

Bupa Care Homes (BNH) Limited

Tenterden House Care Home

Inspection report

Lye Lane
Bricket Wood
St Albans
Hertfordshire
AL2 3TN

Tel: 01923679989

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18 January 2018

05 February 2018

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 17, 18 January 2018, and 5 February 2018 and was unannounced.

Tenterden house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Tenterden House Care Home is registered to provide accommodation for up to 40 people who require nursing care. At the time of our inspection, 33 people were living at the service.

The service had a registered manager who was also registered with CQC to manage another service within the same grounds as Tenterden House. 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 2008 and associated Regulations about how the service is run.

When we last inspected the service on 16 January 2016, we found that the provider was meeting the standards assessed at that time. At this inspection, we found that the provider had made significant improvements, which were innovative and created opportunities to improve people's quality of lives. The service was not only meeting the standards, but regularly exceeded people's expectations. We found the management of the service was excellent.

People were kept safe by staff who knew how to identify and report risks and help keep people safe.

Staff received appropriate training and had on-going support from managers to understand and carry out their roles effectively.

People had personalised care plans in place with comprehensive guidance and risk assessments for staff to understand how to deliver care and support to people in a safe and effective way.

Medicines were managed safely by staff who were trained and followed best practice guidance when administering people's medicines.

People were protected from the risk of infections by staff who ensured the environment people lived in was clean and infection control measures were followed.

There were enough staff to meet people's needs. Recruitment processes were robust and ensured that staff employed were suitable to work in this type service.

People were central to everything that happened at the service and had a real voice.

People and their relatives were involved in planning and reviewing their care and where possible they signed to agree their care plan. People consented to the care and support they received.

People were able to plan their days as they wished and were supported and encouraged by staff to pursue their hobbies and interests. The management and staff regularly went the extra mile to make things happen for people.

People were asked for their feedback about the service they received in regular meetings and surveys so they could positively influence how the home operated and improved.

People and staff told us they were happy with how the home was managed and they felt managers were approachable and listened to them.

The registered manager and the provider carried out regular audits to ensure they were able to check on the quality of the service people received. The registered manager used innovative ways to make improvements and was continually trying new things to see if it improved people's experiences.

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 that they felt safe living at Tenterden House.

Staff knew how to identify potential concerns and keep people safe.

Risks were assessed and managed effectively.

Sufficient numbers of staff with the right skills and abilities met people's needs.

There was a robust recruitment process in place to help ensure that staff employed were suitable to work in this type of service.

People's medicines were managed safely.

Infection control measures were in place to reduce the risk of cross infection.

Is the service effective?

Good 

The service was effective.

People received care from staff who had training to support them to care for people effectively.

Staff were well supported through regular supervision, team meetings and appraisal.

Staff had completed Mental Capacity Act 2005 (MCA) training and obtained people's consent before supporting them.

People were provided with a nutritious and varied diet to help maintain their health and wellbeing.

People were supported to access a range of healthcare professionals.

The design and layout of the home was appropriate to meet people's needs.

Is the service caring?

The service was exceptionally caring.

Staff demonstrated a 'people first' approach and were innovative and creative to improve outcomes for people.

Staff respected people's dignity and privacy.

People were supported by staff who were kind and caring and knew their needs well

The environment and ambience at the home was warm and welcoming.

People's personal information was stored in locked cabinets to help ensure their confidentiality was maintained.

Family, relatives and friends of people who used the service were supported and encouraged to visit the home at any time.

Outstanding 

Is the service responsive?

The service was responsive.

People's care plans were kept under regular review to help ensure their needs continued to be met.

People's care plans were personalised and contained detailed information to help staff respond to people's changing needs.

People's end of life care wishes had been discussed to help ensure they had a comfortable, dignified and pain-free death.

Staff knew people's preferred routines, likes, and dislikes.

People were supported to participate in various activities, both at the home and in the community.

Complaints and compliments were recorded and kept under review. They were appropriately investigated and resolved.

Good 

Is the service well-led?

The service was exceptionally well led

The registered manager demonstrated they had a clear vision and strategy to deliver high quality care and support to people who used the service.

Outstanding 

The registered manager and staff promoted a positive culture that was person-centred, open, inclusive and empowering, which achieved consistently good outcomes for people.

People were asked to provide feedback and their views were taken into account, which helped to improve people's experiences.

