction when they first started. The induction covered learning about aspects of care delivery and the skills required to meet the needs of people. Inexperienced staff also completed the Care Certificate as part of their induction. The Care Certificate is the benchmark that has been set for the standard for new social care workers. One staff member told us, "I had three long days of induction. We went through policies and procedures, the ethos and values of the organisation, health and safety systems. We talked about people's needs and requirements. I shadowed experienced staff too. It was thorough and helpful." A qualified nurse commented, "I had a lot of support when I started. They helped me settle into the new environment, my role and helped with my English language. My induction was great. They taught me what was expected both in the caring and nursing roles."

Training records confirmed that all staff had completed training in moving and handling, safeguarding, health and safety, first aid, dementia care, dignity and privacy, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Nursing staff and senior care staff also received training in specific areas such as stoma care, catheter care, diabetes, nutrition, pressure sore management and end-of-life care. Staff told us that they had opportunities to continually develop and update their knowledge. One staff member said, "We are always on training. I recently did dementia care. I have done all the mandatory care trainings." Another staff member told us, "The organisation supports us with training. Any training we want we get. There are training courses we do every year mandatorily. Any area they identify as a need, they send us on training to improve in the area. I'm not sure anyone here is lacking on training, at least not me." This demonstrated that staff had the knowledge, skills and experience to care for people.

Staff told us they were supported and appropriately supervised in their roles. One staff member told us, "I feel well supported by management. Supervision is every three months and appraisal is annually. It is helpful. It gives a chance to discuss concerns that we may not want to discuss generally. The registered manager offers advice and direction. You feel confident because 1-2-1s are always confidential. Issues brought up for discussions are resolved."." Supervision meetings covered areas including the well-being of people, team work; health and safety and training needs. Actions from previous meetings were reviewed and followed up where required. Qualified nurses confirmed they had reflective practice sessions to continue to improve and develop in their roles.

Staff received an annual appraisal of their performance which included the setting of objectives for the coming year. New staff also went through a period of probation where their line manager observed and assessed their competency before they were confirmed permanently in post.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to consent to their care. One person said, "Staff always seek my opinion before doing anything." Another person told us, "[The staff] discuss what they want to do and ask for your agreement before." A relative commented, "They [staff] discussed [loved one's] care and support needs with us and we agreed. They let us know of anything they needed us to decide on. I have lasting Power of Attorney for [loved one]. We make the decisions in their best interest." Staff worked closely with people and their relatives, where appropriate, to make informed decisions about their care, treatment and support. Relevant health and social care professionals had assessed people's mental capacity in relation to making specific decisions. Where required, best interests' meetings were held for people where there were doubts about the person's capacity to made specific decisions.

Staff knew their responsibilities in line with the principles of the MCA and DoLS. One staff member told us, "We need to assume people have capacity unless otherwise stated following thorough assessment. We offer people choices and wait for them to respond. Responses could be verbal or non-verbal. If people are unable to respond or communicate and they lack capacity, we do things in their best interest."

The registered manager understood their responsibilities under the MCA and DoLS. They had made DoLS applications to the relevant supervisory body where necessary. People had DoLS authorisations in place where required and any conditions placed on them were met to ensure their rights were protected.

People had access to healthcare services when they needed them. One person told us, "There is a GP on Monday and Friday. You put your name down when you want to see the GP." A relative mentioned, "The GP sees [loved one] regularly. If they have a chest infection they call the doctor out." Another relative said, "If I need the GP urgently he's here." Staff made referrals to healthcare services in a timely manner and followed any recommendations made. For example, they had implemented the recommendations from a speech and language therapist (SALT) to reduce the risk of one person choking.

The service used a 'Transfer form' system to ensure people received a well organised and coordinated service when they moved between services, for example, when they went to hospital. These forms contained important information about the support people required as well as details about their physical health, the medicines they took, their GP and their next of kin. The registered manager and staff told us they ensured people took any important personal items with them when moving between services, such as hearing aids, glasses, and dentures.

The environment had adequate adaptations and was suitable for people. There were suitable toilets and bathrooms with equipment such as grab rails and call bells for people to use. People had communal areas for them to relax and spend time with their visitors. People's rooms were personalised to their individual requirements. One relative stated, "The layout is good. The nursing station helps people with orientation. People find their way easily which is good for my [loved one]."

Good

Is the service caring?

Our findings

At our last inspection of June 2017, we found that staff did not always interact with people. At this inspection we found that people were cared for by staff who were interested in them, and were compassionate and kind towards them. One person commented, "They [staff] are very friendly. The staff are lovely." A relative told us, "The staff are very lovely, very good, very caring. You can approach them with anything. You can always talk with them about anything."

