

Royal Hospital Chelsea

Margaret Thatcher Infirmary



Inspection report

Royal Hospital Road
Chelsea
London
SW3 4SR

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12 June 2019
13 June 2019

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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

The Margaret Thatcher Infirmary provides accommodation for up to 68 people who require nursing or personal care within the Royal Hospital Chelsea, the home of the Chelsea Pensioners. At the time of our inspection 58 people were living in the infirmary. The organisation also provided personal care to approximately 30 people who were living in the Royal Hospital Chelsea, known as the long wards. This was through their domiciliary care service. People who use the service are known as 'pensioners' and they usually move into the Royal Hospital Chelsea onto the long wards. Pensioners could then progress to the three wards within the infirmary if they are assessed to need more care due to frailty and healthcare needs. One of the wards specialises in providing care to people living with dementia.

People's experience of using this service

People and their relatives were extremely positive about the caring and compassionate nature of the staff that supported them. One relative said, "The staff are wonderful and go over and above what I would have expected. They have built up a wonderful rapport with all the pensioners."

People praised the support they received from their Captains of Invalids. They were responsible for people's social welfare and wellbeing and people respected and trusted them due to a shared experience of military life.

People benefitted from an excellent variety of activities, events and trips out that were available to reduce social isolation, give meaning and purpose and enhance their wellbeing. People had an overwhelming sense of pride representing the Chelsea Pensioners.

The provider was externally recognised as providing outstanding care at the end of people's lives. Relatives praised the care and support both they and their family members received at this sensitive and emotional time.

People had access to an on-site medical centre and GP, including a range of health and social care professionals. This ensured people received effective care and immediate referrals if their health deteriorated and also to help manage any long term health conditions.

People were cared for by dedicated and passionate staff who felt appreciated and privileged to support people who had served their country. Staff spoke positively about the working environment and the support they received to help provide high standards of care. One staff member said, "This is our own village in Chelsea and is a wonderful community. Listening to the stories of the pensioners is the best thing about working here."

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible. The policies and systems in the service supported this practice.

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 inspection was Outstanding (published 29 November 2016).

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 

Margaret Thatcher Infirmary

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This consisted of five inspectors and two specialist professional advisors. One was a GP and the other a senior nurse practitioner. It also included 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

Margaret Thatcher Infirmary is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The provider also offered a domiciliary care service to people who lived at the Royal Hospital Chelsea if they were assessed as needing minimal support with personal care.

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 any significant incidents that occurred at the service. 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 27 people who used the service and five relatives about their experience of the care provided. We spoke with 30 members of staff. This included the registered manager (also known as matron), the health and wellbeing director, the GP, the medical centre practice manager, two senior staff nurses, three registered nurses, two senior care assistants, ten care assistants, a human resources advisor, the activities and volunteer coordinator, an activities coordinator, the art therapist, the music therapist, a chef, two Captains of Invalids and the chaplain. We also spoke with four volunteers.

We reviewed a range of records. This included 18 people's care records, nine staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included incidents and accidents and a range of team and management meetings.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

- Robust safeguarding policies were in place and staff received annual safeguarding training to ensure they were knowledgeable about the signs to look out for of any suspected abuse. Staff were aware of their safeguarding responsibilities and were confident any concerns would be followed up.
- Safeguarding information and guidance was displayed across the service and within the nursing offices. The provider had a safeguarding board and discussed any concerns at quarterly meetings.
- People told us they felt safe living in the service. Comments included, "There's absolutely nothing to worry about. It is the safest I have ever felt" and "I moved here as I was worried about crime outside. I can relax here."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and risk assessments were reviewed regularly to meet any changing needs. There was detailed guidance on how to deal with a range of health conditions and behaviours to ensure people were supported safely.
- The provider had installed sensors in people's rooms to detect any movement if they were at risk of falls. Management plans and pressure relieving mattresses were in place when people had been assessed to be at high risk of developing pressure ulcers.
- Staff we spoke with had a good understanding of people's health conditions and could explain how they managed any risks. One care assistant said, "Different people have different levels of monitoring. All health conditions and risks are in their care plan and we always discuss them."
- People told us they felt reassured with all the support they received from staff. One person said, "They do check up on us all the time. We have pendants to wear if we are unwell or have a fall."