There were robust quality assurance measures in place to ensure standards were maintained and improved.

The registered manager notified CQC of accidents, incidents or events that happened at the service in a timely and appropriate way.

Tenterden House Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 17 and 18 January 2018 and we received additional information from the registered manager on the 5 February 2018. The inspection was unannounced. One inspector undertook the inspection.

Before our inspection, we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events, which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us on 5 April 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection, we observed staff support people who used the service. We spoke with two people who used the service and two relatives, two care workers, a nurse, the registered manager and a regional manager. We also received feedback via email from another two relatives of people who used the service.

We received feedback from commissioners. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

We reviewed care and support records relating to three people who used the service and other documents relating to the overall management of the service. These included staff recruitment files, staff training

records, medication records, quality monitoring audits, safety checks and maintenance records.

Is the service safe?

Our findings

The service was safe: People told us that they felt safe living at Tenterden House and we observed staff to support people safely. One person told us, "Yes I definitely feel safe here I don't worry at all everything is taken care of". The registered manager told us, "We are constantly looking to improve the safety of the home". We noted that the heads of department were members of the health and safety committee at the service and constantly checked the environment to help ensure it was kept safe. For example, a piece of flooring on the upper floor had a dip in it. The maintenance person immediately informed the manager, cordoned off the area and documented a risk assessment. This helped to ensure people were kept safe.

Staff knew how to identify potential concerns and keep people safe. For example, staff had reported concerns about assisting a person to get into bed. To achieve this they had to lift the person's legs, which they had identified, was a risk to both themselves and the person. The registered manager contacted the clinical trainer who visited the person the same day, assessed them and found that a sliding sheet could be used to move the person safely which meant that both staff and the person would not be put at risk of injury. The intervention was proportionate and the person did not require staff to use a full-bodied hoist for transfers.

People were kept safe because staff had been trained in how to identify and report concerns. Staff were able to confidently describe the process to report risks to the appropriate authorities. We saw that there were posters displaying relevant contact numbers, which were placed in prominent positions around the home as a reminder for staff, people and visitors. One staff member told us, "If I was concerned about anything I would report it to the most senior staff on duty. If they did not act on the information I would elevate it externally to the local authority or CQC". Staff told us they were aware of the whistle blowing policy which was in place. This helped ensure people were kept safe.

The registered manager used assisted technology where people were at risk of falling, this included sensor mats and a specialist unit linked to the call bell system to alert staff if people were moving about and staff could respond quickly to prevent them falling. Closed circuit television (CCTV) had been installed all around the buildings with peoples consent. There was a monitor strategically placed in the reception area where the footage could be viewed to help keep people safe.

Sufficient numbers of staff with the right skills and abilities were deployed to meet people's needs. We observed people were assisted in a timely way. Rotas confirmed that staffing levels were adequate and people's individual needs had been assessed which helped determine the level of staff that were required.

There was a robust recruitment process in place to help ensure that staff employed were suitable to work in this type of service. Pre-employment checks were completed before staff commenced working at the service. These included completing an application form where gaps in employment history were explored; a DBS (Disclosure and barring check) and a minimum of two references were obtained. This helped ensure that staff who were employed were of good character and fit for the role for which they were employed.

People's medicines were managed safely. Staff had been trained in the safe administration of medicines and had their competencies checked regularly. There was a robust system in place for the safe ordering, storage administration and disposal of medicines. There were 'as required' (PRN) protocols in place. This was for when people required medicines for example to control pain on an as and when required basis. Medicine administration records (MAR) were completed correctly and people received their medicines regularly and in accordance with the prescriber's instructions. Regular audits were completed to help ensure the correct process for the safe administration of medicines was being followed and to identify any potential areas for development.

Infection control measures were in place to reduce the risk of cross infection. There were cleaning schedules in place, which included 'heavy cleaning' as well as daily cleaning. The home was well presented, clean and no mal odours were present. Infection control audits were in place. Staff were aware of how to reduce the risk of cross infection and were observed to use personal protective equipment (PPE) such as aprons and gloves while supporting people with personal care.

Is the service effective?

Our findings

The service was effective in meeting people's day-to-day needs. People had detailed care plans, which were personalised and informed staff how to support people effectively. Keyworker systems were in place which ensured care plans were reviewed monthly or more frequently if there was a change in people's needs. People's relatives, family members or advocates were involved in care planning, which included a monthly 'resident of the day' system to review the care plan.

