

Scimitar Care Hotels plc

# Minchenden Lodge

## Inspection report

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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Minchenden Lodge is a residential care home providing personal care and accommodation for people aged 65 and over, some of whom may be living with dementia. The home can support up to 25 people. At the time of the inspection there were 20 people living at the home.

The home is a large detached building set in a residential area of Southgate, North London. Bedrooms are located across two floors with a well-kept and accessible rear garden.

### People's experience of using this service and what we found

Feedback from people and relatives was overwhelmingly positive. They consistently praised the exceptional caring and supportive nature of the staff at Minchenden Lodge. Staff talked about people being 'the heart of the home'.

Staff demonstrated a culture of inclusivity and positivity that was evident throughout the home. Staff constantly looked for ways to improve the service and ensure people received the outstanding care they deserved.

Activities were truly person centred and created an atmosphere of vibrancy and joy. People were encouraged to maintain their independence and interests and were enabled to carry on doing things they had done before moving to the home as well as experiencing new things. Staff collaborated with people and their relatives to make sure they knew about the person's interests and needs so they could have a positive impact on the person's life.

Care was planned to ensure that people were at the heart of everything, people and relatives were consulted. This created a truly holistic and person-centred approach that allowed people to have as much enjoyment from life as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and compassion at the end of their lives. Relatives praised staff understanding and support when people were reaching the end of their lives.

The registered manager actively involved people in staff in making decisions about the home. People were consulted on a day-to-day basis about what they wanted to do and how they wanted to receive their care as individuals.

The service was exceptionally well-led. The registered manager demonstrated how their open and

supportive management style and robust quality assurance systems promoted a high quality of care that empowered not only people but the staff as well. People and staff told us that they felt truly valued and supported.

More information is in the detailed findings below.

#### Rating at last inspection

The last rating for this service was good (published 4 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Minchenden Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Minchenden Lodge 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke nine members of staff including the registered manager, the director of care, the activities coordinator, the chef, a care coordinator and four care staff. We spoke with 11 people living at the home. We also spoke with one healthcare professional and three relatives that were visiting the home at the time of the inspection. We looked at four care records and risk assessments, 21 people's medicine records, six staff files including supervision and recruitment records, and other paperwork related to the management of the service including staff training, quality assurance and rota systems.

#### After the inspection

We spoke with two relatives that had requested to speak with us. We also spoke with the director of care for Scimitar Care Hotels.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and relatives were confident that people were protected from harm. A person said, "Yes, I feel safe with the staff". A relative commented, "[Person] wouldn't be here if I didn't think he was safe."
- There were effective safeguarding policies and procedures in place. Staff were able to explain how they would keep people safe and understood how to report it, if they thought people were at risk of harm.
- Staff had received training in safeguarding. One staff member told us, "There is many types of abuse, there is financial, neglect, you can feel it, since I have been here I am observing them and I am learning about them and I know their feelings, they talk to you but they could be very quiet so you begin to question if there is somebody they are frightened about. I would go straight away to my manager and report."
- A whistleblowing policy with information on who to contact if staff had any concerns was clearly displayed in the staff room.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were clear and detailed risk assessments in place. Risk assessments were completed based on each person's individual risk and staff were provided with clear guidance on how to minimise known risks.
- People's potential for developing pressure ulcers was regularly assessed by using the Waterlow scale. The Waterlow scale is a specific way of estimating the risk to an individual of developing a pressure ulcer. Where people were at risk of developing a pressure ulcer, we saw that pressure relieving equipment such as mattresses and cushions were in place.
- Falls were well managed within the home. Falls that people experienced were followed up and analysed for any patterns and ways to minimise the risk for that person. Where people had two falls or more, they were referred to a falls clinic. The falls clinic looked at potential underlying reasons why people may have fallen and supported the home to put control measures in place to help prevent falls.
- Procedures relating to accidents and incidents were clear and available for all staff to read. Accidents and incidents were well documented and any learning was shared in staff meetings.
- The home had up to date maintenance checks for gas, electrical installation and fire equipment. There was a dedicated maintenance person that regularly attended the home and staff understood how to report any maintenance issues regarding the building.