Staffing and recruitment

- Sufficient levels of staff were deployed across the service to ensure people's needs were met. Staffing levels were consistent with what we were told and saw throughout the inspection. The provider used a 'floating' staff member across different wards to help cover breaks and if extra support was needed.
- Where people received a domiciliary care service, the team leader had daily allocation lists in place which gave staff an overview of the support required.
- People were positive about the number of staff that supported them. Comments included, "There is plenty of staff and they check up on us all the time. If you press your alarm, they come straight away, sometimes even two of them" and "It is no different during the week or the weekend. There are always staff around."
- The provider had robust policies in place and followed safe recruitment procedures to ensure staff were suitable to work with people who used the service. Appropriate background checks for staff had been

completed and there was evidence of photographic proof of identity, right to work documents and suitable references, which had been verified over the phone.

Using medicines safely

- There were robust policies in place to ensure people received their medicines safely. Medicines rounds observed showed that staff were aware of procedures to follow and worked in line with best practice.
- There were systems to dispose of medicines that were unused or had expired and staff followed safe procedures when administering controlled drugs and medicines needed 'as and when required.'
- Staff completed accurate medicine administration records (MARs) when they supported people, which were checked by senior nurses. Staff received appropriate training and had their competency assessed before supporting people.
- People and their relatives were confident with the support they received. One person said, "The staff are attentive and make sure that I have my tablets. They really wait on you here."

Preventing and controlling infection

- The provider ensured infection control policies were followed to keep people and the staff team safe. Detailed infection control audits were carried out across the service and any issues highlighted had been followed up.
- Care plans documented any infection control risks and the need for personal protective equipment (PPE) to be used, which we observed staff wearing throughout the inspection.
- A dedicated housekeeping team ensured the service was kept clean and free from odours and hazards. One person said, "The place is spotless and everything is kept so clean."
- Sluice rooms were kept locked when not in use and there were posters displayed reminding people, staff and visitors about safe infection control practices. Anti-bacterial hand gel was available at numerous points throughout the service.

Learning lessons when things go wrong

- There were procedures in place for the reporting of incidents, accidents and errors across the service. Incident forms were completed and then reviewed by a senior staff nurse or the registered manager.
- Incidents were discussed and learning was shared across the staff team and in senior management meetings. Medicines incidents were analysed with an overview, outcome and learning discussed.
- Staff felt there was a supportive culture if they reported any errors or mistakes. One senior care assistant said, "I was very well supported when I made an error. We talked about it, what went wrong, reviewed procedures and then had a reassessment."

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

- People had access to a vast range of healthcare services on-site to help manage their health and wellbeing. There was a medical centre where people could see the GP the same day if needed. One person said, "It's better in here than on the outside. We don't have to wait."
- There was an in-house occupational therapy and physiotherapy team with access to a hydrotherapy pool and gym. There were visiting audiologists, podiatrists, urologists, dentists and psychiatrists. The medical centre also ran diabetic, asthma, stroke awareness and stop smoking clinics.
- We observed daily handovers across different wards and saw people's health conditions were discussed and if they were scheduled for any medical appointments. Where any changes were seen overnight, GP referrals had been made for the morning. One relative said, "As their condition deteriorated they have adapted their care at every step and we have been kept updated."
- There were monthly multi-disciplinary team meetings involving staff nurses, the physiotherapist, the occupational therapist and other healthcare professionals. People's health conditions were discussed and we saw referrals for intervention and support had been made when required.
- People told us how access to these services had an incredibly positive impact on their health and wellbeing. One person said, "The physios have kept me going after my operations and you get care and love along with your exercises. It is wonderful here." We also saw there had been excellent patient feedback from the survey within the GP practice.

Staff support: induction, training, skills and experience

- People were supported by staff who completed an induction and training programme, being reviewed every 10 weeks during a 12 month probation period. The training programme was focused around the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Mandatory training also covered fire safety, emergency procedures and basic life support.
- Staff had also accessed a specialist dementia training course with Bucks New University. This was a three day programme which simulated the experiences of dementia and aimed for staff to develop further knowledge and skills to support people living with dementia. One care assistant said, "It was amazing and the best training I have ever had. It has really helped and made sure we are all doing the right thing." Observations during the inspection showed staff had an excellent understanding of supporting people when they became distressed or agitated.
- People told us they felt staff were well trained and knew how to meet their needs. Comments included,

"There is nobody here who cannot do their job" and "I consider myself very lucky to be here. The care and attention of the staff is first class."

