

IAC Chelsea Limited

Chelsea Court Place

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Chelsea Court Place provides accommodation with personal and nursing care for up to 15 people, including those with dementia. At the time of our inspection, 15 people were living there. The home is located on the first floor of a large building, which had been redesigned and refitted to be a care home for people with dementia.

People's experience of using this service

We received universally outstanding feedback about the home from people who lived there, relatives and professionals. Comments we received included, "I wish all elderly people could enjoy this level of care" and "It sets a real benchmark in terms of what other homes should be aspiring to." Staff boasted, "We are the best in the country."

People who lived at the home were known as 'members' and they received exceptional care and support from a very large and dedicated team of nurses, care assistants, hospitality and support staff. A professional told us, "They consistently went above and beyond for people."

Staff cared deeply for the people they supported and spoke of them with genuine warmth and kindness. They knew the people they cared for incredibly well. A relative told us, "The carers are exceptional. Always there with a smile. Always so attentive."

The home was particularly skilled at caring for people living with dementia and shared its expertise in this field with other services and professionals. People who had been distressed and displayed behaviour which had challenged staff in their previous homes were thriving. Every person we met was clearly happy and enjoying their lives, and were greatly exceeding previous expectations thanks to the excellent care they were receiving.

People living at the home were in the best possible health. The home took a holistic approach to health and wellbeing and was very responsive to people's changing health needs. There were regular multi-disciplinary meetings with doctors, the physiotherapist and other health professionals to ensure people's health and wellbeing. Doctors and other professionals had been involved in the setting up of the home's procedures and told us of excellent communication.

The home had an exceptional programme of activities and events. There were two dedicated activities staff, enabling people to have one to one activities and excursions throughout the week. Many activities were designed to improve the wellbeing of people with dementia, such as dance and music therapy. The high staffing levels enabled people to leave the home and access the community more or less as they wished.

The home welcomed families and promoted relationships and community inclusion. Visitors enjoyed spending time there. A relative told us, "After my visits I feel utterly refreshed myself as though I have been at

a holiday resort."

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 had clear and well written risk assessments and care plans. Medicines were stored and managed correctly. The premises was well-maintained and there were good systems of safety checks and audits in place.

The home was exceptionally well led by the management team, who were in turn well-supported and resourced by the provider.

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 good (published 09 February 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

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 

Chelsea Court Place

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chelsea Court Place 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. This included notifications of significant incidents reported to the CQC and the previous inspection report. 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 with the registered manager, deputy manager, a nurse and six care assistants. We also spoke with the hospitality manager and staff, and the provider's operations manager. We spoke with six residents and one visitor. We reviewed a range of records, including five people's care records and medicines records. We looked at three staff files and various other records related to the running of the home, such as safeguarding and quality assurance records. We also looked at records relation to the maintenance of the premises, such as fire risk assessments and records of various health and safety checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed policies and procedures. We received feedback from five professionals and four relatives and representatives.

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 were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding which was refreshed regularly. They understood whistleblowing and how to escalate concerns if they needed to.
- There were policies and procedures in place to ensure people safety, and staff were following them. Safeguarding information was on display and was a regular topic at staff meetings. People told us they felt safe.

Assessing risk, safety monitoring and management

- Detailed risk assessments were completed to identify risks to people's safety and wellbeing. These were reviewed regularly or when people's needs changed. Staff understood the risks people faced and how these were managed to keep them safe.
- People's assessments included detailed information about potential causes of anxiety and how to identify when a person was communicating distress through their behaviour. There was clear, person-centred guidance for staff to follow if people displayed behaviour that challenged staff.
- The provider had well-established procedures in place to monitor the safety of the premises and equipment. Records were up to date and were audited regularly by the registered manager.
- A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone, to ensure there were arrangements in place to support them to evacuate the building safely in the event of an emergency. These were reviewed regularly. Staff were familiar with each person's plan.
- There were regular fire drills and alarm tests, and records were kept. The alarm system and fire extinguishers were regularly serviced. An external fire risk assessment had been completed and there was an action plan underway to rectify the minor deficiencies identified.
- There were detailed procedures in place for how to deal with incidents and emergencies, ensuring staff knew what to do and what their responsibilities were in extraordinary circumstances. Procedures we saw covered a wide range of potential emergencies including fire and floods, outbreaks of infectious disease, crime and failures of critical systems such as the electrics or water.

