

Bupa Care Homes (CFChomes) Limited

Eglantine Villa Care Home

Inspection report

Eglantine Lane
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Dartford
Kent
DA4 9JL

Tel: 01322863019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Eglantine Villa Care Home is a residential care home providing personal and nursing care for 49 older people in two adjoining buildings. Jasmine Lodge provides care for up to 24 older people with nursing needs. Lavender Cottage provides residential care for up to 25 older people with dementia. There were 44 people living at the service at the time of the inspection.

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

People, their relatives, health care professionals and staff spoke positively about the service. Comments included, "The whole team are very professional in every way but are also very upbeat and fun for [our loved one] to be with" and "[Staff] are wonderful. We never leave worrying about [our loved one] and if they are not well staff always ring and let me know. Excellent."

People were supported to take positive risks, maximising control over their lives. There was a strong, empowering and distinctive approach to safety and risk management. Staff used innovative and creative ways to manage risks whilst supporting people to remain as safe as possible. People had developed strong, trusting relationships with the staff team and felt safe living at Eglantine Villa. There were enough staff to provide people with the support they needed, when they needed it. Staff worked flexibly as a cohesive team to ensure people received an outstanding quality of service. People were supported by staff who had been recruited safely and were involved as much as possible in the recruitment process.

There was a thorough, co-ordinated and holistic approach to planning, managing and reviewing people's care and support. Technology and evidence-based techniques were used to support the delivery of high-quality care. The registered manager and staff worked with health care organisations and education institutes, taking part in research projects to improve the service they provided. People, their relatives and staff were involved in the planning and delivery of training. 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 encouraged to maintain a healthy and balanced diet and people told us they thoroughly enjoyed their meals. Staff were creative in their approach to encouraging people to eat well and remain as healthy as possible. Staff worked closely with local health care professionals.

People felt respected and valued as individuals and were fully involved in making decisions about their care and support. People and staff valued each other's differences. A relative commented, "[Our loved one] was treated with respect and dignity. We were welcome at any time and always met with a professional and efficient service." The strong, visible person-centred culture was evident and close bonds between people, relatives and staff were clear. One relative said, "Simply put, the staff feel like an extension of our family."

People's individual needs and preferences were understood by staff. People's choices regarding their lifestyle, culture and religion were embraced. Staff regularly went the extra mile to support people to be as

independent as possible and live life to the fullest. People stayed as active as possible with a range of innovative, meaningful activities offered each day. People regularly suggested ideas for things they would like to do and staff, as far as possible, supported them to reach their goals. People were supported to have a comfortable, dignified and pain-free death by staff who worked closely with end of life health care professionals. Staff responded quickly to people's changing needs. They provided emotional support and practical assistance to people's friends and family at this difficult time.

People, relatives, health care professionals and staff felt the service was well-led. Relatives commented, "We would have no hesitation in recommending this home" and "[Our loved one] is in excellent hands, enjoying continuous personal attention despite being bed ridden. They are always included." Staff were very well supported and highly motivated. People, relatives, health professionals, the local community and staff were empowered to provide feedback, and this was welcomed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (report published January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 exceptionally safe.

Details are in our safe findings below.

Outstanding 

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 well-led.

Details are in our well-Led findings below.

Good 

Eglantine Villa Care Home

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

The inspection was carried out by one inspector.

Service and service type

Eglantine Vila Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This includes details about incidents the provider must notify us about, such as abuse. 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 this information to plan our inspection.

During the inspection

We spoke with 10 people and four relatives. We spoke with 10 staff, two nurses, the deputy manager, the regional director and the registered manager. We 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.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance data. We contacted five health care professionals who regularly visited the service.

