

The Royal Masonic Benevolent Institution Care Company

Prince Michael of Kent Court

Inspection report

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Date of inspection visit:
29 August 2018
31 August 2018

Date of publication:
17 December 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Prince Michael of Kent Court 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.

At the last inspection on 23 February 2017 we found the service required Improvement with regard to protecting people from harm and keeping people safe. At this inspection we found that the service had worked extremely hard to improve the safety and welfare of people at the home and now demonstrated excellent outcomes for people.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe and staff knew how to mitigate risks to people's health and wellbeing. Medicines were managed safely and infection control practice adhered to. Safety checks and fire drills were completed appropriately.

People's individual risk assessments in care records had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded when needed.

Staff demonstrated a good understanding of safeguarding procedures and signs of possible abuse. They told us they reported any concerns to senior staff on duty or their manager and they were aware of the whistleblowing procedures if they needed to elevate any concerns externally to local safeguarding authorities.

Staff were very knowledgeable about people and were able to promptly identify changes in people's needs.

Staff and people who lived at the home were knowledgeable in safety protocols and were provided with the opportunity of attending both fire safety and health and safety training to help ensure they were confident and able to maintain their own safety in case of an emergency.

People were looked after by enough staff, who were trained and supported to help meet peoples' individual needs.

Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service.

Staff were recruited through robust procedures which ensured that staff working at the home were of good character and were suitable to work with the people they would be supporting. People who used the service were involved in the recruitment process and gave feedback about the applicants which meant that they were able to engage with staff from very early stages and form important relationships.

People were supported to take their medicines safely by staff who had received training and had their competencies checked. People where they could were encouraged to self-medicate and participate in regular medicine reviews.

People`s consent to the care and support they received was obtained and staff worked within the principles of the Mental Capacity Act 2005 for people who lacked capacity to make certain decisions to ensure that the care and support they received was in their best interest.

People told us and we observed that the service provided a healthy and varied diet and in sufficient amounts to maintain people`s health and well-being.

The environment has been created using imaginative and inspirational ideas with a particular focus on people who were living with dementia, to support and enable them to live safely and with minimal restrictions. All areas of the home had been created to provide a true reflection of people's individual interests. Communal areas were creatively decorated to reflect people's hobbies, past lives and their social interest. The home was maintained to the highest standard.

Staff told us they received regular training and updates to ensure their skills and knowledge remained current in relation to their job responsibilities. Staff were well supported through a range of methods including work based observations, team meetings and individual supervisions.

People told us that staff were flexible and responsive to their needs and preferences. People told us and we observed that the care and support they received met their needs and was personalised to suit each individual. Professionals involved in the service were positive about the service and how it operated.

People were offered a wealth of diverse, creative and stimulating activities both within the home and in the wider local community by a team of activity staff who were highly motivated and passionate about providing opportunities for people to continue to live a full and rewarding life.

The service was very well managed. There was clear and effective leadership at the service with staff having well defined roles and responsibilities. The management was open and transparent and was driven by the wishes of people they supported. The registered manager had introduced numerous innovative systems and processes which helped the service to operate in a very productive way. There were systems in place to monitor and manage the overall quality of the service and this included getting regular feedback from the people who used the service.

People were supported to give feedback through regular meetings and had a representatives to put forward their views. People told us they felt fully consulted and involved in all aspects of the running of their home.

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.

People were safe because the provider and staff had developed and embedded a positive culture to maintain people's safety at all times.

Risks to people's health and well-being were assessed and kept under regular review. Risks were mitigated without placing restrictions on people's lives.

The provider had used technology including CCTV systems to improve safety for people without invading people's privacy.

People were involved in the robust recruitment and selection of staff and there were enough staff to keep people safe at all times.

Staff knew how to safeguard people from potential harm and how to report and elevate any concerns.

People received their medicines in accordance with the prescriber's instructions and where appropriate were supported to manage and administer their own medicines.

Good 

Is the service effective?

The service was very effective.

People received very effective care from staff based on best practice which helped people make decisions about their life and achieve positive outcomes.

Staff were trained effectively to provide the appropriate care and support to people.

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing.

The environment was both innovative and stimulating and provided a home that was full of opportunities for people to enjoy and to live a fulfilling and meaningful life.

Outstanding 

People were supported by staff who understood and worked within the principles of MCA. Best interest decisions were clearly recorded and reviewed regularly.

People were supported to access a range of healthcare professionals to help promote their physical and mental health.

Is the service caring?

Good 

People were cared for by staff who were kind, caring and compassionate.

Staff had developed meaningful and respectful relationships with the people they supported and knew their individual needs very well.

People's choices and rights were both respected and promoted within the home and the wider community.

People were treated with dignity and respect and their privacy was maintained.

Confidentiality was maintained.

Is the service responsive?

Outstanding 

The service was very responsive.

People received care and support that was personalised, met their needs and greatly improved the quality of their life.

People were fully involved in the development and review of their care and support plans to help ensure the support was provided in a way which suited them.

People were encouraged to live their lives in the way they wanted and were involved in innovative, creative and meaningful activities. They were supported and encouraged to pursue a vast range of innovative hobbies that were of interest to them.

People's views and opinions were actively sought. They were listened to and the service improved and changed as a result of their input.

There was a flexible approach by staff which supported people's individuality.

People were encouraged to raise concerns or complaints.

Is the service well-led?

The service was very well led.

People received an excellent standard of care and support because of the 'people first' culture developed in the home.

People were supported by a motivated staff team who were passionate about achieving excellent outcomes for people.

There was an open, transparent and inclusive culture at the home.

Staff were very well supported by the management team and were clear on their roles and responsibilities.

There were robust quality monitoring systems in place to help ensure continual improvements were made and the care people received was constantly at a high standard.

The management and staff team demonstrated a passionate and professional commitment to achieve the best outcomes and lifestyle for the people they supported and shared mutual values.

Outstanding 

Prince Michael of Kent Court

Detailed findings

Background to this inspection

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

This inspection took place on the 29 and 31 August 2018 and was unannounced. The inspection was undertaken by two inspectors and one expert by experience. An expert by experience is a person who has experience in this type of service.