We saw that care plans reflected people's needs choices and wishes. People were supported to retain their independence and to be enabled to regain everyday living skills. For example, the registered manager told us they had been working with the clinical commissioning group (CCG) and had been supporting people with rehabilitation. One person we spoke with told us, "The staff has been wonderful here; they have encouraged and supported me to become stronger. I am almost at the point of being assessed to return to live at home". This demonstrated that people received effective care that met their needs and supported their goals and objectives.

Staff were kept informed of any changes to people's support requirements through daily handovers, which were both written and verbal. People received care from staff who had training to support them to care for people effectively.

Staff were well supported through regular supervision, team meetings and appraisal. Staff told us they felt they received training which was relevant to their roles and responsibilities. There was a training plan in place that confirmed staff had attended training in a range of topics including safeguarding adults from abuse, administration of medicines and moving and handling. Additional training such as end of life care was provided by a local hospice. The registered manager told us they had just signed up to the Gold Standards Framework, a nationally accredited scheme to better facilitate residents at end of life. Specialist training was also available to all staff such as caring for people who live with dementia.

Staff support arrangements included daily handover meetings, attendance at regular team meetings and individual supervision with their line manager. In addition, one staff member told us, "The managers regularly work with us and observe our practice, we are learning all the time and I certainly feel well supported". We reviewed support records and saw that they were structured and documented topics for discussion, encouraged staff interaction and development and identified actions.

Staff had completed Mental Capacity Act 2005 (MCA) training and we observed them obtaining people's consent before supporting them. We saw that people's consent had been recorded within their support plans and related to all aspects of their care for example, consent to administer their medicines and to take photos.

People who lack mental capacity to consent to their care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The 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 good knowledge of the principles of the MCA and gave us examples of how they ensured they applied the MCA principles in their day-to-day work, for example by asking people if it was alright to assist them. We observed staff explaining to people what they were going to do before supporting people. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They knew how and when to make an application to deprive a person of their liberty, to ensure they were kept safe and we saw documentation was in place to confirm they had followed the correct process.

People were provided with a nutritious and varied diet to help maintain their health and wellbeing. People told us the food at Tenterden House was very good, plentiful and they always had a choice. We observed the lunchtime service and noted that tables were nicely decorated and there was background music playing. Food was served hot to people and people were supported where required. Staff offered people a choice of drinks and food.

We saw that one person was not eating much and staff offered an alternative they then asked, "Would you like desert instead?" They asked the person if they were feeling all right and the person said they were just not very hungry.

People's weight, food, and fluid intake were regularly monitored. We saw that care plans contained information about people's dietary needs and where there were any concerns noted, referrals were sent to relevant professionals such as speech and language therapists (SALT team). People suffering from weight loss had care plans in place, which detailed actions that had been suggested by the GP or Dietician. Food diaries and fluid balance charts were in use to enable staff to monitor people's food and fluid intake.

The registered manager told us they were working with an external organisation called 'Food First' and looking at weight loss which included the use of a Clinical Risk Audit which helped identify people at risk of losing weight. Actions taken included referral to professionals, the use of high calorie nutritious homemade fortified food and milkshakes. This helped reduce the use of prescribed supplements and people's weight had increased. The audit tool allowed staff to continually monitor and improve the food experience to people.

People were supported to access a range of healthcare professionals. People told us that their day-to-day health needs were met and they had access to health and social care professionals when necessary. The registered manager told us that health care professionals visited the home regularly. This included occupational and physiotherapists, the GP dieticians, opticians and chiropodists. One person told us, "Yes they all come to see me whatever I need I just ask and the staff arrange it. I saw my GP only a couple of weeks ago when I was not well".

A relative told us that they were always kept up to date with information about their family member's health and well-being and that this gave them peace of mind. Appropriate referrals were made to health and social care specialists when required

The design and layout of the home was appropriate to meet people's needs. The registered manager told us that people had a choice of available rooms and if they needed to be moved for example if it were more practical to have a ground floor room they would consider this.

Is the service caring?

Our findings

The service was exceptionally kind and caring. People received care that was personalised and met their individual needs and in many cases exceeded people's expectations. One person told us, "I am happy here, yes absolutely it's like a palace compared with where I was before." People told us the staff and managers at the service were kind and caring and they felt very comfortable living at the home. We heard many stories about acts of kindness and how staff and managers worked creatively to achieve consistently good outcomes for people.