Staffing and recruitment

- There was a stable staff team and people and relatives told us they knew staff well. The service did not use agency staff and had high levels of staff retention due to the positive and supportive culture.
- A monthly dependency assessment was completed for each person every month. This looked at people's

care needs and any changes in need. These results were then sent to head office who, along with the registered manager, monitored the staffing levels.

- We saw that there were enough staff on duty to meet people's physical and emotional needs at all times. The registered manager told us that staffing levels were kept above what the dependency tool analysis stated to ensure good quality of care.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. DBS checks were renewed every three years, in line with best practice.

#### Using medicines safely

- Medicine administration records (MARs) showed that people received their medicines safely and on time. Each person had a 'medication' profile which detailed their prescribed medicines and anything that staff needed to be aware of. For example, one medicine used to treat brittle bones required a specific way of administration.
- Staff had received training in medicine which was regularly refreshed. The registered manager completed competency check to ensure that staff remained safe to administer people's medicines.
- Where people's medicine were administered covertly, there was detailed guidance for staff on how to appropriately administer the medicine. Covert administration of medicines is used when a person is judged to not have the capacity to understand the consequences of refusal. The medicines are often concealed in food or drinks and requires authorisation of the GP and dispensing pharmacist. All covert administration had been agreed and documented in line with recognised guidance.
- There was detailed guidance in place for people receiving 'as needed' (PRN) medicines. 'As needed' medicines are medicines that are prescribed to people and given when required. This can include medicines that help people when they become anxious or are in pain. MAR charts showed when people were administered PRN and why.
- The GP reviewed all people's medicines every two weeks in conjunction with the home. This ensured that people were receiving the correct medicines and not being over-medicated.
- Medicines stocks were regularly audited including daily checks of medicines not in pre-packaged trays such as pain killers.

#### Preventing and controlling infection

- Staff had received training in infection control which was refreshed yearly.
- Staff used personal protective equipment such as gloves and aprons when they supported people with personal care. There were colour coded chopping boards in the kitchen which were used for specific foods such as raw meat, cooked meat and vegetables.
- The home was spotlessly clean and smelled fresh at the time of the inspection. There was a dedicated housekeeping staff that were employed seven days a week.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the home a detailed pre-assessment was completed. Pre-assessments looked at areas such as the person's history, care needs and risk management. This allowed the registered manager to make a judgement if the placement was suitable and ensure that they would be able to meet the person's needs.
- Following the pre-assessment, a holistic and person-centred care plan was created to ensure that the person's needs could be fully met. Staff had access to clear information and guidance.
- We saw that people and relatives were involved in pre-assessments and people were able to visit the home prior to moving in.

Staff support: induction, training, skills and experience

- There was a robust induction programme in place to support new staff. Prior to starting at the home, new staff completed five days of face-to-face training. This included manual handling, fire safety, infection control safeguarding, the Mental Capacity Act and care planning.
- When starting at the home staff were assigned a mentor. New staff shadowed their mentor on shifts for two weeks. The mentor also completed supervision with new staff and fed back to the registered manager. This feedback fed into the probation period monitoring.
- The organisation had a training department and staff were supported through regular training. Training records showed that staff regularly refreshed training to ensure their knowledge was up-to-date. All staff had received training in working with people living with dementia. This was a mandatory training that was regularly refreshed.
- Staff told us that they felt the home encouraged learning and development. One staff member told us, "I am doing my level 5 and the company supports development. I am aiming for home manager!"
- Staff were supported through regular supervisions. Staff received four supervision per year one of which was an annual appraisal. Where staff had been in post for more than a year, we saw annual appraisals had been completed.