Before the inspection we reviewed all the information we held about the service, including statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit which helped us plan our inspection.

During the inspection we observed how staff supported people who used the service. We spoke with 13 people who used the service, seven staff members, an activity co-coordinator, ancillary staff, the deputy manager and the registered manager. We spoke with relatives of five people who used the service to obtain their feedback on how people were supported to live their lives.

We looked at four people's on-line care records, three recruitment files, training records and other records relating to the overall management of the service, including quality monitoring records and the overall safety of the service.

Is the service safe?

Our findings

At the last inspection carried out in February 2017 we found that people were not always safeguarded against harm due to safeguarding procedures not being implemented. At this inspection we found the registered manager and staff team had worked hard to improve the systems in place to identify and report safeguarding concerns at the home. All staff had received updated training in safeguarding within the past 12 months and a new safeguarding protocol was now in place. All seven staff we spoke with as part of this inspection were able to fully describe the key elements that constitute abuse and were well rehearsed and knowledgeable in the safeguarding procedure to follow in case of an allegations of abuse.

People told us they felt safe living at the home and throughout the inspection we observed staff were very aware of people's safety and wellbeing. One person told us, "Yes, I do feel safe. They're all very nice. I couldn't complain about any one of them. They're all trained." Another person we spoke with told us, "Yes, I do feel safe. I have confidence in the people who work here."

A family member told us, "The staff here are highly professional and I never have to worry about my relative's safety, always have peace of mind." We found that staff had the required skills, knowledge and the ability to recognise when people felt unsafe.

Staff knew how to safeguard people from potential harm. They told us they had attended training on safeguarding people and knew how to identify abuse and report any concerns. Staff training records confirmed staff had regular training updates to ensure their knowledge was up to date. Staff demonstrated a good understanding of the different types of abuse. One staff member told us they would immediately report any concerns to senior staff on duty and were confident that any concerns would be fully investigated by the registered manager. Another staff member told us, "If I ever noticed any unexplained bruising or injury I would report it immediately."

People who had been identified at risk of falls had a discreet 'leaf' emblem attached to their bedroom door which helped ensure that all staff were vigilant and immediately aware of the risks to each person. Guidance included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. Equipment was also used to support people to stay safe for example the use of walking frames. Personal emergency evacuation plans (PEEPS) were in place for staff to follow should there be an emergency.

All appropriate recruitment checks had been completed which ensured fit and proper staff were employed, including a criminal record check (DBS), checks of qualifications, identity and references were obtained.

People told us that there were enough care staff available and that they always attended to them promptly when requested. One person told us, "I have always been able to summon help when I need it; yes, there are always plenty of staff around." Another person said, "Staff are always quick to respond." Another person told us, "Oh yes plenty of staff. I'm quite sure they go around to make sure you're alright. Something goes off if you step out of bed; put a foot on the floor. You don't have to wait long at all." Throughout the inspection we

observed staff had time to spend, chat and socialise with people and also had time to provide one to one support to several people both within the communal areas and within people's own bedrooms.

All staff we spoke with commented that people's personal care needs were always met. One staff member said, "There are between 12 and 13 of us during the day and between 5 and 6 staff during the night time. This means we have time to spend with people, not just meeting their basic needs. I think this is quite rare in care homes from what I hear. I love working here and this is partly because we always have enough staff to do the job properly and professionally, but also because we are a great team."

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

Medicines were administered safely to people. Staff administering medicines had received regular training updates to ensure their practice was up to date and in line with current pharmaceutical guidance and legislation. They administered medicines with patience and gave people an explanation of what they were taking and why. People we spoke to told us they received their medicines on time. One person we spoke with told us, "I have pills in the morning and they stand there to make sure I take them." We saw evidence from a recent report from an external medicine assessor which stated "The receipt, storage, administration and recording are of an extremely high standard at Prince Michael of Kent Court. The manager and staff are well trained and diligent. I would highly commend the staff at Prince Michael of Kent Court for their excellent medicine management."

There was a main medicine storage room plus two medicine trolleys. We found that the electronic system provided a safe and effective system to administer and manage people's medicines. No medicine or recording errors were found. Only the registered manager, deputy or senior staff administered medication and were responsible for stock control and storage. The storage room was clean, tidy and locked. The key was held by the registered manager.

The medicine trolleys were secured to the wall in the locked medicine room of each unit. The trolleys were well organised with morning, midday and evening blister packs in separate sections. Liquid medicines showed date of opening. Residents' regular medicines in tablet form were in blister packs supplied by the pharmacy.

We observed the lunchtime medicine round where each person was asked if they had any pain. We saw non-prescription pain relief medicines were administered to three people. There were no communal homey medicines. For each person there was a personalised indication and frequency for on the electronic medicine system, approved by the GP. MAR charts were electronic which made them easy to interpret and follow.

We were told that if a person needed a medicine outside the normal administration rounds these were recorded on the MAR chart. For example, one person who had Parkinson's required their medicine to be administered five times a day, and timing was critical. We checked this person's medicine administration record and found that this medicine had been administered at the correct times.

Where people self-administered their medicines, we saw there was an up to date risk assessment record held which had assessed the person's mental capacity and their ability to manage their own medicines

safely. We saw that there were also control measures in place; such as access to a lockable storage facility.

Where people had medicines administered covertly [without the person's knowledge] we saw that this was clearly recorded on the MAR chart. Appropriate assessments of the person's capacity had been undertaken and the decision to administer medicines covertly had been made with other professionals in the person's best interests such as the GP. There was also a written protocol for covert medicines. Staff took pharmacy advice on which tablets could be crushed or which needed to be given, for example, in a liquid form. The registered manager told us that the service they received from the pharmacist was very efficient. We saw evidence of regular medicine reviews by the GP on people's files.

MAR charts had the person's date of birth and allergies noted. Standard codes were used, for example if a person refused any of their prescribed medicines.

Medicines that required refrigeration were stored in the fridge. The ambient temperature of the room and the fridge was monitored and recorded daily. There was air conditioning in the medicine storage room for use when needed, which ensured temperatures remained stable and within the recommended storage limits.