Using medicines safely

- People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out weekly by the registered manager.

- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff knew the home's procedures and adhered to them. Medicine administration records (MAR) were completed correctly each time a person was supported.
- The support people required with their medicines was assessed and clearly documented. Information about people's medicines was detailed and included potential side effects and interactions, and a photograph of the person. There was clear guidance around medicines taken 'as required' and homely remedies.

Staffing and recruitment

- The home was exceptionally well staffed. There was enough nursing and care staff on duty during the day to ensure people's safety in the home and to accompany people on outside activities. A relative told us, "Absolutely wonderful... they recently took [my parent] on the bus somewhere, they go all over the place. I wouldn't dare do that."
- Staff were recruited safely. Checks were completed which included verified references and a full employment history. Nurses' Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- The home was well-maintained, was very clean and smelled fresh throughout. A person told us, "Everything is always beautifully kept."
- The kitchen had a rating of five (the highest possible score) from the Food Standards Agency. On the day of our visit the kitchen was visibly clean and food was stored correctly. Records of safety and hygiene checks were being appropriately kept and were regularly audited.
- There was a plentiful supply of personal protective equipment (PPE). Staff confirmed there were always enough gloves and aprons. We observed staff using PPE correctly to ensure that people were protected from the risk and spread of infection.

Learning lessons when things go wrong

- The registered manager and staff were committed to learning from accidents and incidents. Records were being kept and these were being analysed to identify any themes or specific areas of concern. Reflective learning was appropriately shared with staff, such as through supervisions and staff meetings.

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 now improved to outstanding.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The home was exceptionally proactive in supporting people to be in the best possible health. Because many people came to live there without a formal diagnosis and sometimes having not engaged with their own GP for some time, the home had arranged for the GP and psychiatrist to routinely visit people when they first moved in. This initial review by the doctors and other professionals such as the physiotherapist and optician often had an immediate, very significant impact on people's health and wellbeing. For example, the initial review of people's medicines had identified a person who was being over-medicated as a form of restraint. For others, a formal diagnosis of dementia meant they were able to access appropriate treatment for the first time.
- The home ensured people were optimally supported with their ongoing health needs. There were regular multi-disciplinary meetings between nursing staff, the GP, psychiatrist, physiotherapist and other professionals involved in people's care. Doctors told us, "Each resident will be discussed holistically so that everyone is aware of their needs. I am always so impressed as to how much the staff understand their residents and keep them safe" and "The meetings have been so beneficial. We are keeping ten steps ahead of every problem."
- Professionals and the home's care and lifestyle staff worked very closely together to promote people's mobility and physical health. The physiotherapist visited once a week, or more frequently if required, and there was a daily group fitness activities and individual sessions with the personal trainer. The physiotherapist told us, "The carers are so good and consistent... what is handed over is done. People's support is properly recorded. I work with the personal trainer so I can direct him to do specific exercises. We all work closely together."
- The home was extremely proactive in supporting people with their mental health. A doctor told us, "People are always involved in some activity essential to their wellbeing." As well as regular visits with the psychiatrist and therapeutic activities, there were complementary therapies to promote mental wellbeing such as meditation and aromatherapy massage. A large bathroom was equipped with a spa bath and mood lighting, enabling people to have relaxing, therapeutic baths and beauty treatments. A relative told us that their loved one had become "remarkably cheerful" thanks in part to the "attention to their appearance [and] time in the spa which they describe as paradise."
- People were supported to receive excellent care when they had to transfer between services. The home used the 'red bag' system and ensured that a person being taken to hospital would have with them their

medicines, personal information, a summary of their needs and their important personal items, such as their glasses or handbag.