Supporting people to eat and drink enough to maintain a balanced diet

- People had choice around what they wanted to eat and drink. We saw that people were consulted during residents' meetings to plan menus as well as being asked on the day what they wanted. Where people may not have been able to communicate what foods they enjoyed, relatives told us that they were consulted. A relative said, "They try hard with the food. They got us as relatives to suggest things that dad used to have at home. They did that for us. It's really important that you look forward to your food." For people that required assistance to communicate, there were pictorial aids that people could point to, to make a choice.

- People told us they liked the food. One person said, "The chicken was very nice" after lunch. We observed that where people required help and support to eat, staff gently helped people and encouraged them.
- People were able to ask for an alternative meal if they didn't want what was on the menu. A relative said, "They know my dad loves fish and even if it's not on the menu they will make it for him." We observed people asking for different meals during the inspection.
- During the inspection it was very warm weather and we saw that people had easy access to drinks. Staff regularly offered people a choice of drinks and encouraged people to stay hydrated.
- The kitchen was clean and food hygiene systems were in place including, labelling when food had been opened or cooked and when it needed to be discarded.

#### Adapting service, design, decoration to meet people's needs

- The home was designed to be as dementia friendly as possible. Hallways where people's bedrooms were looked like a street with people's bedroom doors reminiscent of a street door. Doors were different colours which encouraged people to recognise their rooms.
- The home had taken into account freedom of movement for people with mobility needs. There was a ramp into the home and hallways were wide to allow for wheelchairs.
- Taps in people's en-suite rooms and communal bathrooms were accessible for people with dementia and mobility needs. Taps activated on a lever system which automatically turned off after a short period of time. This promoted people's independence and safety.
- People could decorate and personalise their bedrooms. We saw that people had decorated their rooms with things that meant something to them. Staff actively encouraged people to make the home their own.

#### Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people well and were able to recognise if there were any changes in people's presentation. We saw that people received prompt referrals when they needed routine medical care or there was a change in their care needs.
- Any healthcare visits were documented in people's care files including any recommendations and outcomes. People's care plans were updated immediately to provide guidance for staff where necessary. Staff were also verbally informed at shift handovers if there were any changes in a person's needs and how they should appropriately support them.
- The home worked with the Care Home Assessment Team (CHAT). This is local healthcare team that works specifically with care homes in the Enfield area, CHAT supported the home with community psychiatrist nurses, continence nurses, palliative care, tissue viability nurses and other medical support. A healthcare professional told us, "They [the home] will call when it's needed. It's always an appropriate referral."
- People were positive about the healthcare they received and felt that they were able to access support at any time.

#### Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people were subject to a DoLS this was clearly documented in their care plans and records showed when DoLS needed to be reviewed.
- Staff that we spoke with and the registered manager demonstrated a good understanding of the MCA and how this impacted on people that they worked with.
- There were MCA assessments completed by the home for specific decisions such as receiving care and support and managing and medicines, including covert administration. There were best interest meeting decisions corresponding to each decision in place. We saw full minutes with appropriate representatives such as relatives and healthcare professionals.
- Each person had a document at the beginning of their care plan called, 'How I make my decisions'. This detailed different decisions a person may need to make, what they were able to make a decision about and how staff should support them. For example, choosing meals, clothes, decisions about healthcare and activities. The form demonstrated a high level of person centeredness and was tailored specifically for each person.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a vibrant and joyful atmosphere throughout the home. One person said, "Oh, there's always something interesting going on."
- People and relatives spoke of a homely and welcoming atmosphere. A person told us, "If I have to live in a care home, this is as good as it gets. This is very homely, like a family. it's nice." A relative commented, "It's got a homely feel that's welcoming and inviting."
- Staff told us that they loved coming to work and felt a sense of achievement in creating a warm and homely atmosphere. A staff member said, "It's a home, other places are like residential homes. This is a real home. The residents love it here and we love them."
- Staff showed genuine interest and concern in people's lives and their health and wellbeing. Throughout the inspection we observed staff smiling, laughing, chatting and engaging with people in a genuine and compassionate way. A relative said, "They [staff] are just loving towards my dad, they come give him a cuddle, make sure he is alright. They don't have to do that."
- People told us that staff spent time with them and really valued them as individuals. One person said, "You can talk to the carers. They spend so much time with you. I can't imagine how much more caring they can be."
- One person told staff that they wanted to hold a birthday party for their daughter at the home as they were unable to travel. Staff helped the person decorate their room and provided a cake and food. We saw pictures of the person smiling and having a good time with their family.
- People told us of the strong friendships that they made at the home. One person said, "I've been here almost four years. I've met [names of other people]. It's nice. I've got friends here."
- We heard of many instances where staff demonstrated kindness and compassion. One person living with dementia used to become quite anxious that they needed to get back to their family to cook and clean. The person would go to parts of the home they did not feel was clean enough. The house keeper sat with the person gave them a cloth and person then started dusting. The registered manager told us that the person now did this every day and even told the staff where to clean. The person often talked with the housekeeper about how to keep a clean home.
- Professionals that worked in partnership with the home were complimentary about the care provided and staff's exceptional caring attitude. One professional said, "It's happy here. They're like a family. The staff care so much. I would happily place any relative of mine in here."
- Relatives also told us of the good care people received. One relative said, "The staff don't feel like staff, they give off the vibe that they want to be there. They care about the residents so much, they just go above and beyond what I could ever have expected."

- During the inspection, one person asked, "What are you doing in my home?" Staff sat with the person and gently explained why we were there. A relative said, "When we bring her back she says, 'Oh now we have arrived back home'. They [staff] show a lot of affection to her, stroke faces, hold hands." We consistently saw people smiling when describing Minchenden Lodge as their home.
- There was a house cat which had been adopted following consultation with people. We observed people stroking the cat and talking to it throughout the inspection. People told us they were very fond of the cat and that it added to the place feeling like home.
- Relatives told us they were able to visit at any time and were always welcomed. One relative commented, "The staff are kind. You know it's not for show, we come in and out of here all the time. They make you feel so welcome." Throughout the inspection we observed relatives and friends popping by.
- Staff were aware of people's cultural and religious needs and supported people with their faith. Three people received weekly holy communion from a visiting priest and there was a monthly church service held at the home. Where people wanted to attend church, this was facilitated.

Supporting people to express their views and be involved in making decisions about their care