We observed the registered manager carry out the lunchtime medicine round to people. This included administering tablets, liquid medicines and eye drops. We were told the district nurse visited the home to administer daily insulin injections to people with diabetes. The records seen evidenced that controlled drugs were always administered by two trained staff members. Controlled medicines were stored in a metal cabinet affixed to the wall and an audit of controlled medicines was carried out weekly by two staff and recorded in a controlled drug record.

People we spoke to told us they receive their medicines on time. One person we spoke with told us "I have pills in the morning and they stand there to make sure I take them."

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

Accidents and incidents were recorded and a log was kept to ensure that relevant authorities such as the local authority and CQC were informed as required. All accidents and incidents were discussed at handover, which meant that staff were aware of everything that happened. Action plans were put in place when needed to prevent recurrence as far as possible. Learning from these incidents was passed to the staff. For example, we saw where a person had a recent fall. Their care plan and risk assessment had been updated and additional equipment and control measures put in place. We also saw that a body map had been completed. The registered manager told us, "It is important we look for any patterns or trends and address them and reduce re-occurrence." A staff member said, "All accidents are discussed at staff meetings and handovers. We are told if there have been any changes to people's care."

Is the service effective?

Our findings

People at the home received exceptional care, based on best practice. One person we spoke with told us, "The way they work, they really know what they're doing. They must be qualified to know what they're doing. I feel confident." A professional who had experience of the service told us, "This provider is top class and provides people with a very high professional service. The standard and quality of accommodation is also extremely high."

People told us the home catered positively for people's different cultural and diverse needs. The registered manager told us they had developed relationships with representatives from various religious denominations and people were supported to follow their faiths and celebrate any holidays or events they wished. This included catering for specialist dietary requirements.

Before people were admitted to the home they were fully assessed by a senior staff member in order to ensure the home could meet their individual needs. Part of the pre-assessment process also involved inviting the prospective person for a day's visit to the home. This gave staff the opportunity to obtain a full and practical assessment on how they would manage living at the home. This also gave people who lived at the home the opportunity to meet and greet the potential new person. We reviewed a completed assessment for one person which included every aspect of care including the person's religious, spiritual and cultural needs.

Prince Michael of Kent Court uses a computer software system to assess and plan the care needs of people who lived at the home. This system supported a person-centred approach which enabled individualised personalised care plans to be developed and delivered to people, and kept under regular review. Each person's care needs were specifically detailed to ensure that staff knew exactly how they needed to be supported. Staff demonstrated they knew people very well, for example they had a good knowledge of people's preferred routines which included where people liked to have their meals, how people would like to spend their leisure time and whether they preferred tea or coffee in the morning. One person said, "The staff know every aspect of my care and that's very important to me."

Care plans were described by staff as easy to follow, fully compliant, risk assessed, personalised, easily evaluated and easy to maintain. The effective use of this electronic systems within the home allowed staff to spend less time on completing paperwork and more time spent with people. Staff confirmed that the management ensured they were maximizing staff potential.

There was a well-developed training programme and was appropriate to the roles staff performed. One staff member we spoke with told us, "The training is very good; including refreshers. I always learn something or get a reminder of something I'd forgotten." Another staff member told us, "I consider the training I had in dementia helped me understand what it's like to live with dementia or the problems of old age, and how I can help people. It was useful." We discovered that part of the training included experiences and demonstrations on how to manage people's incontinence needs and the skills required when assisting people with their meals. Staff told us that this type of training had been invaluable to help them understand

the needs and challenges of caring for vulnerable people. One staff member told us, "Even though the practical training session on incontinence was uncomfortable and slightly embarrassing it gave us a great insight into what it must feel like to be left in a wet pad." The manager told us "All staff irrespective of their designation have an insight on the challenges that people may face on a daily basis. Experiential learning or learning from experience ensures the staff gain genuine knowledge and understanding of how the residents in our home may feel when being assisted with daily living activities. The role of emotion and feelings in learning from experience is an integral part of experiential learning, as we believe that you can only truly know how someone feels when you have 'stepped into their shoes.'"

Staff told us that the training they received also helped them to understand the needs and specific health conditions of the people they supported had. For example, people who had life limiting conditions or Parkinson's. The management team has worked hard to further develop the knowledge and skills of the staff team in understanding and supporting people who lived with dementia. This included the introduction of Dementia Care Mapping. This is a tool used to observe and review how staff support and interact with people during specific times of the day. The information is collated and used to improve and further develop the way in which staff interact with people who live with dementia and to enhance their quality of life. For example a recent observation session had revealed that one person had become far less anxious and more responsive when a staff member entered the room wearing a bright scarf and hat. Staff also observed they were less engaged and responsive when staff were dressed in plain clothes. As a result staff were now encouraged to dress in bright and stimulating coloured clothing with hats, scarves and tactile fabrics, to assist in reducing this person's anxiety. We saw that this approach had a positive impact on the person, as throughout our inspection we saw this person was less anxious and relaxed.

We saw a recent training initiative had been introduced, where people who lived at the home were invited to join specific staff training sessions on subjects where they had a particular interest or where they wanted to gain a further understanding of a subject. We saw a recent training session was held in July 2018 entitled 'Step inside dementia' which was attended by three people who lived at the home. At the end of the training session all three stated that it gave them a better understanding of the everyday challenges, stigma and frustrations people who lived with dementia faced. We saw the all three people pictured proudly, displaying their certificates on one of the communal walls. This meant that the registered manager and staff by providing this initiative gave an opportunity to people who lived at the home to feel both involved and valued but also assisted them in understanding the needs of other people who lived at the home.

We saw details of the training records and found that all staff were up to date with all the required training considered mandatory by the provider. The training provided included face to face training, mentoring, and some e-learning and staff were observed by their managers to assess their competency. Staff told us the face to face training was interactive and gave them an opportunity to ask questions if they weren't sure of anything.