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 now improved to Outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People continued to be protected from the risks of abuse, discrimination and avoidable harm by staff who understood how to keep people safe and report any concerns. Staff had developed positive, trusting relationships with people and had plenty of time to spend with them to make sure they felt safe. People told us they felt safe and would not hesitate to speak with staff if they had any worries. Relatives said, "[My loved one] is exceptionally safe at Eglantine Villa" and "[My loved one] is very safe, settled and happy." Staff knew people well and recognised changes in people's demeanour which may indicate they felt unsafe or unwell.
- An open culture, where staff were encouraged to think creatively was promoted. People were involved in decisions about their safety and empowered to take positive risks and maximise their control over their lives. For example, in the hot weather staff arranged for a waterslide to be placed in the garden. Risks assessments were completed. People who spent their time in wheelchairs were hoisted onto the inflatable chairs, so they could also enjoy the experience. Photographs of people on the slide and having water balloon fights, having enormous fun, laughing and smiling were on display. One person told us, "I couldn't do it on my own, so I had staff on each side of me." Staff told us, "Just because someone has moved in to Eglantine Villa shouldn't mean they stop having fun." The registered manager told us, "Staff are creative and always go out of their way to help the residents take a calculated risk."
- When a person, who was very unsteady on their feet, wanted to dance staff told us how they held them either side in a hug, so they were able to join in. Staff said they did not want anyone to miss out on doing what they enjoyed and actively sought to find ways of helping them do things.
- Other risks to people's health, safety and well-being, such as constipation, pressure areas and urinary tract infections, were assessed and regularly reviewed. Measures were taken to minimise risks to keep people as safe as possible.
- Risks to the environment, premises and equipment were monitored. Regular checks and servicing were overseen by dedicated maintenance staff. Fire drills, which included the use of a mannequin to make the process as real as possible. Staff told us they practiced using evacuation equipment frequently and they felt confident they would know what to do in an emergency.

Staffing and recruitment

- People were supported by enough staff who had been recruited safely. People told us, "[The staff] are wonderful. There are lots of them. They are always there if you need anything." A relative commented, "All the staff work together to make sure people are happy. Whenever I have needed to talk to staff there has always been someone there."

- People were involved in the interview process and were an integral part of choosing who worked at the service. They helped the registered manager interview potential new staff and gave their feedback to them. They showed potential new staff around their home. The registered manager valued people's feedback. Staff were also involved in this process to help make sure the right new staff were selected. They spoke about the need for new staff to understand the family ethos of the service. They told us they recommended people they knew to apply to work at the service. Robust checks were completed to make sure new staff were safe to work with people. Nurse PINs were checked, and support was given to nurses to revalidate with the Nursing and Midwifery Council.
- People and staff were involved in creating innovative safety training sessions about different risk scenarios that may happen. For example, first aid training included scenarios, such as a person drinking from a bottle containing chemicals and a person being hit by a car in the grounds of the service. People and staff used stage make-up to create wounds and staff worked as a cohesive team to decide what action was needed to keep people safe.
- People told us they enjoyed playing a part in training exercises. One person said, "It was jolly good fun being part of the training." Staff found this group style of training to be fun and worthwhile. Staff said, "We have had a lot of laughs and learnt a lot at the same time. Involving people has been amazing." These training sessions were evaluated by the staff team and discussions held about what they would do differently next time. The registered manager told us this was an opportunity for them to check for areas for improvement and for staff to make mistakes in a fun environment.

Preventing and controlling infection

- The service was spotlessly clean and free from odours. The domestic team took pride in making sure the service was clean and hygienic. Staff understood their responsibilities in relation to infection control and food hygiene.
- Staff had a good understanding of their responsibilities to maintain a high standard of cleanliness and hygiene.
- The registered manager was aware of the need to notify external agencies if there were any concerns that affected people's health and well-being.
- The service had an 'infection control boxes', containing things like kidney bowls, masks and clinical waste bags. Staff told us, "The BUPA outbreak management policy and Norovirus assessments forms are in there too. It means if there was an outbreak the equipment we need is there immediately. It is an excellent idea."