- People who lived in the home were involved in the running of the home and changes were made as a result of their feedback. One person had said they enjoyed knitting and staff supported them to knit regularly. Other people also said that they would like to knit, and a weekly knitting group was set up. We saw that the first blanket people made as a joint project was framed in the hallway. They had also made a patchwork blanket for the house cat.
- People were involved in all aspects of their care and felt in control of their lives. Where appropriate relatives and representatives were involved in decision making. One relative said, "We have had a look at the care plan, read through it, make amendments and we sign it at the end. If the GP has been we get updated any changes they let me know."
- People were fully involved in day-to-day decisions about their care from what they wanted to eat and wear, the activities they wanted to do and when to receive their personal care. We saw many instances of staff asking people what they wanted.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was embedded in the culture at Minchenden Lodge. The home had areas where people could entertain visitors in private and we saw that staff understood and actively encouraged people's privacy. People had the option to have their own telephone lines in their bedrooms.
- Staff supported and encouraged people to discuss things with them in a private setting such as their bedroom or an area of the home that was away from other people.
- Staff understood the importance of people maintaining as much independence as they were able to. Care plans and risk assessments ensured that staff understood what independence meant to people and what people would need to maintain this. One person smiled and said, "I really like the carers. I think they're marvellous, they're so good. They let me do so much but help if I need it."
- A staff member saw that a person had previously worked in a restaurant. The staff arranged for them to help prepare the dining room for meals. The registered manager told us that the person did this every day and even prompted staff and that it gave the person great pride, enjoyment and independence.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were fully involved in choosing what activities were provided and what they wanted to do.
- Staff understood that each person was an individual and provided activities tailored to them. A relative commented, "They are thoughtful in the activities that they do. Just to give people that pleasure. It's worth its weight in gold and that's what they do."
- Staff made efforts to ensure people were still able to participate in hobbies that were important to them. Where people had expressed a particular interest in an activity staff did what they could to accommodate this. One person had been a great reader before moving into the home. Staff supported the person to attend a local library to maintain their interest. Other people expressed a desire to attend as well and a weekly library visit was set up along with sessions where people talked about the book they were reading.
- The home created a truly community atmosphere. One person had been involved in charity fundraising before moving into the home. Staff recognised this and supported the person to continue raising money for various charities. Other people in the home also chose to join in by making cupcakes, getting raffle prizes ready and setting up tables at events held by the home. There were many thank you letters and certificates for different charities they had helped.
- The registered manager and staff had worked extensively with people to create individual 'wish lists'. These enabled each person an opportunity to fulfil lifelong dreams or ambitions that they may have not had the support to do so previously.
- One person was a huge animal lover and had been supported to go on safari abroad with their family. Staff sat with the person helping them research where to go and liaised with the family to make sure this was a truly memorable event for them. Another person had previously been in the Royal Air Force and staff supported him to go to the RAF museum. The person required support to communicate and their relative told us that the person had put their arms out like an aeroplane and couldn't stop smiling for weeks. Another person was supported by staff to attend the races at Royal Windsor and was able to put a bet on the horses.
- We saw a notice board with pictures of 'wishes fulfilled', activities and outings. The registered manager told us that pictures were a way of encouraging people to reminisce and visually see what they had done. One person showed us the board and said excitedly, "See, I did that!"
- People were encouraged to meet new people from other homes run by the provider. This helped people to form friendships and experience different things. One person told us that they were going "To Buckingham palace to look around and have high tea!" with friends from a different home. This had been arranged as part of a person's wish list.
- There was an emphasis on supporting people to do things outside of the home. The provider had a mini

bus that was regularly used for outings and day trips. People had been to various seashores, museums, restaurants and other places of interest. The activities coordinator said, "Their moods and experiences change when we go out. The more we can do outside the better. They always tell me where they want to go." A relative laughed and said, "He goes out on so many bloomin' outings I can't remember them all!"

- The activities coordinator, in collaboration with people, had set up a pen-pal scheme through an on-line networking site. People wrote to different care homes and replied to people who sent postcards to them. This enabled people to build positive relationships in the community and people looked forward to receiving and replying to a postcard.
- Each month the home had a company that brought animals in for people to see and pet. We observed one session where rabbits, guinea pigs and kittens were brought in. People were smiling and animated, enjoying the experience.
- The sessions gave people the opportunity to reminisce and talk with each other. One person fondly talked about a cat that she had owned during the war which prompted conversation with staff around her childhood experiences. A staff member commented, "We just found out more about [the person]!"
- Relatives told us how these experiences had had a positive impact on people's well-being. One relative told us, "Dad was bed bound but they would bring the animals to him. They took a little white pony to him, he talked about for ages afterwards." Another relative said, "At that moment they don't need remember anything, they just have that thing to respond to having that little creature on their lap. It's amazing."