People told us staff helped them live the life they wanted and achieve things they never thought it would be possible after they moved into a care home. One person told us about a goal they set themselves and this was for them to once again participate in a half marathon. They told us that four staff members enrolled in a local marathon and when they were close to the finish line, they helped the person cross this with them. The person told us with pride, "The support of the nurses here has always been fantastic, but to be undertaking this walk for me goes above and beyond and I'm ever so grateful. I was delighted to join them for the last stint of the walk and it was such a lovely feeling to cross the finish line once again". This meant that staff understood the importance of supporting people holistically and they were willing to go the extra mile to make people feel happy and empowered to do the things they wanted.

Relatives were extremely positive about the care and support people received and without exception; they told us that Tenterden House had exceptional staff and management. They told us they often saw staff doing little things which had huge impact on people and relatives. For example a person's condition who was nearing the end of their life worsened rapidly. Staff immediately contacted their family member and suggested for them to come to the home if they wished. A staff member overheard that the relative had no available transport at the time and they offered immediately to use their own car to help the relative come to the home. The relative was so grateful to be able to spend time with their family member at this difficult time.

We found that kindness and compassion were values which translated in all the staff's behaviours and actions. Regardless of their job roles or responsibilities all the staff working in Tenterden House had people's best interest at heart. For example, a person was due to go to a London hospital for surgery and did not want to take hospital transport as they felt it was cold and impersonal. The maintenance person offered to drive them and did so at 5am in the morning in the pool car, which is a 'company' car that was made available for the staff to use. This provided the person with reassurance, a familiar face and the comfort of being driven by car as they wished. This act of kindness was provided without any cost to the person. When they returned after the operation, they were very thankful to the staff at the home.

Without exception staff spoke positively and passionately about working at the service. Staff had developed exceptionally kind, positive and compassionate relationships with people. They demonstrated person centred values, which placed an emphasis on respect for the individual being supported. They told us about a person who was sad that they were unable to travel to their granddaughter's wedding and how during an activities meeting they considered options of how to enable the person to feel involved in the wedding

celebration.

They proposed to the person an idea to make a video to show at the wedding, in the same format that is used for TV awards. The person was assisted and made a video that was shown at the wedding. Although they were not able to be there, they were very excited that they would still be part of the day. The person described the event and said they felt like they had been presented with an Oscar. This demonstrated a 'people first' approach and showed that staff went the extra mile to improve the experiences of people's everyday lives as well as special occasions to help the well-being of all the people who lived at the home.

Staff told us how they involved people in the community to enhance both the lives of people in the home and the community. For example, they told us how they opened their doors to the community at Christmas to share food and company to those in need or for people who had no family or friends and were lonely. The people who lived at the home were involved in the decision-making and were happy to welcome anyone for Christmas lunch. The registered manager told us they advertised this by displaying a banner at the front of the home, on the Bupa website and the BBC television site.

People felt very happy that they were involved in helping people less fortunate and give something back to the community. We were told that a person who lived by themselves with no family booked to come to the home for Christmas lunch. They enjoyed a lovely dinner, and expressed their thanks as they said they would not have cooked such a meal for themselves. The person has since become a regular visitor to the home's other 'social events'.

We found that the registered manager and the staff at the home, made people feel special on their birthday and they never omitted to celebrate with people these special events. Recently a person celebrated their 100th birthday. Their family were travelling from across the world. The registered manager and staff arranged for the mayor to come to the home. They put on a buffet and a beautiful cake. The day was an amazing success and was enjoyed by everyone. The event was even featured in the local newspaper. The person was made to feel so special and the family had an amazing time, the occasion creating fantastic memories.

Staff respected people's dignity and privacy. People told us that staff were respectful of people's dignity for example when assisting people with personal care they could choose to be supported in the privacy of their bedroom or one of the bathrooms or shower rooms. One person told us, "The staff always gives me the choice; they don't take anything for granted. They are lovely". We heard staff calling people by their preferred name and respected people`s views and opinions and listened when people had something to say.