- Staff continued to provide emotional and practical support to people who were taken to hospital. The registered manager told us, "There are always enough staff to ensure that there is always someone available to escort people to hospital and stay with them there." Staff had even stayed overnight with people who were in hospital. Relatives told us how much they appreciated this extra care. Staff confirmed that they were paid for any extra time spent at the hospital.
- Staff understood the early signs and symptoms of common threats to people's wellbeing and aimed to prevent them where possible. For example, staff confidently described to us the symptoms of urinary tract infections (UTI) and knew how to prevent them. A relative told us, "It has made such a difference to [my parent's] quality of life... they catch potential UTIs very quickly."
- The home was also particularly effective at looking after people's skin integrity. Risk assessments and care plans were in place for people whose skin was at risk, and these were followed perfectly. As a result, no-one had had a pressure sore since the last inspection.
- Staff were alert to any changes in people's health and responded promptly and appropriately. A relative told us, "Last year [my parent] had pneumonia, they caught it immediately and took them to hospital. They were out in three days and totally fine."
- People were supported to improve and maintain their oral health. People had individual oral health plans. Staff told us people were supported to be as independent as possible but that they knew how to support people. One told us, "Some people have little brushes, or water picks."

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

- The home had a varied and nutritious menu of an exceptional standard, prepared by dedicated and highly skilled staff. The menu had been developed by the home's executive chef with a nutritionist and used fresh, best quality ingredients which were locally sourced where possible. A person told us, "I have any of the food, it is all excellent." We received extremely positive feedback about the food from relatives and professionals. Food sampled by the inspection team was of excellent quality.
- People with dietary requirements were particularly well catered for. There was a very wide range of dishes available for vegetarians and people requiring gluten free or other special diets. There were restaurant style dishes, more homely options and cultural dishes on the regularly-changing menu. There was a separate menu of light meals and snacks available throughout the day.
- Mealtimes were a sociable and special occasion in the home, promoting the family atmosphere. The dedicated hospitality team meant care staff could eat meals with people, which naturally encouraged people to eat and enabled staff to provide efficient and discreet support to people who needed it, promoting their dignity. A professional remarked, "It is a pleasure to see family members staying for lunch or supper and integrating themselves with all the other residents as well." There was also a private dining area available.
- The kitchen was open to the dining area, enabling the kitchen team to interact naturally with people and get to know them. People felt involved with the choice and preparation of their food. The executive chef told us, "We have a close relationship with the residents... we design the menus around them." There were two group cooking activities every week. A relative told us, "The chefs are as much part of the care team as anyone else."
- People's needs around nutrition, eating and drinking were assessed and recorded appropriately. At the time of our inspection, one person was at risk of choking and required pureed food and thickened drinks. Food was pureed separately and served in an appealing way. Their drinks were thickened as instructed and the thickener was stored safely.
- People were encouraged to make healthy choices and the home was creative in promoting healthier options. For example, at the time of our inspection the home was working with a wine merchant to

introduce good quality non-alcoholic wines. However, people's decisions about the foods they wanted to eat were respected.