#### End of life care and support

- The home worked in partnership with palliative care teams to provide exceptional care and support to people approaching the end of their lives. Practical support, advice and emotional care was available to them and their loved ones. A professional told us, "We talk to all the families and residents [with the staff at the home] about end of life care. It's part of planning the care."
- People's needs and wishes at end of life were assessed and recorded in detail. Staff were aware of what a good death meant for each person and showed great understanding and compassion when discussing this. Staff had received training in end of life care.
- The home actively worked with people to find out what their final wishes were and make these happen. One person's final wish was to be able to go and look at the sea one last time. Extra staff were made available to facilitate the person to going to the seaside and having a fish and chip lunch.
- Two relatives who had a loved one pass away at the home requested that we spoke with them following the inspection. Both relatives spoke of the exceptional kindness, compassion and support that was shown not only to their loved one but also themselves as relatives during a difficult time. One relative said, "They [the home] made a huge impact on us. We could not have wished for a better ending for dad. We could enjoy the time we had left with him because of the care they gave."
- Another relative talked about how the home had gone above and beyond expectations to ensure their relative was able to die at home according to their wishes, "When he was ill at the weekend, he went to hospital and they [the home] were absolutely brilliant. I was in contact with [the registered manager] over the weekend. We got him home. I was so pleased. The staff were absolutely fantastic at the end."
- Staff understood that people often formed strong friendships within the home. People were supported with empathy and compassion when friends passed away.
- Two people had formed a strong bond and the registered manager commented that they were inseparable and went everywhere together. One of them became unwell and needed palliative care. The home worked with the person and both families to make sure that the other person was supported to say their goodbyes. A relative told us how their compassionate and kind the staff had been at this time, including staff spending extra time with him and explaining what was happening.
- A 'Memory tree' had been set up in remembrance of the friends in the home that had passed on. People and staff left messages on the tree to remember and embrace their memory through discussion and

reminiscence.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives spoke highly of the exceptional person-centred care provided at Minchenden Lodge. One person told us, "It's all about me. My home, my life. And it's good!"
- There were extremely detailed life histories that were completed with people and relatives at the point of assessment and within a few weeks of the person moving in.
- Care plans were written using knowledge gained from the pre-assessment and life histories. People's care plans provided in depth information on people and their needs and underpinned the excellent physical, emotional and spiritual care given by staff.
- We saw that care plans were regularly reviewed and updated immediately following a change in a person's needs.
- Staff had an in-depth knowledge of the people they supported. This included people's likes and dislikes, what people liked to wear and what music they liked. Staff demonstrated passion and interest in people which created a truly person-centred approach.
- Staff anticipated people's needs and recognised immediately when they were anxious or upset. The home managed any behaviour that challenged in a positive way to achieve effective outcomes for people.
- One person who had a DoLS continuously attempted to leave the home which created a great deal of distress for the person. Immediately staff recognised this behaviour, the person was supported to go out regularly and spend time in the community. The registered manager told the person's wellbeing had greatly improved and there had been less incidents.
- We saw numerous examples that showed staff had an excellent understanding of people living with dementia and how they experienced the world. One staff member told us, "We need to work with them, with what they think and feel." One person living with dementia would become very upset and anxious as they were unable to find their babies. Staff worked with the person and bought a large stuffed rabbit. As a result, the person rarely became anxious and carried the rabbit everywhere with them. All staff were aware of this and made sure that the person always had the rabbit.
- There was an emphasis on supporting people with oral care. The home had started using an 'oral health assessment tool'. This looked at people's individual oral health needs and care plans clearly documented people's needs around their oral health.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had an excellent understanding that each person communicated in their own way and were proactive in encouraging good communication. Staff were able to explain what the AIS was and how it worked in practice for the people they supported.
- Each person had a one-page document in their care file called 'The Accessible information standard'. This clearly explained what each person's specific needs were around communication. A relative commented, "They [staff] know what they are doing, they always give him the time as they know he can't communicate very well."
- Where people required aids to communicate such as glasses, hearing aids or pictorial aids, this was clearly documented. We observed staff gently reminding people to use their hearing aids and asking if people needed their glasses when talking with them.
- Information was also clearly carried through into people's care plans. This promoted consistency and ensured that staff had relevant and up-to-date information.