Staff who commenced employment with the service all underwent a thorough induction. They had a range of training topics, delivered face-to-face by a trainer. They then shadowed more experienced staff until they felt confident and were deemed competent to work on their own. All staff spoken with said they had received training appropriate to their roles. One member of staff told us, "I had a thorough induction when I started and it covered all the main areas of the home and the care of the people who live here. It gave the confidence and knowledge I needed to do the best job I can." We spoke with a staff member who had recently started work at the home and they told us, "I did a week's induction when I first started which covered all the main aspects of the training which included first aid, moving and handling, fire, safeguarding and health and safety. I also did some shadow shifts." All the staff who worked at the home held or were working towards obtaining a social care diploma or care certificate. This meant that there was an emphasis

from the registered manager and the provider which ensured staff developed and learned how to deliver care and support to people based on best practice.

Staff were encouraged to develop in the roles of champions in their areas of interest and encouraged to share their knowledge with all the staff working at the home to improve the quality of the care and the life of the people living at Prince Michael of Kent Court. There were safeguarding, end of life, nutrition and hydration, engagement and wellbeing and dementia champions in place. This meant that staff were provided with the necessary skills and knowledge to support people both effectively and safely.

Staff said that staff meetings took place and that supervision was regular. One member of staff commented, "I have supervision on a regular basis from one of the senior staff here." They confirmed that this process is a two-way conversation meeting with the staff member and the senior staff member. Staff had the opportunity to contribute to their performance review as well as looking at their future learning and development needs. A staff member said, "I feel very well supported. The manager is very approachable and one of us." This demonstrated staff comments were valued and supervision was a two-way process.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had good knowledge of the principles of the MCA and gave us examples of how they ensured they applied the MCA principles in their day-to-day work, for example by asking people if it was alright to assist them.

We observed that staff explained to people what they were going to do before supporting people. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They knew how and when to make an application to deprive a person of their liberty, to ensure they were kept safe and we saw documentation was in place to confirm they had followed the correct process.

People's consent was obtained before they were supported by staff. We saw that people had signed various support documents to give their consent to the care they received. This included consent to share documents, for their medicines to be administered by staff and to agree their care and support plans. Staff were aware of how protect people's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well. Where people did not have family members to support them with important decisions we noted that the registered manager took appropriate action to ensure that alternative arrangements were made, for example the use of an advocate or Independent Mental Capacity Assessor [IMCA]. The provider had developed a discreet and effective system which enabled staff to quickly and immediately identify people who had a DNACPR in place by attaching a small yellow symbol to their door.

People were very complementary about the food and meals provided. The home benefited from a chef who had worked at the home for the past 16 years. We discussed the current menus with the chef who

demonstrated an in depth understanding of the individual requirements of people which included diets for people with specific needs, for example, diabetic, low fat or low salt diets.

The main meal was served in the dining room areas of each unit, with breakfasts and suppers served in the breakfast room/café. People told us that they enjoyed the flexibility of mealtimes which meant that dining areas were never overcrowded and noisy. One person told us, "The mealtimes here are a thoroughly enjoyable experience, with lots of laughter and chatting. We can take as long as we want and stay sitting with our friends putting the 'world to rights'."

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. The provider and registered manager told us people were supported with shopping and meal planning where this was assessed as a need. People's weight and fluid intakes were monitored and where concerns were identified these were raised with the registered manager, the GP and where appropriate the community nursing services would also be alerted, Specialist nutritional food supplements were provided when required to support people's nutritional intake.

The main meal was served at lunch time. We saw there was a choice of two main hot dishes with two types of potato and vegetables. Staff told us if the person did not want either choice on the menu, or had particular dietary needs an alternative meal would be provided. We saw one example of this where a person was served a rice-based curry with poppadum's as their dietary choice. The registered manager told us that for people who lived with dementia a pictorial menu choice was offered in order to help people chose a meal they liked. We also observed that staff provided visual prompts to people during the lunchtime meal by holding out both plates with the main choices displayed. We saw that the registered manager and staff had worked hard to implement additional aids and adapted cutlery for people, where necessary.

We saw throughout the inspection that people had access to a range of snacks and drinks in all areas of the home. One person told us, "I like to stay up quite late in the evenings so if I get a bit peckish the staff go off to one of the kitchens and bring me back a few sandwiches and a hot milky drink before I head off to bed."

The service has been designed specifically around people's individual needs and wishes and uses innovative ways to help people to be as independent as possible. Where possible or appropriate, people were encouraged to help with decorating or furnishing the premises. For example, since the last inspection was carried out the home created an interactive area of the home in the form of a 'Street' which had been built within one of the enclosed garden areas of the home. Safety flooring has been laid in order for people to differentiate between the road and the pathways. A set of original traffic lights have been erected as well as an original Victorian post box where people could post letters to their loved ones. There were a range of interactive shop fronts at the end of the street that depicted scenes from the 1950's era which included a post office, a bakery and a general store. There was also a café for people to use during the warmer months. This facility helped people who lived at the home reminisce and encouraged discussions between people about the yester years. This was an opportunity for people to share memories from their past lives. The positive impact this has had on the people who lived at the home was seen throughout the inspection. For example we saw one person enjoying a shopping trip with a staff member where the person relayed the conversation they had with the grocer where they had purchased some vegetables. This experience clearly gave this person great joy and comfort.

The communal areas of the home all depicted a variety of different themes and colour schemes; a wealth of creative visual displays of a range of trips taken outside of the home; celebrations of birthdays, festivals and a variety of entertainment that had been provided to people. The attention to detail throughout the home was exemplary and in particular supporting people who lived with dementia.

The units where people who live with dementia have been created to provide an area where people could feel safe and access all areas without restriction. The registered manager, staff team and the Association of Friends created areas in each unit, where people could truly interact with their environment. For example, in one unit an interactive wall that had been created using scented flowers and a selection of bird songs that played for people to enjoy. People could also touch and feel the different textures of the walls. In another area of the home there was a display of original army, navy and air force uniforms. There was also a collection of memorabilia which included ration tins, naval caps and military compasses for people who had been in the army or had memories about those times could easily remember and reminisce about it. During our visit we observed several people approach this wall of remembrance and touch the items displayed. In particular we saw one person had become anxious and disorientated. We saw a staff member take them by the hand and gently guided them along this corridor and encouraged them to touch the uniforms and invite them to talk about the time when their family member was in the air force. We saw that this interaction and support helped reduce the person's anxiety and clearly had a calming effect on the person's mood.