Staff support: induction, training, skills and experience

- People's needs were met by an exceptionally skilled and dedicated staff team. Their induction training went significantly beyond the requirements of the Care Certificate, the nationally recognised standard for skills and knowledge that all care staff should meet. Further training had been developed according to people's needs, such as advanced training in caring for people with dementia. This included the Virtual Dementia Tour, interactive training designed to help staff identify with and understand people living with dementia.
- Professionals spoke very highly of the nursing and care staff. A doctor told us, "It was so easy, I could trust what they were telling me. They knew their residents so well... they picked up on subtle signs and understood people's behaviours." A nurse told us, "Staff showed confidence and were well trained in moving and handling."
- The provider was proactive in ensuring that training was effective, and took action to improve it. For example, staff had given feedback they wanted more face to face learning, so the provider had recently created and filled a new lead training role. Staff with extra learning needs were supported appropriately, such as by providing material in appropriate formats or supporting people to improve their written language skills.
- There was a strong culture of continuous learning and improvement. Staff were encouraged to take on additional responsibilities, and were trained accordingly. For example, there were specially trained 'Champions' for many aspects of care such as dignity, nutrition and end of life care. Care staff were able to access nursing apprenticeships. The provider was working with a university to further enhance the induction programme for new staff.
- Staff told us they felt very well supported in their role. They had regular supervision and appraisal with their supervisor. Supervision records showed a range of topics were discussed, including staff personal development. There were regular staff meetings including group reflection and discussion of best practice.

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

- The layout of the home was especially suitable for the needs of the people living there. It was on one level throughout and designed in a circuit, enabling people to safely walk around as they pleased. Corridors were wide, and bedrooms and bathrooms had ample room for people using mobility aids.
- The décor of the home was designed to be dementia friendly, using soothing and neutral colours but with the contrast required to aid visibility. We could see from the records of members' meetings that people had been very involved in the recent redecoration. A person told us, "There was a lot of talk about the look." Signs were clear and easy to read.
- Each person's room was highly personalised. People had been able to bring suitable items from home and were able to access an interior design service when they moved in. Where appropriate, people had memory boards in their rooms with pictures and prompts about their personal histories. Staff told us, "The setting of the room should be as much like their own home as possible." A professional observed, "[People] have all seamlessly moved into an environment they have always kind of lived in."
- People were able to comfortably identify which room was theirs. Each door had a framed piece of art or a photograph that was particularly significant to the person living there. For example, one person had a large photograph of the distinctive view from their old home. This was a discreet and effective way of ensuring that people with dementia were able to recognise their suite.
- The home was making very effective use of technology to improve people's wellbeing, reviewing the latest innovations and considering if they would be appropriate to use at the home. For example, for people who were at risk at night they had introduced optical sensors which were able to monitor people's safety without

staff having to check on them, potentially interrupting their sleep. People told us they slept very well. One told us, "It's quiet here at night, just the occasional giggle!"

- The home's rooms were used very effectively. For example, arts and craft activities took place in the bright sunroom. During our inspection we saw the library area being turned into a relaxing sensory room with lights and sounds.

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

- The service ensured they were up to date with best practice, and reviewed their policies and procedures accordingly. Updates to practice were shared with staff appropriately, such as through staff meetings and supervisions. The registered manager said, "I think we've signed up to every possible resource!" Resources used included CQC publications, guidance from the National Institute for Health and Clinical Excellence (NICE) and Skills for Care.

- People's needs and preferences were assessed and recorded in line with guidance and the law.

Assessment tools, such as the malnutrition universal screening tool (MUST) had been used appropriately and consistently.

- The home had a holistic approach to assessment and care planning. People's assessments included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices. Their strengths and areas of independence were particularly noted.

- The home worked to share and promote good practice with other professionals and services. They took part in meetings to discuss case studies and learning from incidents. The provider also organised professional development events and provided training to other professionals, including GPs, in dementia care.

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.

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.

- At the time of the inspection, there were current DoLS authorisations in place for the people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed.

- Staff had good knowledge of the MCA and how it applied to their work. They described different approaches they used with different people to help them make decisions. Staff told us, "We assume people have capacity until proven otherwise" and "We always give people a choice, and we can help them make decisions." During the inspection we observed staff routinely seeking consent from people before providing support.