- Where people had dementia or may have had difficulty understanding, we saw that pre-assessments were completed using pictures that could be shown to people. This increased the detail and amount of information gathered as people were able to be more fully involved.
- Staff showed a great depth of understanding around how people's communication abilities could affect their daily lives and ability to fully engage with those around them.
- Where people's communication needs changed, we saw that this was reflected in their care plans and AIS records. One person had a degenerative visual impairment and had previously written regular letters to a friend. Staff spoke with the person and the person said that they wanted to make weekly telephone calls instead. The person was supported to do this and was able to maintain an important link with a life-long friend.

#### Improving care quality in response to complaints or concerns

- The registered manager told us that all complaints, big or small, were important. Complaints were documented, responded to and any action taken was recorded.
- Complaints were classified as 'minor' or 'major'. We saw that all documented complaints had been minor. For example, not having parmesan cheese available at dinner time for a person's soup and batteries in a remote control not working. There were no complaints under investigation at the time of the inspection.
- There was a robust complaints policy that people and relatives had access to. People were able to access the complaints procedure in large font if they had a visual impairment.
- People and relatives were actively reminded at residents' meetings and friends and family meetings of how to complain. A person told us, "I could go to any of the staff and I could go to [the registered manager]. I am confident they would hear it."
- Relatives told us that they knew how to complain. However, all relatives that we spoke with told us that they had never needed to make a complaint.
- The registered manager created a monthly overview so that complaints could be further analysed any learning shared with the staff team during staff meetings.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager displayed exceptional leadership and promoted an extremely open and positive culture within the home, empowering people and staff to speak up and be involved in the planning and delivery of services. A staff member said, "I am listened to, I have an opinion, I have a voice. They make sure that each and every one of us has an opportunity to make a difference."
- People and staff knew who the registered manager was and told us they were always visible around the home. We saw that people greeted the registered manager warmly and often popped into the office for a chat. One person commented, "Oh, [registered manager's] a sweetheart, she's always around." A staff member told us, "She's good. I haven't had a good manager like this before. We all really support each other because of her."
- We also received highly complementary feedback from relatives and healthcare professionals about the registered manager. One relative said, "Absolutely brilliant for a young lady she is always on the ball and if she says she is going to get something done, it's done you don't have to go back to chase her." A healthcare professional commented, "She's effective. She knows the residents and staff. There's lots of fun but she knows where to draw the line and she's professional."
- There was an exceptional approach to end of life care. The registered manager worked in partnership with people and their families during the advance care planning process. This meant that people's wishes and care needs were met in a compassionate and dignified manner.
- When people were reaching the end of their lives, the registered manager appointed senior staff as 'end of life mentors. Mentors worked with care staff and families so that they understood what to expect and how to support that person as they were coming to the end of their life. The registered manager also supported staff through regular staff meetings and one to one meetings.
- The registered manager was a member of the Alzheimer's Society 'Dementia Friends' programme and regularly discussed any updates and good practice with staff during staff meetings. The positive impact of this was clear from our observations during the inspection and overwhelmingly positive feedback received. The registered manager was also in the process of appointing staff as dementia champions.
- Staff were incredibly proud of the home and there was very low turnover of staff which was testimony to the outstanding leadership and management. A relative commented, "The thing I really liked is that they didn't use agency staff. My dad saw staff that he had seen before."
- Staff spoke of the excellent support they received not only from the registered manager but from each other. The registered manager had introduced a 'shout out' board where staff gave written recognition to each other about good work they had done or where they had gone the extra mile in giving exceptional care

to people.