- Staff supervisions were carried out quarterly and were used to review previous actions, discuss performance, learning and development and workplace issues. Supervisions included an observation of how someone had interacted with a person and sought their feedback about how they felt they were being supported. All staff praised the amount of support they received and were positive about the training they received.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider followed best practice in how they recorded people's consent to the care and treatment they received. Mental capacity and best interests assessments had been considered and put in place where people lacked capacity.
- Senior staff responsible for DoLS applications were knowledgeable about the processes to be followed to ensure they were in line with legislation. Detailed assessments were in place, which explained why a DoLS had been applied for, when it was authorised and when it was due to expire.
- Staff liaised with the relevant health and social care professionals when applications were made to deprive people of their liberty and sent monthly monitoring reports to the authorising body. The related assessments and decisions had been properly taken to ensure that people's rights were protected.
- Staff completed MCA and DoLS training and the five key principles of the MCA were regularly discussed with staff and displayed within staff offices. A senior staff nurse had developed an easy to remember acronym to help with staff learning and understanding.

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

- The building was purpose built and well designed, being fully accessible throughout with wide spaces for wheelchairs. Environments were homely but uncluttered and hazards such as inwardly opening doors were clearly signposted.
- The provider had made adaptations to ensure there was a dementia friendly environment on the ward for people living with dementia. Different colour decoration was used and embedded into walls to aid visibility. Some people used high contrast place mats to aid their dining experience. The provider had also trialled dementia friendly furniture and bed linen.
- Meetings for the staff team on the dementia ward discussed ways to improve the environment and we saw examples of regimental coloured cushions being purchased to be placed on bench in a 'waiting area', which we saw being used during the inspection. A range of military hats were placed around the ward which included information written inside, so staff who did not have a military background would have an understanding of people's ranks and would help with engaging in conversation.
- A senior staff nurse showed us they were scheduled to have a meeting to discuss further ideas, which

included having smaller dining tables to reduce agitation and pictorial menus. They said, "Staff are encouraged to be involved and suggest ideas of how to make this a better environment. Management listen to us and support us if we ask for extra equipment."

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

- We observed breakfast and lunch over the course of the inspection and saw that people had a varied and extensive menu to choose from. People could choose their meals the day before or decide on the day if they wanted. On the first day of the inspection there were five choices of main meals, including soup to start, two different choices of potatoes and vegetables and four dessert options. People and their families also had access to a fully licenced bar on site.
- Feedback received about the food was very positive. Comments included, "I can't speak highly enough of the choices and they know that duck in wine sauce is my favourite. It was delicious" and "The meals are really tasty and the quality is very good."
- Nutritional risks had been assessed and menus listed any allergens. Care plans recorded if people needed a special diet or any support at mealtimes. The chef had a good understanding about people's dietary needs and had information from care staff about any allergies. Where people had refused food, it was recorded and a referral to a dietitian was made.
- Quarterly 'messing' meetings took place where people had the opportunity to give feedback about the food and make suggestions to the catering team.

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

- People were assessed before they started using the service. We saw all nutritional assessments had been carried out using the malnutrition universal screening tool (MUST).
- The provider had used best practice guidance from a Community Mental Health Team for managing behaviour that challenged the service, which was discussed with the staff team. Guidance had also been sought from the Law Commission in relation to DoLS authorisations.
- If it was felt people needed some support with their personal care after a hospital stay or a change in health, a referral was made by the medical centre and an assessment was carried out by the domiciliary care team.

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 outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Throughout the inspection we observed staff treating people with kindness and compassion and had developed positive and meaningful relationships with each other. Staff knew how people liked to be addressed and we saw many examples of people and staff laughing and joking with one another in a very relaxed environment. One person said, "We have a laugh and a joke with each other. If you can't get a laugh out of life, what's the point?"
- People and their relatives told us how the way they were treated helped to create such a unique and caring home environment. Comments included, "I live like a lord and am treated like a lord", "There is never any nastiness. It's a lovely atmosphere and we all care for each other" and "Staff go out of their way and nothing is too much trouble. I've never seen anything like it."
- Staff were dedicated about the care they provided and all felt privileged to support people who had served their country. One care assistant said, "There are only 14 World War Two veterans left here and once they're gone, they're gone so I feel so blessed to spend time with them. I get to pay back my gratitude for everything they have done for us. I look at them as my own."
- When people moved in, they were assigned a 'In-pensioner mentor', who helped them to settle in and adjust to life in the home, provide camaraderie and morale support. If people were admitted to hospital, staff or the on-site chaplain provided weekly visits to help keep their spirits up. One person said, "We're all comrades and we look out for each other." Another person said, "I feel that [person] is always under someone's watch here."
- People and their achievements were also honoured when they passed away. Weekly bulletins included a detailed memorial about their life, titled 'Final Posting'. People were also informed about people's funerals so if a person had no family, people would be able to pay their final respects. The chaplain said, "We make sure nobody is alone for their final post."