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 now improved to outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- The home was particularly effective at restoring people's independence. Through the home's good care many people had regained some or all of their independence with personal care, and were able to pursue their hobbies and interests again. One person had even been able to successfully resume their career in public life. Another person had been able to enjoy dressmaking again for the first time in years, arranged by the home as they regained their ability to talk about their history and regained physical ability.
- People were encouraged to be as independent as possible in their day to day lives. Their care plans were focussed on their strengths and abilities. Staff told us, "We always let people do what they can do" and "Everything is on their own choices and their own time. Nothing is time led." A relative told us, "They have given my [parent] their life back."
- People were able to access the community more or less on request, further promoting the sense of independence they had. Several members of staff remarked on this, and on other ways the high staffing levels enabled them to promote people's independence. One said, "It makes such a difference having the one to one time."
- The home was dedicated to promoting people's privacy and dignity. We observed best practice during the inspection, such as staff routinely knocking on doors and the caring and dignified way staff had supported people to eat during meal times. Staff described further good practice they followed, such as how they maintained people's dignity when assisting with personal care. People were usually supported with their personal care by their preferred members of staff.
- Care staff worked in different ways with people according to what would best maintain their self-esteem. For most people, this meant helping them to restore and maintain a meticulous appearance. Relatives particularly praised the home for helping restore dignity to people in this way. When people's dignity was more contingent on their freedom to refuse help, staff routinely respected this but had also developed caring strategies to encourage people to accept their help on occasions when it was more vital to their wellbeing. A doctor told us, "They are very creative in the way they make care acceptable to someone."

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

- Every member of staff in the home was committed to providing the best possible care and hospitality to the people living there. They were exceptionally attentive to people's needs and always ensured their comfort and wellbeing. A person told us, "There is nothing that is too much trouble for them." A relative told us, "The carers are exceptional. Always there with a smile. Always so attentive."

- The home had a very friendly, welcoming atmosphere. People, relatives and staff told us the home felt like family. A person told us, "I feel like I am back home again. This is home to me." Relatives told us, "Right from the beginning she has been feeling a part of a family, surrounded by friends" and "The staff are welcoming and friendly and the whole place gives the impression of being one large family."
- The family atmosphere was reflected in the caring and compassionate interactions we saw between people and staff. It was clear that every member of staff genuinely cared for people's wellbeing and happiness. People were obviously relaxed and reassured by staff and were comfortable asking for support or service. A person told us, "Nothing here worries me, I am content and quite relaxed." Staff took care to address people by their preferred name or title.
- Staff were particularly caring towards people who displayed behaviour which could be challenging. They understood the potential causes of distress for people and were proactive in trying to prevent it, but knew how to best reassure people if they were distressed. Staff told us, "We watch people's body language, and can tell if they are becoming confused or agitated" and "We honestly try not to leave people on their own long enough for them to get that way." A professional observed that when staff were supporting people in distress, they did so "with gentle kindness."
- Staff wrote their daily records and observations in a very positive and caring way. They spoke with us of the people they supported in a heartfelt, warm and caring manner. We could see people and staff were having genuine fun in each other's company during mealtimes and activities.
- Equality and diversity were respected and promoted at the home. People's protected characteristics were considered during their assessment. Staff were trained in equality and diversity as part of their induction.
- The home had regular and special cultural celebrations and religious observations for the people living there. For example, the home routinely marked the Sabbath and had recently celebrated Hanukkah in December. There had been a large Burns Night party in January.

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

- Staff knew people exceptionally well and what was important to them. They knew what people liked and disliked and this was very well documented. Each person had an allocated key worker who knew them particularly well. A relative told us, "Although carers have assigned residents... they nonetheless know all the Chelsea Court Place family, including us!" Where possible, people were matched with key workers who shared their interests. For example, a person and staff who liked gardening had been matched together and took regular excursions together.
- Staff sought people's opinions and encouraged them to make decisions about their care. We saw staff comfortably use different communication styles and approaches to ensure people understood their options and that staff correctly understood what people wanted.
- People's relatives were appropriately involved in making decisions about their care. A professional told us, "The staff are very proactive in involving the residents' families in their care. They are able to understand the anxieties that the family might have."
- The home encouraged people to participate in decisions about the management of the home. People were asked what they wanted to do and how they wanted to live, and their wishes were acted upon. We could see that people's views had been sought about specific decisions such as the redecoration of the home and the development of the menus. People were appropriately introduced to potential new members of staff and their feedback sought.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services. An advocate is someone who can offer support for people who lack capacity to make specific important decisions. Staff had been trained by an advocacy service to ensure they identified everyone who would benefit from an advocate and made effective referrals to the service.