Staff were supported to adopt the provider's principles and values of the 6 C's – caring, compassionate, commitment, communication, courage and competency. We observed staff to be kind and caring and it was clear they had developed positive and meaningful relationships with people. We observed that staff and management were fully committed to ensuring people received the best possible care in a compassionate, inclusive and very caring environment. The provider and the management of the home ensured that there were enough staff deployed effectively so that staff had time for people and could spend time interacting with people. Throughout our inspection, there was an atmosphere of calmness with staff caring and supporting people.

We observed warmth and compassion shown to people by staff who worked as a team to meet people`s needs in a caring way.

Care plans were reviewed regularly and captured people`s opinions, thoughts and wishes. People's support records told a story about the person's life that helped staff to fully understand the person's life journey.

People's cultural and religious preferences were recorded. For example we noted in one person's care plan it said, "[Name] likes to have communion on a Sunday". A staff member told us, "We always check people's cultural needs because sometimes their preferences change over time specially food likes and dislikes".

We found that personal documents and records for people were held securely and people had a say in who had access to the information in their care plans.

The environment and ambience at the home was warm and welcoming. People had individually personalised rooms with their own furniture, curtains, bed linen photos and ornaments. Family, relatives and friends of people who used the service were supported and encouraged to visit the home at any time. People had access to independent advocates when required.

People's personal information was stored in locked cabinets to ensure their confidentiality was maintained.

Is the service responsive?

Our findings

The service provided was consistently responsive to people's changing needs and was flexible. One person told us, "I think they are extremely focused and keep abreast of things when they change. They are always checking if anything is different or I need any different help".

People's care plans were kept under regular review to help ensure their needs continued to be met. The registered manager told us they had a 'resident of the day' system in place, which meant that one day each month people's care and support plans were thoroughly reviewed. Family were invited to be involved. The registered manager told us, "On occasion's family were unable to come to the home to be involved. So we thought about how we could still get family input and involvement and devised a form, which enabled staff to call people and get their input that way". Staff told us, This has proved extremely successful. Not only are our relatives kept up to date at all times in relation to their relatives care plans, it has also provided an opportunity to engage with the relative and discuss anything else at this time. They feel fully involved in the care planning and review.

People's care plans were personalised and contained detailed information to help staff respond to people's changing needs. For example the joint working the service was doing with the clinical commissioning group (CCG) meant that people came to the service for a short period of rehabilitation. Staff and managers worked closely with people and developed individual objectives and targets to support people to regain everyday living skills and be able to regain a certain level of independence. One person told us, "I had a stroke I had been in hospital then another rehabilitation place but it is since I came here that I have really got more mobile and confident, they spend the time with you and that makes it so much better".

People's end of life care wishes had been discussed to help ensure they had a comfortable, dignified and pain-free death. Staff had specialist training and spoke compassionately about how they supported people at the end of their lives and ensured they knew in advance, what people's wishes were. One staff member told us, "It is not only about the person it is also supporting the family, we make relatives and family members as comfortable as we can offering them refreshments and make sure they have a comfortable chair beside their loved one".

Staff knew people's preferred routines, likes, and dislikes and supported them in the way they wished. For example, one person we spoke with told us, "I can get up when I like, I go to bed when I want. I can stay in my room or ask to be taken to the lounge or do activities. Everything is led by me not the staff".

People were supported to participate in various activities, both at the home and in the community. We saw many different activities that were available to people and the home had even gained a place in a book that Bupa had put together called, 'A Little Book of Love,' which showcased the very best of Bupa people and their commitment to being true customer champions.

A range of activities were available in the community as well such as attending lunch clubs, visiting garden centres and visiting local places of worship.

Activities had also been developed to recognise people's different cultures and beliefs. Activities staff ran weekly events based on a different country each week. People had replica passports of a real passport and each week they could stamp the country visited. These included, France, Germany, Spain, Greece and Italy. During the week specialities of the region were given to residents in their rooms and the chef put on main courses to the menu – i.e. 'coq au vin' for France. The home was decorated in memorabilia for that country during that week as well, for people to get into the spirit of the country. This initiative had proved to be exceptionally successful. People were animated when they talked to us about it. They sent cards to their families stating they were now in Germany for example. A German resident had thoroughly enjoyed this. This demonstrated that activities were tailored around people's individual likes, dislikes and interests.