We saw another person who lived at the home who we were told had limited speech, saw the naval uniform displayed, stopped and touched the jacket and kissed it said " My [name] was in the navy". This clearly demonstrated the introduction of this interactive wall had provided a wealth of comfort and reassurance to people who lived with dementia. The registered manager told us that this wall had not been created to evoke painful memories of wars or conflicts (which may cause distress) but for people to share their stories of comradeship and togetherness that these times inevitably created and also to encourage conversations between people. This was further evidenced by one person who visited the wall to gain comfort in touching, kissing and stroking one of the uniforms of their relative who served in the armed forces. Another person enjoyed conversing with staff and other people who lived at the home about the period when they were a fighter pilot in the air force.

A third wall had been devoted to the Freemasonry. Prince Michael of Kent Court is a home for Freemasons and their relatives and this wall gave people an opportunity to connect with their cultural past and maintained a connection and an identity of people who were very proud of this. The display also housed a life size mannequin in full regalia which included gloves and medals. We were told that some people who lived at the home have donated their own memorabilia for this display.

The home has also just been presented by The Royal Masonic Benevolent Institution with a prestigious award for providing the most 'person centred environment in recognition for their outstanding commitment to supporting people who lived with dementia.

People were supported to access a range of healthcare professionals to help promote their physical and mental health. People`s support plans provided evidence that people who used the service had accessed a range of health care professionals such as GP's, psychologists, occupational therapists, dentists, and opticians. People were supported to attend hospital appointments when necessary. This helped to maintain an overview of the health and wellbeing of people living in the home.

Is the service caring?

Our findings

The service was kind and caring. People told us, "This is such a caring and loving place, everyone is kind and listens, and they are respectful and truly special." Another person we spoke with was extremely complimentary about the service provided. Comments included, "They are all very kind, very caring. I think it's great when staff enjoy caring and looking after people who are less able than themselves." Another person told us, "Staff talk to us as equals and with huge respect and compassion. We laugh a lot, which is even nicer. People are good, nice, and friendly. I've never had any problems with any member of staff." Further positive comments were provided such as "I cannot recommend Prince Michael of Kent Court highly enough, it is a care home in every sense of the word. All the staff are prepared to go the extra mile for the residents in their care." "Another relative told us 'We were apprehensive about our [family member] going into a home, but Prince Michael of Kent Court has been a wonderful experience for us, seeing our [family] happy and well cared for."

People told us that all the staff and management who worked at the service were exceptionally kind caring and supportive and they received excellent quality care. Staff had developed meaningful and respectful relationships with the people they supported and knew their individual needs and routines very well.

The registered manager and staff had a very effective system which ensured there was a person-centred approach in every aspect of the care provided to people. For example, one person who lives with dementia was anxious about moving into the home. We saw from their plan of care that they had previously had a career in running a children's nursery and still believed this was their role in later life. The registered manager and staff used this information effectively to plan a comprehensive transition programme that would help alleviate their anxiety and recognise their passion and life history for looking after children. They also purchased several items of nursery equipment which included a 'silver cross' pram, a cot a high chair and several dolls for the person care for. The electronic care plan detailed how staff should assist this person with caring for these "babies" with regard to personal care, sleeping and meal times. The care-plan also described how the person liked to settle the babies in a cot which is placed next to their own bed. We saw the laundry staff washed the babies' clothes and left them in a pile in the person to be put away or for them to change the clothes that the babies were wearing. This detailed and interactive care plan ensured the person had full control of all aspects of their care. This demonstrated the registered manager and staff had created and implemented care plans that truly recognise people's past lives, professions and their passions and have worked hard to maintain people's independence and fully promote their well-being and self-worth.

We found the care plans had been endorsed by the person themselves or if they were unable to do this, a relative or friend had signed on their behalf. One professional we spoke with told us "People at this home receive care and support that is focused on providing person-centred care and it achieves exceptional results."

We saw that the registered manager and staff actively encouraged people to have their say on how the service was managed and run. Another initiative was that people who lived at the home were invited to be involved

in the recruitment process for potential new staff members which helped ensure that prospective staff possessed the right qualities to care for them. People who lived at the service told us they enjoyed this opportunity and felt valued to have this experience. One person we spoke with told us "We get the chance to meet people who would like to come and work here, I think this is very important as we are at the heart of the home."

There were photographs of the staff team on display in the main reception area of the home which meant that visitors and relatives were able to identify the staff on duty. Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home. One person told us, "I have lived here for some years now and have always felt that this was my home. I have seen carers give people hugs and reassurance when they have become a little upset or unsettled, which is lovely. Yes, this place is top notch!"

People's choices and rights were both respected and promoted within the home and the wider community. During our inspection we saw that people were treated with dignity and respect and their privacy was maintained at all times. For example, we saw one person who had become slightly disorientated which had caused them to become stressed and unsettled. We saw the staff member spoke to the person in a gently and compassionate manner, lowering themselves down to the person's own level and speaking in a calm and relaxed manner, which in turn calmed the person and supported them to return to the lounge, to enjoy afternoon tea.

The registered manager and staff team worked to a set of shared values to achieve excellent outcomes for people. They worked in partnership with people and shared an ethos which was to encourage and support people to live their lives as they wished. Both the management team and staff were clear that they put the needs and wishes of people before anything else and their role was to support people to maintain their independence and be in control of their lives.

We found that kindness and compassion were values which translated in all the staff's behaviours and actions. Regardless of their job roles or responsibilities all the staff working in Prince Michael of Kent Court had people's best interest at heart. For example, one person who was approaching a 'milestone' birthday was asked if they had a special wish that they wanted to experience as part of their celebration. They expressed a wish to visit an animal zoo. The home promptly organised for this person to spend the whole day out with a member of staff, and only arriving back at the home when the zoo had closed. Their feedback on their exciting day out was, "I never wanted this day to end. If I die tomorrow I will die happy." This act of kindness demonstrated how the registered manager and staff consider the individual needs and aspiration of each person who lived at the home, paramount to their wellbeing.