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

- People and their relatives confirmed they were involved in making decisions about their care and support. Care records also showed when people's relatives had been involved in care planning. The most recent satisfaction survey showed 91% of people said they had a say in how they received their care.
- The provider worked actively with advocates if people had no family or relevant persons involved in their care. Advocates are trained professionals who support, enable and empower people to speak up. The provider also offered access to solicitors to provide any legal advice.
- There continued to be a significant focus on the mental and social welfare of people and linking with people's families. There were four 'Captains of Invalids' whose role was to oversee the welfare of 75 people

each and to ensure their general all-round wellbeing. One Captain, who lived on-site said, "We are here to listen to them and they can relate to us because of our military experience. It helps create a great amount of trust." Another Captain discussed their awareness of Post Traumatic Stress Disorder (PTSD) and how they were able to provide important emotional support. PTSD is an anxiety disorder caused by very stressful, frightening or distressing events.

- People had a great amount of respect for the Captains of Invalids and spoke very positively about the help and support they provided. Comments included, "I never feel alone or a burden and they are always popping in to check up on us" and "If staff see that anybody is feeling down, they let the Captain know and he'll sort everything out."
- One Captain told us how this support was essential as the army way of life was unique. They added, "There is a sense of camaraderie here where we all support and look out for one another. We all have that special understanding."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity and we observed best practice and positive interactions during the inspection. Staff knocked on people's doors before entering and provided dignified support during mealtimes. There were signs on people's doors clearly stating whether they did not want night checks, their desire for their doors to be open or closed or not to be disturbed before specific times in the morning.
- People told us how having the support from the physiotherapist and the domiciliary care team had helped them to remain in the long wards and keep their independence. People had access to mobility scooters which were made available to all.
- Where people displayed behaviours that challenged the service, we saw they were treated with respect, dignity and compassion and given emotional support. Care plans included additional guidance on how to deal with these behaviours in a positive way.
- Staff handovers discussed people and any incidents in an extremely dignified manner. We saw people had been supported with personal care in the early hours of the morning and staff discussions about this were sensitive. One person told us they felt completely comfortable and relaxed when receiving this care and support.

Is the service responsive?

Our findings

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

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

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

- People benefitted from an excellent variety of activities and events that were available across the service and made accessible to all. Daily activities included pottery and art classes, Tai Chi sessions and a range of exercise groups, music and reminiscence sessions, film screenings and pet therapy sessions. There were also a wide range of clubs, including bowls and a choir. There were over 60 active volunteers who supported people to live the life they wanted to.
- A person told us they had asked for a fishing club and it had been set up in the last few months. They told us, "It is great as this has always been my passion." Another person said, "Battersea Dogs Home come and visit and it is a nice atmosphere when the dogs come in."
- The provider had used formal art and music therapy sessions to focus on people who were not always socially engaged to see if it could have a positive impact. We saw a case study for a 98 year old who, after eight sessions, had remembered how to play the piano and was now involved in group activities. The art therapist had supported people to display their work at a local exhibition. One person said, "What we make, it doesn't just stay in here. It gives us a real sense of purpose."
- Due to the iconic nature of the Chelsea Pensioners, people attended a number of local, national and international events representing the Royal Hospital Chelsea. There were numerous events being held for Armed Forces Day and people had recently taken part in Founders Day, where Prince Harry had attended and praised the incredible contribution people had made to the nation. One person said, "Going to these events makes me forget my aches and pains and gives me a sense of identity. The staff really help if you want to go." People expressed great pride in being able to wear their widely recognised scarlet uniform.
- We observed a music session within the dementia ward, where one of the Royal Hospital Chelsea residents, who had recently won Britain's Got Talent, performed songs with musical support from a volunteer and a Captain of Invalid. We saw people reacted with great emotion to the music, some being supported to dance, others singing along which had an extremely positive impact on their wellbeing. Staff told us this weekly session was always a highlight and people attended from other wards.
- People were supported to keep in touch with their families. One person told us they had been sent on a course to learn how to use IT. Another person said, "They have helped me stay in touch with my family overseas. We Skype every weekend and I couldn't use these things if they didn't help me so it is very important."
- The provider supported people's religious and cultural needs. There was a resident chaplain and services throughout the week. We attended one of the services which was dementia friendly, much shorter and people were encouraged to get involved.