We observed positive interactions between staff and people throughout the period of our inspection. Staff knew people well and were friendly towards them. They addressed people by their preferred names. There were lots of jokes and laughter shared between people and staff. The atmosphere was relaxed and people were comfortable in the presence of staff.

Staff supported people with their emotional needs. Care plans highlighted what support people needed to maintain emotional stability. Staff knew how to engage with people and cheer them up if needed. They regularly approached people to check how they were doing and to see if they wanted anything. We saw staff engaging with people in one-to-one conversations and moved to provide reassurance to a person who was having a low mood. Staff spent time encouraging them to join in activities. We also saw staff trying to help people who were confused or restless relax. Staff supported them to sit and stayed with them and trying to find out what the person wanted. We heard staff reassuring one person telling them when their relatives would be visiting next. We observed staff used a lot of gentle contact including stroking of hair and rubbing of hands to help people relax. From our observations, staff showed empathy and understanding in the way they approached and cared for people.

Staff communicated with people in a way they understood. We observed a staff member adjusted their tone and pitch of voice when speaking to different people so they could be understood. Staff assisted people to wear their hearing aids to help them improve their hearing and communication.

Care records included people's backgrounds, preferences, choices, and routines; and staff knew about these. Where needed, independent advocates had been involved to represent the views of people. Staff understood people's needs and preferences, and cared for people accordingly. One person said, "Yes, they tell me what they are doing before they do anything like personal care, before they give me medicines and they tell me what the medicines are for." One relative mentioned, "Staff keep us informed and contact us to let us know if something happens. They involve us." Another relative commented, "Staff ask for [loved one's] opinion. They happy with what they get. Staff ring me if there's something to communicate." Record showed people and their relatives were involved in their care planning and their opinions were sought about their care.

Staff offer people choices of what they wanted to do, and where they preferred to spend their time. One staff member said, "We give people choices of what they want to eat and do. We respect their choices because it's their lives." Another staff member commented, "We work with people closely and after a while you know their requirements and preferences. We learn how they want things done. You develop that relationship with

them and it makes them happy and our job easier."

People's privacy and dignity was respected. One person said, "They [staff] always knock on the door; they pull the curtains if they are helping me in the toilet or doing something private." People were neat and appropriately dressed. We saw a staff member gently wiped a person's shirt who had spilled food on it. Staff attended to people's toileting needs behind closed doors. We saw staff waited for people outside the toilet to give them privacy. Staff spoke to people in a dignified manner, using appropriate tone and language. Staff we spoke with understood what it meant to promote people's dignity and privacy. One staff member said, "Examples of how I respect people's dignity and privacy are: I knock on door first before entering, introduce myself and exchange greetings. Whenever I'm washing people, I cover them so as not expose them unduly. I address people by their preferred names and always communicate with people about what I'm doing."

People were supported to maintain their independence. Care plans showed people's abilities and areas they needed support. One person said, "They [staff] let me wash myself." One relative commented, "[Loved one] has learned to feed themselves, which is really good." Another relative told us that their loved one could manage to administer some of their medicines independently with some supervision from staff. Staff gave us examples of how they promoted people's independence. One staff member told us, "I encourage people to do things they can do. For example, if they can dress themselves, let them do it. It's good to involve them rather than do everything for them."

Good

Is the service responsive?

Our findings

People received care and support which was personalised to their needs. People and their relatives told us their needs were met. One person said, "All the staff do the best they can to care for us well. We receive good care here." Another person commented, "I get the care I need from staff. Anything I need staff help me." A relative told us, "They [staff] have cared for my loved one very well. The nurses have done a great job looking after [loved one]."

Care plans provided information about people's preferences, likes, dislikes, goals and routines. Care plans also covered the individual needs of people such as physical health, mental health, personal care and social needs. They included details of how people's identified needs would be met. We saw various care plans which gave clear information to staff on how to support people improve their health and well-being. People with diabetes were supported appropriately. Staff checked people's glucose levels regularly, and ensured they maintained an appropriate balanced diet. Staff told us, and our observations and reviews of daily logs confirmed, they understood people's care plans and complied with them. Care plans were reviewed regularly to reflect people's current needs. One staff member said, "We discuss changes in people's needs through handover meetings. Both care staff and nursing staff have handovers together and we talk about people's needs, progress, appointments and anything we need to know to make people get the right care."