Complaints and compliments were recorded and kept under review. They were appropriately investigated and resolved. A written outcome was sent to the complainant; this may include apologies where there were failures by the home. Complaints were analysed to help ensure any learning was shared with staff to improve things for the future. For example, specific themes could be identified and addressed in a timely way, which enabled the registered manager to work towards improvements to the service.

Resident/relative meetings were held quarterly through the year. Minutes and actions were recorded; if necessary, an improvement plan was put in place to deal with issues identified. Feedback was sought from people, relatives and family members and people felt their views were taken into account. Many compliments had been received and we saw many 'Thank-you' letters and cards from relatives of people who used the service.

Is the service well-led?

Our findings

The home was exceptionally well managed. Feedback from people who used the service, their relatives and staff was consistently positive and the management at the home exceeded people's expectations.

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life. One relative told us, "We as a family have been very happy with the service provided here at Tenterden House. The management team are helpful, available and approachable and the staff are marvellous". Another relative told us, "[Name] is very happy at Tenterden House. I am particularly grateful to the management and all the staff who are always ready to discuss things with me, this is very reassuring". A third relative told us by email, "The nurses and carers take care of [Person's] every need. It is a source of comfort both to [Name] and to me. The good humour, kindness and patience of the managers and all staff contribute greatly to [person's] contentment".

The registered manager and the provider actively sought the feedback of people using the service, staff and external social and health professionals. This information was used to directly shape the future of the service. For example people expressed an interest in the history of the local area and in particular museums. The registered manager contacted an organisation called 'Remembering the past, building the future,' and they provided the service with valuable information to help reminisce with people at the service.

The registered manager also arranged speakers from St Albans to give talks to people in the home on the changes over the last 100 years in the area. People were able to choose topics that were of interest to them for example life during the War, or the Roman Empire. People engaged so well with this activity that they then went on to hear about the Romans, and to look at artefacts from this time. Visits to the Museum in London were arranged following the event which was a group event with the informative speakers going around on a 1:1 basis to each person to explain the piece they were looking at and the history behind it, and staff were available to explain further and enhance people's enjoyment further.

The registered manager demonstrated a very good understanding of people's needs and they were very passionate about delivering a high quality service. A customer survey had been undertaken by an external company and achieved a score of 100%. The registered manager told us, "I am not complacent with this score – I am still looking to improve the service as much as possible. Therefore, I have still developed an action plan to ensure that we can build on what we have already achieved and to continue to provide an outstanding service".

The action plan included monitoring of compliance. The registered manager set a target for a minimum of 95% compliance with the training, recruitment, and maintenance in the home. We saw that this was documented on the Home Improvement Plan and was signed off when actioned. This enabled the registered manager to monitor and ensure that all staff are at the required level of training and compliance.

A new survey for people in the home for 4 weeks had been introduced and was distributed by the activities

manager for people to complete. As a new initiative, it allowed the registered manager to look at the people's experience in the first weeks of their stay, and allows the service to receive valued feedback. Actions were documented on the home improvement plan and this enabled the registered manager to act and make improvements at an early part of a person's stay.

Furthermore we achieved an outstanding rating of 9.6 by an independent website dedicated to care home reviews, following feedback from residents and relatives".

The registered manager and the provider were committed to keep up to date to current best practice and recommendations for caring for people living with dementia. The registered manager told us about the joint work they did with dementia organisations as well as being the dementia champion. This included the use of a 'dementia discussion map' to help people who had recently been diagnosed and their families to understand better life and the condition. It consisted of a therapy tool to help frame discussion and conversations with people who were in the early stages of dementia. They shared their learning with the staff team. As a result, we saw, and people told us the care and support they received was personalised and met their needs holistically. For example by having access to a range of therapists including physiotherapists and occupational therapist to support, people to maintain both their physical and mental health.

The registered manager had a strong focus on developing a permanent staff group and teamwork. They valued their staff team and provided opportunities for continuous learning and development for staff. The registered manager told us "I value each and every member of staff I have, and my staff all know there is nothing that I would ask them to do that I would not do myself. Running a care home is all about teamwork, and working together to achieve the highest possible outcome for the benefit of the residents is paramount. My standards are high, but my staff's standards are also high, and together we excel and work to achieve the highest standards possible. We are driven by the philosophy that every individual that we work with should receive an outstanding service".