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

- Care planning was based on 'What is important to me', which included information about people's daily routines, skills, preferences and what others liked and admired about them. This helped staff understand how people wanted to be supported.
- We saw a nurse had been allocated to one person who had reverted back to their native language due to living with dementia. As this was the same language of the nurse, this helped the person communicate their needs to ensure continuity of care.
- People continued to praise the role of the Captains of Invalids and how their regular communication helped to ensure their needs were met. One care assistant said, "The relationship we have between the staff team and pensioners is well connected. It is like family."
- Within the dementia ward, staff had benefitted from accredited training and equipment was available to help make the lives of people living with dementia more comfortable. One staff member said, "Having the support from a dementia specialist helped our understanding so we can provide the best care." People's rooms were decorated with military and family memories, including their regiment and rank to help remember their achievements in the army.

End of life care and support

- The provider worked closely with the local hospice and staff received specialist training to ensure people received excellent care at the end stage of their life. All people receiving end of life care had an integrated care pathway for the care of the dying in place, with an advanced care plan and evidence of family involvement. One person said, "We have talked about what will happen when I die and they have written it all down. I shan't be worrying then."
- The provider and nursing team had continued to strive for outstanding end of life care since the last inspection and had recently been awarded the Platinum status from the Gold Standards Framework as they had achieved reaccreditation of the highest standard. 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 were passionate about the care they provided to people at the end stage of their lives and praised the support and training they received. One senior staff nurse said, "It has really made a difference in how we support people. We have all become more knowledgeable about it, had monthly meetings and worked closely with the GP and people's families."
- Relatives praised the care their family members received when they were at the end of their life. One relative who was visiting during the inspection told us he felt the care was phenomenal and being able to stay onsite during this time had been so important. Samples of compliments said, 'You have looked after them with kindness, respect and love. He had the best home for his last posting' and 'Thank you doesn't begin to cover my gratitude. Your care and patience was overwhelming and I'm so proud they called this place home.'
- The provider was able to support families and could arrange the funeral at such a difficult time, with most people choosing to have their funeral service on site. The chaplain showed us information that was given to families and a Captain of Invalid gave a full military eulogy about their time in service and military achievements.

Improving care quality in response to complaints or concerns

- There were a range of systems in place which gave people and their relatives the opportunity to feedback about the care they received. A complaints procedure was in place and there were 'sounding board' meetings, where representatives from each ward attended to share opinions about the service. A suggestion

box had also been introduced and comments were circulated within a weekly bulletin. No formal complaints had been received since the last inspection.

- People felt comfortable raising any concerns with the registered manager and praised the relationships they had with their Captains of Invalids and how they could approach them at any time if they needed to discuss anything. The registered manager had weekly meetings with the Captains to discuss any feedback.
- One person said, "I think the care and attention of the staff is first class and I have no complaints. I consider myself very lucky to be here."
- A number of compliments received highlighted how happy relatives were with the service. Examples included, 'The quality of life is second to none. The sheer volume of activities not only prolongs life but enhances it' and 'Their health and wellbeing is a priority. If it had not been for the constant care and attention received, we doubt they would be here today.'

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.

- The provider assessed people's communication needs and recorded information about the support needed. The provider sought advice from sight loss organisations and we saw people with sensory impairments had speaking clocks and screen readers. Volunteers were also able to provide reading support if people needed.

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 outstanding. At this inspection this key question has remained the same. 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 health and wellbeing of people was the priority of the service and the provider's values were imbedded across the organisation. Values of belonging through comradeship, respect, committing to high standards and enabling people to lead happy and fulfilling lives ensured people received excellent care.
- People we spoke with praised the service, the ethos and the openness of the staff and management team, which had a positive impact on people's day to day experiences. Comments included, "You see matron everyday and she wants to talk with you, she is very easy to talk to. You can see staff aren't worried about her being around" and "Nowhere else is comparable to the standards here. I see news reports and I want to weep. I am so well cared for."
- Staff were extremely motivated and passionate about the care they were providing. They said a culture of honesty and openness created great working environments and they were supported if mistakes were made. One staff member said, "The pensioners will always take priority here. This is a unique place and this community is their home where they belong."