People were engaged and occupied with activities they enjoyed. The service had an activities coordinator who planned and organised activities. The activity plan included individual and group activities, both indoors and outdoors. Special events such as Valentine's Day, St Patrick's Day, and people's birthdays were also celebrated. One person said, "We play bingo, quizzes, singing and dancing. I get on well with everyone. We go on trips and outings too, but none recently because it has been too hot." Another person mentioned, "We have barbecues in the garden, sing-a-longs, games, exercise and bingo. I enjoy all the activities. It gets me out of my room. We usually have a good laugh." One relative said, "Once a month there is an activity outside. Here there are activities every day. There's a hairdresser in twice a week. [Loved one] likes music and to sing. They do exercise too which is good for their conditions. The service went out with residents in a little group to ta local café. We had a garden fete recently, very good. They celebrate special events, like the Royal Wedding. Once a month they have singers."

We observed staff leading on activities in small groups on different floors. These included simple exercises to help people with movement, quizzes, singing and story-telling. On the evening of our first day there was a social event in the garden led by the activities coordinator. The activities coordinator and staff engaged people well and relatives who were visiting joined in too with enthusiasm. People sang and danced. From the laughter and excitement, we could see people were enjoying it. On the second day of our inspection, a therapy dog visited the service with a volunteer. We observed people were relaxed and comfortable with the dogs and showed interest in them. Other activities that took place in the service regularly included visits and performance from local schools and community groups, trips and outings to places of interests. The service also had a Magic Table' which people spent time enjoying. The 'Magic Table' is a new technological innovation designed and developed specifically for those living with mid to late-stage dementia. It helps stimulate people's senses and enable them in activities they enjoy. We observed one person engage in the

activities projected.

People who preferred not to or were unable to join in group activities due to their circumstances received one-to-one activities such as reading, hand massages and singing. We saw people spent time watching TV programmes in communal rooms or in their own rooms.

The service encouraged people to maintain relationships which mattered to them. People's relatives could visit the home as they wished. One person said, "There's lots of visitors from 1 o'clock until supper time." Another person told us, "There's no time limit for visitors as far as I know. Lots of visitors are here visiting their loved ones." A relative commented, "I visit often. They [staff] make you feel welcomed." Staff told us they also gave people access to the phone if they wanted to receive phone calls from their relatives. Staff also assisted people to send greeting cards to their loved ones to maintain contact with them on special occasions.

People's religion, culture, disability, relationship, gender and sexuality were noted in their care plans. The provider had a pastoral team who provided spiritual support to people who were interested in this. Regular bible studies and religious services took place at the service for people who wished to take part. Staff supported people of other faiths to follow their religious practices. For example, staff had arranged for a person to have 'Holy Communion' from their religious group. The service also provided food in line with people's ethnic and religious requirements. Staff had training in equality and diversity and respected people's uniqueness and individuality. One staff member explained, "Person-centred care is when you treat and respect people for who they are irrespective of their religion, race, sexuality or where they come from."

People and their relatives told us they knew how to make a complaint. One person said, "I would ask to speak to the senior person in charge." Another person told us, "I will let my family know and they will go to the office." One relative commented, "I go to the registered manager. Yes, I complained once in the past. It was addressed and rectified. They are very much on the ball, they want to deal with things as soon as possible." Another relative said, "We made a complaint. They acted on it." The service had a complaints procedure which set out what people could expect if they made a complaint, including details of how they could escalate their concerns if they were unhappy with the outcome. Complaint records showed that the service had followed their procedure in addressing any complaints they received.

People received the end-of-life care they wished. The service provided end-of-life care within the Gold Standard Framework guidelines. The Gold Standards Framework (GSF) is a model that enables good practice to be available to all. people nearing the end of their lives, irrespective of diagnosis. There were Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents in place for people where this had been agreed with them or their family members where appropriate. The service worked closely with the local hospice team and the people's GPs to ensure end-of-life care was properly co-ordinated.

People receiving end-of-life care had integrated and personalised care plans. People's relatives were involved and kept up to date with people's situations and progress.

The service had a pastoral team who provided emotional and spiritual support to people, relatives and staff who needed support to cope with dying and bereavement in a safe environment. The service held memorial services to celebrate people's lives. This gave relatives and staff the opportunity to share memories of people that had passed on.

Good

Is the service well-led?

Our findings

At our last inspection of June 2017, we found that the systems in place to assess and monitor the quality of service were not effective as the issues we identified during our inspection had not been picked up by the provider's audits and checks. At this inspection we found the provider had made improvements to address this issue.