Learning lessons when things go wrong

- Learning was based on a thorough analysis and investigation of things that went wrong. There was an open culture where the registered manager ensured findings were shared throughout the staff team. Everyone took the responsibility to continue to drive improvements very seriously.
- The registered manager told us, "Getting things wrong makes us learn and get better as a team. We should never be afraid to fail, it is what we learn from it that is so important." They said they had noticed, during a full-service audit, that sometimes people were having to wait a bit longer for their meals. They discussed this with staff. As a result, using a whole-team approach, housekeepers and activity staff were involved to distribute meals to those who did not need support to eat and this meant that everyone was able to share their meals at the same time. They commented, "This has been a big plus."
- The registered manager continued to have robust systems to record and monitor incidents and accidents. Detailed analysis was completed to identify any potential pattern and action was taken to prevent reoccurrence. For example, when there had been a pattern of incidents identified following meal times, staff breaks were adjusted to make sure there were more staff in communal areas.

Using medicines safely

- Medicines were stored, managed and disposed of safely and in line with national guidance. Medicines were stored at the correct temperature to make sure they were effective.
- When people had medicines on an 'as and when' (PRN) basis, such as pain relief, there were PRN protocols in place. This included recording the reason why the medicine was given.
- Staff completed medicines management training and were assessed to make sure they remained competent.
- The registered manager, nurses and supplying pharmacy completed regular medicines audits.

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

- A holistic approach was used to assess, plan, monitor and manage people's physical, mental health, emotional and social care needs and support. Each person's care plan was very detailed and clearly individual to them. There was detailed guidance, which staff followed, to make sure staff supported people in the way they preferred. Care was planned and provided in line with legislation and evidence-based guidance, including The National Institute for Health and Social Care Excellence, the National Institute for Health Research, the University of Bradford and other expert professional bodies, to achieve effective outcomes for people.
- People and staff were taking part in research, regarding possible links between low blood pressure and sleep patterns of people living with dementia. Using artificial intelligence, such as 'Fit Bits', soft music, essential oils and sensory lights, staff were monitoring people's blood pressure, pulse and sleep patterns. Their findings will feed into national research.
- The registered manager kept up to date with best practice and ensured this was shared with the staff team. People's oral health was assessed and monitored. Staff were knowledgeable about supporting people with their teeth and dentures. An oral health assessment included details such as which fixative people used for their dentures and who their preferred dentist was. A summary of the Care Quality Commission 'Smiling Matters' report was on display for people to read.

Staff support: induction, training, skills and experience

- People were supported by a team of skilled and knowledgeable staff. New staff completed an in-depth induction which included completing mandatory training and shadowing experienced colleagues.
- Training was developed around people's individual needs. Innovative and creative ways of learning were used and included people living at the service. For example, to learn about Multiple Sclerosis (MS), staff asked a person living at Eglantine Villa if they would be prepared to share their experiences with others. The person was supported to hold a lecture for other people, relatives and staff about the condition, their diagnosis, what it was like to live with MS and changes in their life as the condition progressed. After the lecture the person told staff they felt proud to have been asked to talk with people, but more importantly they felt listened to. Staff told us the impact this had on their work was to be more mindful of people using wheelchairs and to find alternative ways of promoting independence.
- The registered manager and staff team continuously looked for creative ways to embrace people's diversity. People, their relatives and staff were highly valued as individuals. Staff spoke passionately about "Daring to be different" and promoted the services values, including 'Diversity makes our team stronger'. For example, a member of staff facilitated a lecture on diversity for people, relatives and staff. They were able to draw on their personal knowledge and share their experiences.

- Staff felt very well supported and met with their line manager on a regular basis to discuss their personal development. Nurses received clinical supervision. This provided them with a safe and confidential environment to reflect on and discuss their work, and their personal and professional responses to their work. Nurses completed training to keep up to date with best practice. Topics included, catheter and stoma care, wound management and end of life care.