Staff worked in partnership with healthcare professionals to ensure a holistic approach towards people's care. People's spiritual and cultural needs were taken into account and people were supported to continue to follow any beliefs they had. People were actively encouraged to maintain their relationships with family and friends and they were able to see visitors whenever they wished.

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

The service had appropriate plans and procedures in place to support and care for people at the end of their life. Staff had received training in supporting people with their end of life needs to help people have a dignified, pain free end of life care pathway. Families were welcomed and accommodated during people's final days of life as part of end of life care. Families were cared for and supported by the registered manager

and staff throughout this difficult time.

People's right to privacy and dignity was respected. We observed that staff were respectful, and friendly, but maintained professional boundaries at all times. People were addressed by their preferred names and staff interacted with them offering support and encouragement when it was needed. People appeared comfortable and relaxed with the staff who supported them.

Staff told us they really enjoyed working at the service. They knew the people who lived at the home very well and had developed positive caring relationships with each of them. One staff member told us, "I have worked here for many years and it`s always a joy and never a burden. The people that I look after and work with are second to none and I would ever want to work anywhere else.

Is the service responsive?

Our findings

People who lived at Prince Michael of Kent Court experienced a level of support that was exceptionally high and diverse which meant that everyone at the home lived very full and meaningful lives. People told us that staff treated them as individuals and were flexible in meeting their changing needs. People told us that staff had an excellent understanding of their cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, treatment and support. For example, in relation to people's dietary needs and when people observed specific religious events and their individual, social interests and aspirational wishes.

A professional involved with the service told us, "This service is one that I rate very highly and they would have no hesitation in placing any client there."

Care and support was planned proactively in partnership with individuals. For example, before anyone came to live at Prince Michael of Kent Court the registered manager or deputy manager would meet them to get a full understanding of their needs, wishes and preferences. People and their relatives were also able to visit the home to enable them to look around so they could decide if the home was right for them. This meant that the management and staff understood how important it was to give people the opportunity to take the decision to move into the home over a period of time and visit the home to experience what it was really like to live there.

The registered manager introduced a new initiative following some recently published research which assists people who live with dementia differentiate between daytime and night time by waking night care staff wearing nightwear. The registered manager reported that this had resulted in a calming and positive effect on people's mood and in turn had reduced people's level of anxiety.

Prince Michael of Kent Court is a home which cares for older Freemasons and their family members. The people who lived at the home were also supported by the 'Association of Friends' who were a permanent source of fundraising support. The Association continued to contribute greatly to the welfare and experiences of the people who lived at the home. Recent projects have included the creation of the new 'Street' within one of the garden areas; an existing bathroom has been transformed into a sensory bathroom with interactive lights, a spa bath, Bluetooth to enable music of people's choice to be played whilst in the bath and a scenic mural of the city of London for people to enjoy.

The garden area of another unit has been renovated and extended to now provide two separate areas for people to enjoy in the warmer months. This area has been created using colour schemes and textures which have been carefully researched and were sympathetic to the needs of people living with dementia. This was created to provide an outside area where people were free to use independently and safely. There was also an area within this garden where people had access to reminiscence games and leisure activities. The registered manager told us that this area had, "Transformed the lives of people who live with dementia by giving them the space and freedom to move freely and safely within this large garden area." For example one person found taking part in organised activities difficult due to their level of concentration and due to

their limited cognitive ability. However, staff recognised this and offered the person an opportunity to go out into the garden to take part in one of the outdoor garden activities with a member of staff. We saw that this person gained immense enjoyment and pleasure from playing a game of badminton, using an oversized badminton racquet. We were told that this person continues to enjoy this activity throughout the summer months.

The manager told us they had developed relationships with representatives from various religious denominations and people were supported to follow their faiths and celebrate any holidays or events they wished. We saw that the home provided weekly religious services from a variety of denominations.

We looked at the support plans of three people and found that a detailed and comprehensive assessment of all needs had been undertaken before people came to live at the home. People were each assigned their own keyworker who worked closely and in partnership with the people they were supporting. Support plans were centred on people's individual needs, preferences and goals. Supporting documentation was completed and included such information as; preferred priorities for care, essential support, active goals, strengths and positive or negative factors affecting people's quality of life. The emphasis was very much on people being fully involved in their plan of care and how staff would assist them to meet their individual needs and aspirations. Because records were electronic staff and people had free and immediate access to these and were aware of any changes occurring in a timely way.

People's end of life care wishes had been discussed to help ensure they had a comfortable, dignified and pain-free death. Staff had specialist training and spoke compassionately about how they supported people at the end of their lives and ensured they knew in advance, what people's wishes were. One staff member told us, "We care passionately about both the person who we care for but also their family members and friends and fully understand that this is a time of sadness and compassion. We try and make the persons' last days one of peace and respect." The deputy manager provided some recent photographs of a person who was nearing the end of their life and had always loved enjoying seeing and holding small animals. The home proceeded to arrange for a small animal zoo to visit the person which abled them to hold and stroke these animals which clearly gave this person immense comfort and solace.

People who lived at Prince Michael of Kent Court were offered and provided with a diverse, meaningful and varied range of activities both within the home and outside in the local community. There were currently three activity workers who provided both group activities and 1:1 activities for people who were being cared for in bed or who preferred not to be part of a group sessions. We saw from people's care plans that activity programme had been linked to people's personal interests and hobbies. For example, one person who had previously had a career in higher education enjoyed testing their intellect by regular games of scrabble. However, they had found it hard to find a suitable opponent. The staff recognised this and therefore asked the registered manager to take part in a regular game of scrabble every Friday afternoon with this person. We saw that this activity had provided hours of enjoyment and contributed significantly to their well-being.