The registered manager received two awards at an external event last year for attaining an outstanding achievement in commercial and quality success at Tenterden House. Learning from attendance at these events were shared across the organisations through strategic meetings. Additionally the registered manager had received three previous awards for outstanding performance and achievement in quality of care in the last three years since 2015. This helped to demonstrate how the registered manager's commitment, values and behaviours and leadership style set the tone and culture for the whole service.

People we spoke with were happy with all aspects of the service. One person who had recently moved to Tenterden House from another service told us, "I really like it here, everybody is so kind and there is so much to do, it's really homely as well". "Feedback from professionals that visited the home also felt it was well managed. The registered manager demonstrated they were committed to making positive changes and promoted a positive culture in the home. They were visible and approachable for staff to share their views and acted as an exemplary role model, supporting and developing staff to be the best they could be.

The structure of the management team supported good practice throughout the home. For example, the management team consisted of a registered manager, a deputy home manager, and a clinical services manager. In addition, there were other staff members supporting different functions of the home to help ensure the service ran smoothly. The registered manager attended regular conferences and workshops to develop learning and Tenterden house was recognised by the provider as a 'Beacon' home for learning.

We observed management team working alongside staff, observing practice and giving a good insight to training and development needs. This helped the management team with effective supervisions and

appraisals for all staff. Staff were welcomed and encouraged to share ideas, ask questions and to make a positive contribution to making improvements in the service.

Daily meetings with the management team were held to discuss what was going on in the home and to discuss or resolve any issues. For example, this might include staffing issues if a staff member had called in sick, staff could be redeployed. A structured verbal and written handover was in place within departments ensuring all staff were kept up to date with changes in resident's conditions and care needs and any other issues throughout the home. Resident, relatives and staff meetings and annual quality assurance surveys were in place to obtain feedback on the quality of the service received and this was used to develop improvement plans.

Staff were very positive about the management and leadership in the home and they told us they were motivated because they felt valued and their opinion and feedback mattered. Staff were cheerful and respectful when they interacted with people. There was a warm and welcoming atmosphere and ambience throughout the home.

The registered manager told us, "Bupa had an employee recognition system in place called 'Everyday Hero'. The system gave staff the opportunity to tell other staff and managers about colleagues who had gone over and above the call of duty, and those who had gone the extra mile. The registered manager was able to reward staff financially as well as sending letters or cards to staff in recognition of their contribution to the home. This meant that the provider and the registered manager had recognised the importance of valuing their staff and motivating them and in turn a happy workforce supported happy people who used the service.

The registered manager had robust quality assurance systems in place and all aspects of the service were monitored. Following the audits actions were put in the homes action plan and we saw that these were signed off as they were completed promptly and this was kept under regular review to drive continual improvements.

The registered manager ensured they continued to implement and keep up to date with changes to the care sector for example they recently attended a three day leadership conference. The course concentrated in-depth on 'inside out' leadership, how beliefs impact behaviours, empowering self by challenging my assumptions of others, leadership styles to name but a few outcomes of the course.

The registered manager told us, "We are continually looking for ways to improve the lives of the people who live at our home and over the last few months our activities department had been using the research from the European Reminiscence network to improve the quality of life for people". The network aims to promote the best practice in reminiscence work and to share experience across national frontiers. Their projects include 'Remembering the past, building the future'.

There was a continuous drive to improve systems and processes used by the registered manager to monitor the quality and safety of the care provided to people. A new information technology system had been piloted at the home for the last four months, and was going live in February 2018. This was a management system designed to support the home to carry out audits that are more effective, manage and improve statutory compliance and inspections.

The registered manager undertook a rolling programme of audits to help ensure that people received a high standard of care. Audits included fire safety, equipment, maintenance, medicines, care plans and health and safety. There were regular meetings for people and their relatives.

Feedback was sought through an annual survey. This included ways to further develop the range of activities that was available, the decoration of the home, refurbishment and food and menus were kept under review. There were internal and external quality assurance audits carried out by the commissioners of the service and the clinical commissioning group as well as the provider's regional management team. Accidents, incidents or concerns were raised and reported appropriately and consistently. These were analysed and measures put in place to ensure learning was implemented and shared with all staff.

The registered manager and the management team demonstrated that they were committed to continually improve the experience of people who lived at the home. This included people who were on short stay rehabilitation beds, some of who were supported to make sufficient recovery to enable them to regain independence and in some cases to be able to return home. The overall management of the home was exceptional.