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

- People told us they really enjoyed their meals. They said, "The food is super and the choices available mean there is always something I like. If I don't like something [the chef] will always make me something else." A relative commented, "The meals are proper home-cooked meals. They look, smell and taste lovely. [My loved one] eats very well." The registered manager and staff worked closely with health care professionals, such as speech and language therapists and dieticians, to make sure people remained healthy.
- People were a variety of different options and picture menus were used to help people choose. When people needed their food pureed this was done by each food type, so people could still enjoy the different flavours. The chef spoke with people each week to get feedback about their meals and to ask people for suggestions about things they would like on the menu.
- The registered manager and staff considered innovative and creative methods to encourage people to eat and maintain a healthy weight. For example, some people had a bum-bag with snacks, such as crisps and fruit in. This had made a difference to people in many ways. One person had a sight impairment and was unable to see the snack bars around the service and this gave them the freedom to snack whenever they wanted. Other people living with dementia spent their day walking around their home and enjoyed being able to snack 'on the go'.
- Staff noticed several people ate slowly and their meals got cold. They discussed this as a team and wanted to make sure people remained as independent as possible and still enjoyed their dining experience. Staff researched specialist equipment and sourced bowls and plates which had an enclosed base filled with hot water which kept the food hot. One person told staff, "I like the bowl. It is easy to use and keeps my food warm."

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

- The registered manager and staff empowered people to make choices about their health and well-being, including how it should be monitored and managed. There were thorough processes for planning and co-ordinating people's care. This included making sure any transition to or from the service was as smooth and stress free as possible for people. The registered manager and staff worked closely with other services and health care professionals to ensure this happened.
- A team of 'champions' actively supported staff to make sure people maintained as healthy a life as possible. Champion roles included palliative care, Parkinson's disease, diabetes, dementia, wound care and neurological conditions.
- The registered manager and staff were knowledgeable about people's health conditions. They knew how best to support people and were observant in noticing small changes in people's behaviour which may indicate a decline in their physical or mental health.
- Staff told us that collaborative working with health care professionals, such as hospice nurses, speech and language therapists and GPs, was exceptionally important to make sure people received the support they needed when they needed it.

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

- The service was designed around people's needs. For example, Lavender Cottage was a totally dementia

friendly environment. Signage and lighting helped make it easier for people to find their way around independently. People had access to gardens which had beautifully manicured lawns. There was plenty of seating and the grounds were fully accessible.

- People's rooms reflected people's individual preferences and they were encouraged to bring their own furnishings to make them feel at home. Some people chose to have their photograph on their room door whilst others chose other significant pictures. These helped people find their room easily.
- Information on notice boards around the service were produced in formats people could easily read. Staff were creative in looking for ways to make people's lives easier. For example, some people had fluorescent tape around their light switches, so they knew where it was. Others had coloured tape on their walking frame, so they knew it belonged to them.

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.

- The registered manager and staff involved people in making decisions about their care and support. They found alternative ways to support people, such as using pictures or offering choices of items.
- Staff completed regular training about capacity and consent and understood the MCA. They told us how important it was for people to be in control of their life and make their own decisions.
- When people needed additional support to make decisions, staff met with their legal representative, such as a relative with Lasting Power of Attorney, and health care professionals to make sure decisions were made in a person's best interest and in accordance with legislation.

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

- People were consistently treated with kindness, dignity and respect. Staff were highly motivated to provide a high quality of care and support and to treat people as individuals. Staff said, "Care isn't called care for no reason – you have to be caring because Eglantine Villa is their home. Our residents are our family. There is nobody here that would treat people in any other way than family" and "It is about making sure people can live life to the max. Eglantine Villa is not just a home, it is a family."
- People and their relatives told us the staff were exceptionally caring and kind. Their comments included, "The best thing at Eglantine Villa is the staff. They go the extra mile. It is like an extended family", "The staff are so good, everyone, the cleaners and the laundry staff, they are all amazing. They are all so personable. Nothing is ever a bother" and "[My loved one] loves rugby. They [staff] sit with them and watch the rugby. One of the girls went out and bought them a cap to wear watching the world cup – out of their own money. That is fantastic."
- Staff had an in-depth knowledge of people, their preferences and how to keep people's anxieties at a minimum. For example, there was clear guidance for staff, which included photographs, of how to support a person whose anxiety increased if their teddy was not with them. Staff told us they understood the physical and psychological impact on the person's well-being and said, "We always make sure there are plenty of 'babies' around for them to love and mother."
- Throughout the inspection there was a lot of laughter and it was clear to see the strong bonds between people, relatives and staff. Staff showed us a series of 'This is us' photographs, these were joyous pictures of people and staff sharing precious moments together, laughing and clearly having fun.