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

- The provider had committed an exceptional level of resources to the home's lifestyle and activities. There were two dedicated activities staff and an artist-in-residence. A personal trainer visited most days to do group and individual exercise sessions. There were regular musical performances and other entertainments such as visits from children's choirs and pets.
- The activities and entertainments had been tailored to match people's interests. For example, there had recently been visits from opera singers, and from a ballet dancer. A relative said, "[Person] adores the rich programme of opera and singing." There was a baby grand piano in the communal area, used by people and visiting performers.
- People really enjoyed the activities. Activities were a happy, social time and people and staff took part in them together. This meant that staff could support people only when needed in a natural and discreet way, promoting their independence. People told us, "I enjoy the activities, they work very hard" and "There are good activities every day."
- Staff paid particular attention to the social and lifestyle needs of people with dementia. One told us, "We adjust activities to engage people in a meaningful way." Many group and individual activities were designed to promote the wellbeing of people with dementia, such as using music to promote language skills and dance to promote physical ability. Staff used dementia mapping, a formal method of observation, to measure the experience of people with dementia.
- There was an excellent variety of activities and events available, both for people who lived at the home and day members. The schedule for group activities in the week of our inspection included outings to local cafés and shops, art and crafts with the resident artist, dance movement therapy, various types of workouts with the personal trainer, Qi Gong meditation, a tea party, cooking activities, Pancake day celebrations, musical activities, aromatherapy massages, quizzes, poetry, scientific activities to celebrate National Science Day and knitting club. A relative told us, "I am particularly impressed by the variety of activities on offer for the residents. [The activity staff] do a fantastic job and endeavour to include everyone."
- People had regular individual as well as social activities. Individual activities included beauty treatments and relaxing time in the fully accessible spa bath, therapeutic art and music, and excursions related to people's interests, such as trips to galleries, museums, and sporting and cultural events.
- Staff used their knowledge of people to promote their wellbeing. Several people had been highly skilled professionals and staff comfortably engaged people in conversations about their careers. A relative told us, "[Person] has conversations with staff to recall their activities in academic cardiology and research in

echocardiography, in which they were a pioneer in this country."

- People were encouraged to use their skills and participate in the running of the home if they wished. The registered manager told us about a former Mayor who had lived at the home and "been in their element" meeting and greeting people and showing them around the home. One person was particularly skilled at taking new people "under their wing" and making them feel welcome, and enjoyed folding the napkins for the tables in the dining area.
- The home promoted relationships by welcoming families and friends to take part in activities and visit for the regular social occasions. A person told us, "It is friendly and visitors can take part."
- The home enabled communication between people, their relatives and friends using technology. Relatives living abroad told us they were able to communicate with people using video calling, facilitated by staff.

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

- People were cared for by staff who had excellent understanding of their needs and knew their preferences. People's care plans were highly personalised and included the knowledge staff had of the people they cared for. A doctor told us, "Another thing that has been really impressive is that care is so personalised, it's extraordinary."
- People's care plans were reviewed regularly or when their needs changed, ensuring they were always accurate. These reviews involved the person, their relatives or representatives, and staff. The registered manager told us, "We don't just do reviews at a desk, we all get together."
- Care plans and assessments were completed in detail prior to the person moving into the home, enabling as comfortable a transition into living in a care home as possible. During people's initial care planning, their likes and dislikes were particularly noted and used to make them feel extra welcome when they moved in. For example, recently one person had mentioned a favourite ice cream flavour, so staff ensured that particular ice cream was on the menu for dessert the night they moved in.
- There were effective handover meetings between shifts and good records were kept. This meant that staff were always aware of people's current needs and wishes.