Regular activities included carpet bowls, film afternoons, exercise and sing along sessions, giant scrabble, flower arranging and 'nails and a natter' sessions. People could also choose to join regular outings to local places of interest, garden centres and trips to the seaside during the summer months. There was a bar in the main lounge with a good range of drinks available and a clear price list on the bar for people to access anytime. The registered manager and staff have worked hard to recreate the experience of a trip to the hairdressers that people would have experienced in the 1950's by creating two "Pamper parlours" which had reproduction standalone hairdryers and traditional sink units for people to enjoy. During our inspection we saw several people visiting the hairdresser and pamper parlour. One person told us "It makes you feel alive again, just like when I used to meet up with the girls at the hairdressers in the town for a natter and hairdo,

it's another thing that they do here which makes you feel special and know that these things are important to us."

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Prince Michael of Kent Court. The most recent meeting held was in April 2018 where topics including the current menus were discussed. As a result of this feedback new suppertime menus had been introduced and a system implemented to continually monitor people's feedback on the standard of meals provided. We saw that the registered manager had recorded the points raised by people and the agreed action plan. One person told us "We are consulted all the time; the manager comes to see us all every day and we can bring any issues up with [name] then. I also join the resident meetings as it's a chance to have a chat and catch up with others and find out what is going on." A relative told us that "The communication and involvement here is truly inclusive and we are also kept up to date with any changes or future plans for the place. I couldn't be happier with my relative's life here. The main reason they have reached to this dear old age is because of the excellent care they receive from the staff."

The registered manager and staff had recently introduced a new initiative that helped people realise a wish or a dream that they have always wanted to fulfil. This was displayed in the form of a 'Rainbow Wall' in one of the main corridors of the home where people attached stars to the rainbow of their personal wish. We saw one wish had already been achieved and the registered manager told us that they aimed to realise at least one person's wish every two months. We saw that one person's wish was to go and re-visit a stretch of the grand union canal and to take some wildlife photographs. They told us "I can't put into words what today has meant to me, I never thought I would get to do that again." We saw that this trip has now been included in their regular activity programme.

A 'Seasonal Cart' had been created within one of the main corridors of the home which was used to display a range of seasonal celebrations for people to enjoy. A recent showcase seen was to celebrate the World cup in June 2018 where the cart was decorated in flags and banners and Wimbledon in July 2018. There were also photographs displayed of people celebrating Harvest festival. This initiative helped people feel part of a wider community as well as prompting discussions with people at the home of bygone years and reminiscence.

People had access to a range of computers for their personal use in one of the main lounge areas where they had e-mail facilities and have free access to look up items of interest. For example, we saw photographs of people gathered round the computer researching and looking up places of interest to visit as part of the outdoor activity sessions that are provided. We saw there was also a well-stocked library for people to help themselves to a range of books and DVD's whenever they wished.

We also saw an example of where staff had used technology to help reduce a person's anxiety which was increased due to English not being their first language. During these periods of anxiety staff used these computers to reminisce, watch films and sing along to songs in the person's native language. We saw this had a positive effect on the person and that the technology had enhanced their well-being, emotionally, religiously and holistically.

We saw that there were several communal areas available where people had the opportunity to sit and chat with their friends and relatives. The atmosphere of the home was both welcoming and homely, with a steady flow of visitors coming in to meet their relatives and friends. Several people approached us during our inspection to provide very positive comments about the service provided to their family member. For example, one person told us "This place is beyond wonderful, the staff are like angels." Another relative told

us "The place provides a home that is outstanding in every way, there is nothing I could say that would make it anything but perfect." We also saw that people were able to enjoy a walk in the grounds of the home where the pathways had been adapted to allow wheelchair access throughout.

People were encouraged and supported to share feedback and to raise concerns if they had any. We saw the complaints policy was displayed prominently to remind people of the process for making a complaint. People told us they knew how to make a complaint. This demonstrated that people's views were respected and things changed as a result of their feedback. We saw that complaints were recorded, investigated and responded to in line with the providers complaints policy. Compliments were also recorded.

Is the service well-led?

Our findings

The service was very well led. A positive culture was evident at the service where people came first and staff knew and respected that it was their home. A professional told us "I have complete confidence and trust in the management team at this home. They manager promotes a culture of openness and ensures people receive a very high standard of care."

We saw the registered manager actively promoted an open-door culture within the home which helped give people the opportunity to address any concerns or issues they may have and to resolve these at the earliest possible stage. During our inspection we observed a steady flow of visitors and people who lived at the home call into the office to either pass the time of day with the managers or to discuss forthcoming social events. We asked one relative who had called into the office to discuss arrangements for their family members 'milestone' birthday party, 'What was the secret to the person's longevity of life?' They told us "It's this place, the care [name] receives is excellent and I have nothing but praise and admiration for all the staff and everyone connected to this home." Another person who lived at the home told us "Things get sorted out here because the hierarchy (manager and deputy) are both accessible. Doors open, chat, you can talk to them. They are open in their views." One person who lived at the home told us "This manager is here for us, they fight our corner if we need anything and always have our best interests at heart."

The registered manager and staff team had consistently developed the service around the people they supported. The registered manager told us, "I believe everyone living at Prince Michael Of Kent Court deserve the very best care from the very best staff that I can provide. I consider we offer and provide a service that is rich and diverse with a particular focus on people who live with dementia."

People were supported by a motivated staff team who were passionate about achieving excellent outcomes for people. Staff were well supported by the management team and were clear on their roles and responsibilities. The registered manager and all staff adhered to the provider`s work ethics and set of values. For example we saw 'mood boards' had been created and were displayed throughout the home that reflected these principles, with statements such as 'Kind means someone to listen and help you, being warm-hearted and sympathetic, to be treated like a member of the family and having a considerate and generous attitude.'

Staff told us that the registered manager and senior team were always very approachable and gave them opportunities to further develop their skills and knowledge through enrolling them on external professional courses, when possible. One staff member told us "The manager here is one of the best, they are always on hand if we have a problem or we are worried about someone." Another staff member told us "The managers are very passionate about the people who live here but also the staff are treated with respect and we feel valued, that's what makes it a happy and fulfilling place to work." We have so many opportunities to sign up for any additional training that we may have a particular interest in, for me that's dementia care." A staff member we spoke with told us "I love it here. I've seen a lot of changes; all for the better. We get regular supervisions and appraisals. Training is done in house.