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

- People told us they felt in control of making decisions about their care and support. One person commented, "They [staff] explain things to me so I can understand and make my own decisions. I have a care plan and we go through it from time to time to see if anything needs to be changed."
- Staff spoke about the different ways they communicated with people to make sure their views were known. This included using electronic tablets, pictures and basic sign language. People's communication needs and preferences were recorded in their care plan.
- Staff knew people and their relatives well and understood when they may need additional support to make decisions. They made sure people and their relatives had access to the relevant information. For example, there was information available about independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us "I definitely feel valued. There is an atmosphere full of love and respect between everyone, the residents and the staff." Staff commented, "Everything we do is as a team. We come up with ideas to try something new and work together to give it a go."
- Large 'dignity trees' were painted on walls around the service. Staff spoke passionately about their 'respect and dignity mantra' notes on the trees which were written by people, relatives and staff. This included the comments, 'We will respect your choices around sexuality, religion and spirituality', 'We will get to know the life you have led, and how we can enable you to carry on living life to the max' and 'If there is something on here we have missed, let us know as we are always willing to learn and grow with you beside us'.
- People were empowered to stay as independent as possible. For example, people helped to decorate a new sensory room.

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 Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People felt valued and involved in the day to day running of the service and in making decisions about their care. Everyone we spoke with told us their care was centred on their preferences and choices. A relative noted on recent feedback, 'The staff are clearly totally dedicated and want to ensure the best possible care, comfort and dignity are given'. Staff focused on people's individual needs and supported them to live the most fulfilled life with as much autonomy as possible.
- Each person had a very person-centred care plan which reflected their needs and preferences and provided staff with people's life history, goals and interests. People and their relatives were involved in the planning, management and reviewing of their care, so they felt listened to, empowered and valued. The registered manager said, "Where possible care plans are filled out next to the residents so that any changes can be quickly recognised and communicated. This also gives extra time with our residents and ensure they are involved with care which is very treasured to us."
- Staff were responsive to people's changing needs. When a person was no longer able to get out of bed, staff spoke with them about putting some extra decorations in their room. They gave them a box of 'treasures' to look through and spent time reminiscing with them over each item. They chose to have butterflies adorning their walls and a long crystal which reflected colours on the walls. Staff noted the impact this had on the person, '[The person] squealed with delight when they saw the colours all over the room and clapped their hands with joy'. The person told staff it was 'relaxing and care-free'. Staff felt this small act had made a big difference to the person's quality of life.
- People were empowered and enabled to spend meaningful time together when previously this had been difficult due to their anxiety. Staff recognised signs of distress and looked for innovative ways to combat this. For example, one person rarely got out of bed, was very confused and could become agitated. Staff introduced the person to the Eglantine Villa cat and noticed this had a calming effect on them. The person now wants staff to support them to get washed, dressed and out of bed because they are responsible for grooming and feeding the cat.
- Staff regularly reflected on the impact activities had. For example, they showed us photographs of a person who did not usually socialise singing along with a visiting singer. Staff had asked the person how the live music made them feel and they had replied, 'It made me feel young again and at home'. Staff had noted that the person's mood had changed dramatically, their face lit up and they appeared to enjoy every moment of it.
- Staff had plenty of opportunities to enhance their professional and personal development. Staff reflected and discussed the impact training sessions had and what difference it would make to their practice. For example, staff wanted to learn more about what it was like to live with dementia. They took part in The

Virtual Dementia Tour, medically and scientifically proven to be the closest experience a person with a healthy brain can have to experience what dementia may be like. Staff told us it changed the way they supported people and they had become more aware of noise and distractions. The chef noted they had not realised the eating experience was different for a person living with dementia and now looked more closely at the plating up of food and how colours went together. Housekeeping staff said they tried to involve people more after the training. For example, when they were cleaning a person's room they now asked people if they would like to help.