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

- The provider sought people's and their relative's views about the service through an annual survey. Analysis of the December 2018 satisfaction survey showed the overall feedback was extremely positive. Comments within the surveys included, 'This is the finest care home in the world', 'I cannot praise it enough, the care cannot be improved' and 'Since I joined, the conditions are amazing and everything is first class.'
- People were also involved in producing a magazine, which included a range of articles and information written by people for everybody at the Royal Hospital Chelsea. People told us it kept them updated with events that had happened and upcoming events. It also honoured people's achievements, life stories and the work people had done with other organisations.
- Staff spoke positively about the support they received and how they were made to feel part of the organisation. A staff consultation group and suggestion box had been introduced and staff were rewarded for suggestions about improvements to people's and staff wellbeing. One staff member said, "This is the best place I have ever worked and I'm privileged to work here. It is nice to know they care about us and respect us."
- The help and support of the volunteers was also appreciated and an article in a recent magazine highlighted how fortunate people were to be supported by 'unseen heroes of the community.' Comments from volunteers included, "I love my day as a volunteer. There is a great comradeship and I feel I'm helping

people to continue with their lives' and 'In the eight years I've been here, it is the best thing I have ever done. I love being involved.'

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

- The registered manager had a good understanding of their registration requirements. We saw nurses discussed their Care Quality Commission (CQC) knowledge and understanding during their recruitment interview and staff teams discussed CQC responsibilities during team meetings. Where minor recommendations were highlighted in relation to the GP service, the management team were proactive in addressing them immediately during and after the inspection.
- Staff were aware of their responsibilities through a range of daily handovers and ward meetings. There was clear and detailed guidance in each ward office about the procedures staff should follow, which would help them to know what to do in times of stress or emergency. This included if people had a fall, medicines incidents, the event of a fire and how to address any complaints.
- Senior staff had benefitted from being supported on an enhanced leadership programme for nurses. One senior nurse said, "It has been great to learn new things and keep up to date with trends. We get to have study days and attend conferences which is great for our development."
- The director of health and wellbeing, who was awarded an Officer of the Most Excellent Order of the British Empire (OBE) for their services to nursing, had written articles in care and nursing publications about the importance of care for older people. They were aware of the need to promote the mental health needs of veterans and combatting loneliness.

Continuous learning and improving care

- There were robust systems in place to monitor the service and identify if any areas of practice needed improvements. A range of regular team and management meetings discussed areas of the service to ensure staff were following best practice and ways to improve team working. Monthly health and wellbeing meetings and weekly meetings with the Captain of Invalids discussed any issues or concerns to people to ensure their needs were met.
- A range of audits across the service, including people's medicines, monthly ward and health and safety audits were in place which identified any issues. We saw actions arising from the recommendations had been completed.
- A quarterly Health and Wellbeing Oversight Committee (HWOC), made up of senior management and board members analysed incidents across the service and discussed any learning. We saw a 'Safe and Steady' group had been introduced within the therapy teams after reviewing patterns of falls across the service.
- We saw immediate action had been taken in response to the Grenfell fire tragedy and work was undertaken to review fire drill procedures. The provider had also carried out mock inspections which highlighted some gaps in staff knowledge. We were told these would be addressed with follow up supervisions.

Working in partnership with others

- The provider had created strong links with a wide range of military charities, museums and organisations. People had been involved in fundraising events for Help for Heroes and had been invited to events with the Horses Trust, to celebrate their association with the British military. People had attended reminiscence workshops at the military museum and met with serving soldiers from local barracks and the National Rehabilitation Centre. One person told us that he had been supported to fly a spitfire the previous weekend.
- People were also involved with numerous local community events and organisations that enabled them to remain an active part and give back to the community. People had been involved in outreach

programmes of prison visits and homeless shelters to provide support. People also benefitted from links with local schools, theatres, restaurants and Chelsea Football Club. One staff member said, "We are so lucky to have the resources we have. It makes such a big difference to the support we can provide and the effect it has on the pensioners."

- Along with their own on-site health care professionals, the provider had good relationships with a range of health and social care professionals, including community nursing teams and the local hospice.

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 provider understood their responsibilities and had highlighted in the pensioner handbook about their open door policy and people were supported to make complaints.

- People trusted the relationships they had with their Captain of Invalids and felt reassured they would be open and honest with them.