Staff at different levels undertook regular monitoring checks and audits. These covered health and safety systems, the environment, care records and delivery, catering, call bell response times, dependency levels/staffing levels, DoLS, infection control processes, medication management, finance system and staff records. Audits also involved observing how staff supported and spoke with people. For example, the registered manager carried out monthly observations to assess people's mealtime experiences. The regional director completed regular monitoring visit to the service to assess if the service was safe, effective, caring, responsive and well-led. The registered manager conducted audits of incidents, infection control, complaints, safeguarding, MCA/DoLS, care records and staff supervision records. We saw actions had been taken to address concerns identified from these audits.

The registered manager attended quality assurance meetings held with other registered managers from the provider's other services. They provided support to each other and discussed quality issues and ways to address them. An action discussed from a recent meeting was how to improve care plans and make them more person centred. The registered manager also attended the local authority 'Care Home' forum where they met other providers and registered managers to share ideas and provide support for service improvement.

There was clear and visible management presence at the service. There was a registered manager in post who demonstrated she understood her role and responsibilities in running and managing a care home effectively in line with the Health and Social Care Act 2008. They also knew the requirements of their CQC registration. They had notified us of incidents categorised as reportable and displayed the rating of their last inspection as required on their website and at the service. The registered manager was supported by the regional care director and a team of qualified nurses and care team to deliver an effective service to people.

People and their relatives told us the service was well managed. One person said, "I can't fault them in any way. It is very good here. We are well looked after. The home is good." Another person stated, "The management is good." A relative commented, "It has been a good experience. I can speak with the manager if I want to. They are approachable and friendly. There's no problem too much for them to sort out." Another relative told us, "It's a good service, it really is all good. The management are experienced." A third relative said, "The registered manager walks around the home to check things. We can have a chat with her. The management, they know what they are doing."

People, relatives and staff told us there an open and transparent culture which enabled people to express their views without fear. A relative said, "We feel very comfortable speaking with the staff and the manager. If there's something wrong they'll act on it to resolve it." Another relative stated, "I can speak with the manager

about any problem they are very quick to sort it out. She listens and easy to talk to." One staff member said, "There is an open and transparent culture here. We feel able to raise concerns and you feel protected because the manager will not expose you or put you at risk. Concerns are investigated." Another staff member commented, "The registered manager is very proactive, she involves everyone there; domestic, carers, and nurses. Her door is always open. She listens and supportive. She is not the type of manager that will brush any issues under the carpet even if its minor. She will investigate the matter. She acts on feedback." Records showed that the registered manager investigated and acted of feedback received. We saw a report of comprehensive investigation carried out in response to concerns raised by staff. The registered manager involved the local authority safeguarding team, the provider's human resources team and senior management to investigate and address the issues.

The provider sought the views of people and their relatives on the running of the service. The management of the service held regular meetings with people and their relatives to obtain their views and update them on service development. Areas discussed at a recent meeting included staffing, management, health and safety, catering, and activities. People were also given opportunity to raise any concerns they may have had, and were reminded of the provider's safeguarding and complaint procedure. The provider acted on people's feedback. For example, the menu had been updated following suggestions people made.

Staff received the leadership and guidance they needed and felt the provider was a good organisation to work for. One member of staff told us, "The organisation is giving me the support I need to develop my practice and career." Another staff member stated, "We have a great team. There is fairness and respect. We work as one. There is no such thing as 'I'm the chief executive or director' and you are my subordinate here. There is trust and respect. You get the help you need to do your job better." A third member of staff said, "The management of the service is very good. We feel free to talk to them. They are approachable and helpful."

Staff told us there was good communication and effective team work. Each unit was led by a qualified nurse or senior care staff. They held daily shift handover meetings to discuss people's issues including any progress or concerns about their conditions. Staff meetings also took place regularly. These afforded staff an opportunity to discuss concerns in the team, share their ideas about the running of service, and engage with management. One staff member told us, "We have a good team, really good team work here. We can talk to each other. If there are issues in the team, for example, a poor standard of work from colleagues we will let the manager know and they address it in team meetings." Another staff member stated, "We talk about any issues during meetings. The manager is very good and supportive if there is a concern she cannot deal with, she will take it forward. She goes around daily to check how staff are, residents and if there are any problems." Team meetings were also used to update staff on changes in health and social care legislation and to share good practice.

The service worked closely with other agencies such as local authorities, St Christopher's Hospice, Skills for Care, Greenwich University and local charities. These organisations supported in improving the care provided to people and training and developing staff. The service worked in collaboration with the local authority to improve the service and the feedback we received from the local authority monitoring team was positive.