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.

- People's communication needs were assessed prior to moving to the service and reviewed as their needs changed. People were provided with information in a format they could easily understand. For example, large print documents. The registered manager was in the process of obtaining braille signage.
- Staff worked with health care professionals to obtain advice. For example, Kent Association for the Blind were approached for input into the new sensory room. The feedback they provided noted, 'Lots of thought has gone into the design, I especially liked the brightness in the room. Lighting is key for those with limited sight. You have considered tactile activities very well, the squidgy toys and the pens that enable grip will benefit those with dexterity issues. The tactile / visual feely board is excellent and will enable people to experience this even if they have sight loss'.
- Staff knew people very well and used innovative ways to ensure people were involved. They were able to recognise body language and eye movements when people were unable to verbally communicate. Choice picture boards were readily available to help people make choices. Staff were piloting a project of studying neuro-linguistic programming with the intention of working closely with people to improve their quality of life through effective communication. Staff had taken part in a study with the University of Bradford into identifying and managing hearing and vision loss in care homes. This was part of a national research project.
- People with sensory impairments were empowered to be involved in daily life. For example, large playing cards and shuttlecocks with bells on made sure people could still join in and have fun. Audio books and voice activated technology, to play music, were used.

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 offered a choice of many meaningful activities and were encouraged to stay busy and reduce isolation. People and their relatives told us, "There is always something new to try. There is always something going on", "We have plenty to keep us occupied. We have singing and dancing, coffee mornings and quizzes" and "[My loved one] used to spend time on their own. It is wonderful to see them joining in activities with the other residents."
- People were actively encouraged to suggest ideas for different activities. There were plenty of opportunities each day for people to engage with others. These included, yoga, pets as therapy dogs visiting, arts and crafts, themed afternoons, tea dances and visiting performers. An interactive projector was regularly used. One person, being shown footage of airplanes, told staff they knew the plane was a Spitfire and they could tell by the sound of the engine. People told us, "It was wonderful and great fun" and "I was throwing bean bags on to it. We all laughed a lot." Staff spoke about the positive impact the interactive projector had on people. This included people becoming very engaged and an increase in physical, mental and social interaction. They told us people had been able to recognise and respond to different pictures and

this had helped people reminisce and also improved their hand / eye co-ordination.

- The dedicated activities team spoke with passion and enthusiasm about supporting people to live full lives and try new experiences. They went the extra mile to establish what people had enjoyed in the past and tried to support them to continue with the things they liked. A 'wish tree' was in the grounds. People hung their wishes on the tree. Each time a wish was granted a coin embedded into the tree trunk – it was clear to see many wishes had been granted. Staff regularly went the extra mile to make sure people continued to live life to the full. For example, staff spoke with people about their wish lists. A couple living at the service told staff the one memory they would like to recreate was having a picnic. Staff arranged a picnic with Prosecco and strawberries and three activities staff took the couple to a park, so they could enjoy some special time together and make new memories. One person used to be a boxer and staff arranged to take them to an amateur boxing match. The person told staff this had been very special to them and had made their day. Another person wanted to spend a weekend away with their family, staff arranged this and told us it was "A very special time for [the person] and their family."
- Regular newsletters were given to people and their relatives with updates of what had taken place at the service. This included photographs of people having fun with numerous activities and a list of upcoming events. Each month there was a 'getting to know our residents' section highlighting what people did before they moved to the service and the things they enjoyed doing. There was also an 'employee of the month' award where people and relatives nominated staff who went the extra mile. A photo of the staff with their award was in the newsletter to congratulate them.
- The service worked very closely with the local community. For example, one of the activities team had been working with Kent Children's University to organise some cross-generational work. They fed back to the registered manager following a Dementia Friends session held by the activities staff with children and their families. They noted, '[Staff] was full of warmth, energy, compassion, love, humour, enthusiasm and care for the residents as well as the children and families'. They said they had been inspired by what they heard and had since become a Dementia Friend themselves and hosted further educational sessions.