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 thoroughly assessed and well documented in line with the AIS. The non-verbal ways people communicated were also noted. The best ways to respond to people when they were in distress were clearly described. A doctor told us, "They pick up on subtle signs and understand people's behaviours."
- Staff were comfortable using different communication methods and styles with people. During their induction, staff were given extra training in communicating with people who have dementia. During the inspection we saw them speaking clearly without shouting at people with hearing loss, and staff used a bilingual picture book and asked clear, yes or no questions for someone who could no longer speak. We saw staff using different levels of formality as they spoke with different people.
- Information was readily available to people in appropriate formats. For example, there was an easy read service user guide and easy read information about the local safeguarding team.

End of life care and support

- People's end of life needs and wishes had been discussed and recorded appropriately. People's advance

wishes, personal beliefs and their religious and cultural preferences had been recorded in detail and any arrangements already in place were noted.

- The service worked closely with other professionals to ensure people's end of life was comfortable, dignified and pain-free. We received very positive feedback from professionals, including, "[The home called] in end of life care consultants for help and support at the right time, which meant that the person's eventual death was as pleasant as it could be."
- The home strived to ensure that people received excellent end of life care. We saw several positive comments from relatives including, 'Your whole team has made all this sad, but inevitable, ending much easier to bear.' The home was working towards accreditation from the Gold Standards Framework. The Gold Standards Framework is a framework to help deliver a gold standard of care for all people as they near the end of their lives. It helps staff to identify the needs of people at each stage of their life, assess their needs, wishes and preferences, and to plan care on that basis, enabling them to live and die well with dignity when they choose.
- Staff had all been trained in end of life care. They told us that they had been or knew they would be supported by their colleagues and the management team if someone they cared for passed away.

Improving care quality in response to complaints or concerns

- The home was receptive to complaints and concerns. People and their relatives told us they felt confident raising any issues. Information about how to complain was readily available.
- Although the number of complaints was low, the home took robust action in response. Detailed records were kept of each complaint and actions taken. There was a 'no blame' culture and a strong emphasis on learning from complaints. Action taken included reflective discussions with staff, and sharing learning at 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 home had an exceptionally well-embedded culture of person-centred care which empowered the people who lived there. Every member of staff was deeply committed to the ethos of providing the best care. Staff told us, "Onwards and upwards is always in our minds." A relative told us, "The staff always go above and beyond. I am constantly in awe of everything they do."
- The hospitality manager and staff were highly skilled and clearly part of the culture of person-centred care. They played a vital role in people's support, promoting their dignity and independence through discreet and caring service. Their presence also enabled the nursing and care staff to eat with people at mealtimes, promoting the family atmosphere and relationships between staff and people.
- The home achieved the best possible outcomes for people, supporting people to regain their independence and dignity in a loving environment. We read and received exceptionally positive feedback from relatives, including a comment which said, '[Person] arrived in a bad state and within two months... was a new person.' We could see from the feedback and people's records that people had regained mobility and skills in self-caring, and were able to pursue their interests and vocations again.
- The home achieved particularly good outcomes for people living with dementia. A doctor told us, "The care provided at Chelsea Court Place is the best I have ever seen for dementia patients." People who had been distressed and exhibited behaviour that could challenge when living in other contexts had thrived at the home.

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

- The management team demonstrated particularly effective leadership. Their dedication, skills and knowledge were exemplary and their general commitment to the best possible care, not just at their own home, was particularly noteworthy. A relative remarked, "What an asset [registered manager] is."
- All staff had an excellent understanding of their role. There was a well-embedded system of daily handovers and other meetings that ensured everyone was aware of their current responsibilities.
- Staff were highly competent and caring and worked well together as a team. Professionals told us, "Everybody here is outstanding in what they have to, they all go above and beyond" and "The inter-staff relationships are remarkable... Staff hold [registered manager] in really high regard, it's actually quite unusual."