The registered manager and staff worked in partnership with other organisations to ensure they followed best practice. In particular the home works hard to implement the most up to date and creative initiatives from organisations such as The Alzheimer's society to further enhance the lives of people who live with dementia. Examples of how the registered manager and staff have successfully achieved this can be seen throughout the service.

Staff were also encouraged and empowered to put forward their opinions through a range of forums which include staff meetings and bi-annual staff surgeries which are held at the home by the regional manager and human resources. A monthly staff recognition initiative known as the OSKARS. (Outstanding Service Kindness and Respect) has been introduced in order to recognise staff who have exceed expectations and continually demonstrate the home's values and philosophies. These rewards include gift vouchers, flowers and chocolates. The organisation also conducts a staff forum which is bi-annually. The registered manager and two staff members attend this forum which provides an opportunity for staff to promote their views, ideas, to take ownership and suggestions to improve the current service provided at the home. We saw the home received an internal award for the most engaged staff team within the Organisation from the most recent staff engagement survey.

All staff had access to a wellbeing programme which provides them with a number of core benefits, which include health and wellbeing information, and an assistance programme which provides confidential telephone counselling and legal advice. One staff member told us "I feel very well supported here, by both the managers and other members of the staff team. I have used the counselling service in the past and found it very useful, this is one of the reasons staff stay here, it's for the support, recognition and appreciation of what we do that makes this place a special place to work in and the people who live here of course."

The service encourages relatives, families and friends to feel part of the running of the home through service user and relative's meetings, social events and feedback forms. A recent independent annual survey of both people who lived at the home and relatives indicated that 97% of the people said they were happy living at Prince Michael of Kent Court. This was an increase of 5% from the previous year. In addition, 100% of people at the home said that they were very satisfied with the overall standard of care at the Home.

We saw that the registered manager had implemented a new initiative entitled 'You said we did' document to inform residents and their relatives of actions that were taken as a result of the survey. We saw that this information was displayed on the notice boards throughout the home.

Information technology systems were used to monitor and improve the quality of care but they had also been used to enhance the lives of people who live at the home, by the introduction of iPads in order to skype or FaceTime their relatives and friends. For example, one person who lives with dementia was supported to maintain regular contact with their family member who lives in abroad and who is only able to visit their relative, in the service once a year. Staff supported this person to use information technology to keep in regular contact with their family member. This provided great comfort and reassurance to the person in being able to maintain regular communication and share their experiences and their news.

We were told that the next initiative to be introduced to people is a 'Virtual reality experience' where people who live with dementia can re-visit past experiences and interests through physical visual stimulus which recreate a range of nostalgic scenes for people to enjoy. For example, people can choose from a range of experiences from spending time on Brighton beach in the 1970s, to finding themselves in a 1950s tearoom.

The service continually works with key organisations which include local authorities and commissioning

teams, safeguarding teams and CCG's collaborating to further improve the service to people who live at the home. For example the service participated in the 'Red bag' initiative which relates to the integrated pathway and was introduced and used within the home. Its aim was to support care homes, ambulance services and the local hospital. The red bag was used to transfer standardised paperwork, medication and personal belongings and stayed with the person throughout their hospital admission and was also returned to the home with the person.

The paperwork ensured everyone involved in this person's care would have the necessary information about their general health, baseline information, current concerns, social information and medicines'. The registered manager found that this initiative had worked well for the individual person, providing consistency and safer transfers for people.

The registered manager and staff also work closely with food first who audit and monitor people who are at risk of malnutrition in collaboration with the SALT (speech and language and language team). They are a member of National Care Forum which enables the service to receive regular information updates from this resource, with regard to new care initiatives and opportunities to further develop the service.

Quality monitoring was integral at Prince Michael of Kent Court and all staff were aware of risks that might compromise the quality of the service provided. We saw that quarterly compliance audits were undertaken which included thematic audits which were conducted by the quality and compliance team as well as weekly medicine audits, infection control audits, health and safety audits, menu and catering audits, activity audits and care plan audits. The registered manager also had a range of systems in place to review and monitor the daily care records of people which reviewed trends and patterns that related to the monitoring of falls. There had been a new electronic system installed to provide continuous monitoring of the call bell system that automatically alerted staff when a person activated their call bell and when staff entered and left the room. This had proven very effective in the monitoring and reduction of falls and incidents.

There was also a 'Post incident' system' in place that involved reflective learning sessions and debriefing provided to staff which involved constructive and motivational feedback to ensure that all staff members are aware of what actions to take to avoid and prevent any reoccurrence of these incidents.

The service also has appointed and trained staff to become 'Champions' in infection control, medicines, nutrition and dementia to further improve and develop staff's knowledge in these specialist areas and to help improve the quality of people's lives.

Everyone who is employed at Prince Michael of Kent Court radiates compassion, professionalism and innovation and throughout this inspection we observed many examples of this from decorating the medicine trolley's and people's walking frames to make them less intrusive and obvious to creating a home that is both safe, stimulating and creative for people who live with dementia.

The management and staff team demonstrated an overwhelming commitment to achieve the best outcomes and lifestyles for the people they supported and shared mutual values. The registered manager told us, "We have worked extremely hard since the last inspection, listening to what people who live here tell us. For example, Improvements to the current menus from feedback received at the meeting held in April 2018 and also, we have further enhanced the environment to assist people who live with dementia.

We saw that the registered manager had worked hard to develop strong links with the local community. The registered manager was approached by the Prince's Trust. This initiative involved creating a joint activity programme within the service for young people to take part in activities with people, for example decorating the home for Christmas. There were also weekly coffee mornings held, run by the Association of

Friends and volunteers. Quarterly quiz evenings are also held, both functions are attended by residents, staff, family, friends and members of the local community. Prince Michael of Kent Court actively participates in the annual Care Home Open day scheme.

The registered manager informed CQC of significant events in a timely way and was consistently responsive when communicating with CQC and other stakeholders.