End of life care and support

- People were sensitively supported to discuss and make decisions about their end of life care. Their choices were clearly detailed in end of life care plans. People's religious and cultural preferences were recorded to make sure their last wishes could be respected.
- Staff worked closely with Macmillan nurses and the local hospice team to provide outstanding end of life care and ensure people were supported to have a comfortable, dignified and pain-free death. Staff adapted environments to meet people's needs. For example, a person receiving palliative care did not like to be left in the dark, however, could not cope with bright light. Staff purchased strings of blue lights which they placed on the wall. These lights were not bright and gave a sense of calm in the room. The person was happy and settled with their lighting. Another person, who was only able to lay on their back, had many multi-coloured butterflies placed on their ceiling.
- Specific training about supporting people nearing the end of their life was provided. Staff were working with the local hospice to complete their gold standards training in end of life care. Training and workshops included EMBED, Empowering Better End of Life Dementia Care, a joint, nationally recognised project aimed to deliver timely person-centred care, improve outcomes including comfort and quality of life.
- A 'resident experience manager' spent much of their time making sure people were happy and settled living at the service. They told us about additional emotional support and practical assistance staff gave relatives when their loved ones were nearing the end of their life. They said, "We have a flat where the family can stay, freshen up with a shower and make coffees and snacks. Understandably they want to be near their loved ones at this time and the flat enables them to do exactly that." They showed us 'end of life comfort boxes' which were placed in people's room. People and their relatives chose items to help make people's passing as comfortable and dignified as possible. This included, soothing music and sensory products, such

as water fountains and oil infusers. Staff spoke with relatives about grief and coping with the loss of their loved ones. They signposted them to organisations who could provide additional support.

- Staff understood the impact of a person passing away had on others living at the service. They told how they held memorial services when people had passed away and they had not been able to attend a funeral. They said, "It gives everyone the opportunity to grieve and remember their friend." A memorial garden had been created and designed for people to spend time reflecting on loved ones. Relatives and staff helped to build this. It had been decorated with glass poppies. Plaques had been added by relatives to remember their loved ones. A star, the Eglantine Remembrance star, had recently been purchased. The registered manager told us, "The star is a symbol of love to all those who pass through our home." A map of the sky at night was displayed and a telescope had been set up, so people could look at the star.
- Many 'thank you' cards and emails had been received and a board in the reception area was full of comments from relatives. These included, 'We would like to thank all those amazing people who treated [our loved one] with such care and compassion in their final days', 'A huge thank you to everyone at Eglantine Villa for the love and dedication you showed to [our loved one]. It was a great comfort to us knowing they were given so much love and respect from everyone' and 'The support we were given when [our loved one] passed away was outstanding'.
- The registered manager noted on the Provider Information Return, 'End of life care is the very last thing we can do for a person and their loved ones. It is the one thing we have to get right, in every aspect. From pain control, last wishes, spending quality time with their families, spiritual and religious support to helping with funeral arrangements. We have an exceptional programme for end of life care and we are so proud to say it is at the heart of what we do'. Staff spoke passionately about the importance of providing outstanding end of life care and were proud of the part they played in making sure people and their relatives received the right support.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no complaints about the quality of service and they felt confident the registered manager would act on any issues if they had to complain.
- The complaints policy and process were displayed in the service and easy to read versions were also available.
- The registered manager investigated, responded to and resolved complaints to people's satisfaction and in line with the provider's policy.
- There had been very few complaints. The registered manager and staff told us they spoke with people and their relatives daily and this made sure any minor concerns were immediately addressed.
- When a lesson could be learned, reflective practice sessions were held with staff to see what could be done differently.