- There were robust and well-embedded systems in place to ensure the quality of the home. There were regular audits and reviews by the registered manager of the home's records and procedures. Despite the home's high standards and regulatory compliance, there was still a real culture of ongoing improvement and learning, and a detailed action plan was in place outlining planned improvements and refinements. For example, there was an ongoing programme, working with a university, to further improve the already excellent in-house training and make it available to other services.
- The home further sought to measure its quality against external benchmarks. For example, they had achieved Investors in People accreditation. Investors in People is a standard for people management, offering accreditation to organisations that adhere to the Investors in People Standard. Their report confirmed the home's very effective management and staff engagement. The home had won or been finalists in several categories of different care awards, including the Care Home Awards, National Care Awards, Great British Care Awards and Dementia Care Awards.

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

- The home had effective processes for gathering the views of people and their relatives. This included an annual survey. The most recent results were overwhelmingly positive. There were regular members meetings, family member forums and a suggestions box. Where feedback indicated room for improvement action was taken. We saw that it had been suggested that there could be more structured activities at weekends, so the home had reviewed and changed its weekend offering. At the time of inspection, the weekend schedule included a group session with the personal trainer and other organised activities.
- Staff were exceptionally engaged and involved. They were committed to the provider's ethos of providing outstanding care and were proud of their achievements. They told us, "Everything we do here is the best" and "I really wanted to work here, it was first time I had seen any place like this." Their morale was very high and they felt recognised and rewarded. There was a long-established scheme of awards and bonuses for staff performance and service.
- Due to the high morale and excellent working conditions, staff turnover was very low, ensuring people received continuity of care from staff who understood their needs. They felt privileged to be working at such an exceptional home. Staff told us, "The worst thing about working here is having to leave at the end of my shift" and "Everywhere they were talking about this place." The registered manager told us, "We want to make the staff feel happy and nurtured."
- The home provided knowledge and support for relatives and friends of people living with dementia. A relative told us, "I've learned to understand what dementia is. It's all about the moment."
- The home shared its resources with the community. Day memberships were available, enabling people to take part in the activities, enjoy the food and relax in the spa. The home also worked with other local services such as Age UK to reach out to isolated and vulnerable people in the local area, providing meals and events (with transport) to people, with all costs covered by the provider, including Christmas dinners and presents for a total of 149 people.
- The home freely shared its excellent activities and social resources with other homes. For example, the artist-in-residence was 'donated' to the Royal Hospital Chelsea once a week.

Working in partnership with others

- The service worked exceptionally well with health and care professionals. A doctor told us, "It works very seamlessly... Care and referral pathways are really robust, say if someone needs to see a geriatrician or a neurologist for example."
- The home had worked closely with other professionals to develop their practice in line with the needs of people coming to live at the home. For example, the routine initial assessment by the GP and psychiatrist was in place because when they first moved into the home, many people did not have a formal diagnosis of

dementia, or had not engaged with their own doctors for some time. A doctor told us, "We've been involved from day one... From a medical point of view, I'm very proud of how well it works."

- Every opportunity was taken to share knowledge and best practice with other professionals and services. As well as providing professional development and training for people working in the field, the provider and staff took opportunities to speak to wider audiences about dementia care. This included the registered manager taking part in a Leaders Council podcast, and the executive chef working with Channel 4 to open a pop-up restaurant staffed entirely by people with early-onset dementia.
- Staff communicated very well with relatives, representatives and professionals. A doctor told us, "There are great communication avenues with us and the staff." Several relatives particularly praised the good communication by the home. One said, "I can rest easy knowing they'll tell me everything."
- The home had good relationships with the local community. People and staff regularly visited local cafes, shops and galleries together and had naturally developed relationships with staff and regulars there. The home was working to promote dementia awareness and training in local businesses and services. This would benefit many people in the area who were living with dementia.

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 registered manager understood the duty of candour and her regulatory responsibilities around reporting to the CQC, and had sent any required notifications correctly. We saw that detailed records were kept of concerns and complaints.