- The registered manager also recognised individual staff members when they made a specific difference to improve people's lives. This included the staff member receiving a badge saying, 'I made a difference' and a small gift. For example, one staff member chose to stay with a person receiving palliative care after their shift had ended so that they would not be left alone at any time.
- As cited throughout this inspection report and particularly in the 'Is the service responsive?' section, the management and staff had a shared ethos of delivering exceptional care and we saw that people were at the heart of everything the home did. People experienced consistently good outcomes which had a positive impact on their health and wellbeing. One relative happily told us, "Dad has got his life back moving here."
- The director of care for the provider told us, "By valuing the staff and acknowledging their good practice, [the registered manager] has opened up a person-centred empowering culture within the home which has had a visible improvement on the quality of life for the residents' as a whole. Staff feel less task orientated, focusing more on creating moments with residents that they are able to share and enjoy together on a daily basis."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Good governance was well embedded in the management of the home by both the registered manager and senior management. There was a strong focus on accountability, continuous improvement and exceeding expectations.
- The registered manager and senior management team were strong, visible and exceptionally supportive. People knew who the director of care and other senior management team members were and told us that they regularly visited the home.
- Quality assurance processes, such as audits, were instrumental in driving standards of care to an outstanding level. There were a range of highly effective audits to monitor and maintain the quality of care. Where any issues were identified, we saw that there were action plans in place to immediately address these.
- The company's compliance team also completed regular audits including mock CQC inspections to look at how the home was performing. People and staff were fully involved in the audits to ensure that their opinion contributed to the outcome. An analysis with an action plan where required was completed.
- There was a focus on learning and continually improving which the registered manager had been encouraged to share with other registered managers throughout the organisation.
- The registered manager continually strived to improve care and kept up-to-date with best practice and new guidance. For example, putting in place detail information for each person following the Accessible Information Standard (AIS) and promoting and documenting the importance of oral care. All of these initiatives were well communicated to staff in staff meetings.
- The registered manager regularly attended senior management meeting where initiatives put in place by the registered manager at Minchenden Lodge were shared and used as an example of excellent person-centred care. The director of care told us, "During these meetings, [the registered manager] has actively shared and promoted several key initiatives that she has developed at Minchenden Lodge which have helped shape her home and improve the quality of life for residents and staff alike." These initiatives were now being put in place throughout other homes owned by the organisation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a shared focus on ensuring people received high quality, individual care and support which met their needs, promoted independence and did not restrict people's freedom.
- Without exception people, relatives and staff were involved in decisions about the service. The registered

manager continually looked for ways to improve the experience of people. There were regular residents' meetings where people were empowered to suggest ideas and put forward their vision of how the home should run, relative's meetings and care reviews.

- People, staff and relatives were valued and their opinions and wishes listened to. There were annual surveys looking at the quality of care provided. We saw that results from the last survey were overwhelmingly positive. A relative had written, 'I am very happy with all aspects of my mother's care and she is very happy at Minchenden Lodge'.
- The registered manager told us that gaining people's opinion and views was embedded in the staff team. Staff asked people daily if there was anything they wanted to change or do. A relative said, "They're always asking!"
- The registered manager and staff talked about the home being very much part of the local community. People knew the neighbours and a staff member said, "They [neighbours] always wave and chat when they see the residents."
- The home held an annual summer fete where neighbours and people from other homes were invited. The registered manager told us that these were organised by the home but very much directed by the people living at Minchenden Lodge.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home worked extremely well with health care professionals to achieve excellent outcomes for people and ensured people were receiving the support they needed. One healthcare professional told us, "[The registered manager] is effective. She knows the residents and always calls us if we are needed."
- The registered manager had created strong community links with the North London Hospice including a link worker from the hospice who could be contacted at any time. North London Hospice also provided regular training and workshops for staff at Minchenden Lodge. This promoted staff understanding and skills when working with people approaching the end of their life.
- The registered manager was fully aware of her legal responsibilities to inform CQC of any safeguarding and other reportable issues.
- Where events and incidents had occurred, these had been investigated and addressed. They were open and honest about any mistakes and demonstrated a determination to learn from mistakes and make improvements. A healthcare professional told us, "She [the registered manager] is open and honest, if things haven't been right she'll put her hands up."