Is the service well-led?

Our findings

At this inspection this key question has now been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us service was well-led. One person said, "[The registered manager] is excellent. They come around and see us two or three times every day to check we are alright and have everything we need." Relatives commented, "Eglantine Villa is run so efficiently whilst making residents feel special" and, "[The registered manager] is very good. They are very visible. The office door is always open, and I wouldn't think twice about popping in to see them if I needed to." Staff told us, "[The registered manager] is excellent. They always have time to listen to ideas and suggestions, whether it is from staff or residents."
- High quality person-centred care, staying active and living life to the fullest were at the heart of the visions and values shared by the whole staff team. People and relatives were involved in developing the services values, for example they all shared their views and made suggestions about what comments should be placed on the 'dignity tree'. Equality and diversity were promoted and celebrated by people and staff alike.
- The registered manager told us they promoted a 'Whole team approach'. There was a well-established staff team who told us they felt valued and were proud to work at the service. They said, "I wouldn't ever leave Eglantine Villa. I love it. I come in early, not because I have to but because I want to. Sometimes I drop the children at school and I come in a couple of hours early, there is always something to do and often it means I can just spend extra time chatting with people" and "I love everything about my job. We are an incredible team. We really do make a difference to people's lives and we are all like one big family."

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

- People and relatives all had confidence in the management and staff and spoke positively about them. The registered manager and staff were clear about their roles and each person had a job description. The registered manager received regular support from the regional director and met with managers from the provider's other services to share ideas and best practice. The registered manager felt they were very well supported.
- Systems to monitor the quality of service, including reviewing care plans, checking medicines management, health and safety and the environment, were robust. When shortfalls were identified, action was taken to reduce the risk of reoccurrence and reflective learning sessions were held with staff. Regular, effective audits were completed by the regional director and staff from the provider's head office. A rolling quality improvement plan captured progress made on any improvements needed. Nurses completed checks each day to make sure people received a high quality of care and support.
- People and relatives were informed when something went wrong or there was an accident or incident. Relatives told us they were informed of any changes in their loved one and they were very happy with their loved one's care. The registered manager understood the duty of candour requirement. This requires the

service to be open and honest with people and their representatives when things have not gone well.

- It is a legal requirement that a service's latest Care Quality Commission (CQC) inspection report rating is displayed in the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgements. The last CQC inspection report rating was displayed conspicuously in the service and on the provider's website in line with guidance. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. Notifications had been submitted to CQC in line with our guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives, staff and health care professionals were encouraged to provide feedback. Regular surveys were completed, and the results were analysed and displayed in the service for people to see. Results and comments were positive. The registered manager and staff worked in partnership with people, their relatives and health care professionals to make sure people were able to continue to live their lives as they wished.
- A recent survey from a health care professional rated the service outstanding on the admission process, nursing and care and the end of life experience. Their comments included, 'The standards at Eglantine are amazing. I wouldn't hesitate in recommending Eglantine to anyone. It is always a pleasure to visit the service. I am made to feel welcome and part of their outstanding team'.
- There were strong links with the local community. Events at the service were well attended by the local community. There were close links with local schools. The registered manager noted on the Provider Information Return, 'When we have specialist needs such as a specific faith, culture, spiritual need or a sexual preference, we work with the community to ensure that everything the resident (or staff member) needs is in place. Such groups would be welcomed in to the home at every opportunity with open arms as it is our chance to learn more'.

Continuous learning and improving care

- The registered manager and staff demonstrated a strong emphasis on continuously driving improvements. People's views and those of their relatives were at the heart of the quality monitoring and assurance processes.
- 'You said – We did' notices were on display and showed action that had been taken in response to people's feedback. For example, 'You said you enjoyed the interactive projector' and 'Eglantine Villa purchased their very own table, so residents can access it on a regular basis with the activity girls!'
- Regular meetings with people, relatives and staff were held. These were opportunities for everyone to comment on and make suggestions about the day to day running of the service.