

Enfield Council

# Bridgewood House

## Inspection report

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Date of inspection visit:  
04 February 2021  
16 March 2021

Date of publication:  
12 April 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bridgewood House is a residential care home providing personal and nursing care to people aged 65 and over, some of whom may be living with dementia. The home is registered to provide care to 70 people. At the time of the inspection there were 59 people using the service.

The home is a modern purpose-built building covering three floors. There are six units, two on each floor, named after local parks and the home refers to each unit as a 'park'. One park provided nursing care and the other five parks provided personal care with no nursing. We have referred to the units as 'parks' throughout this report.

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

We found there had been significant improvements in the governance and quality of care following the last inspection. The service was more homely and welcoming. We saw warm and friendly interactions between staff and people. People we spoke with were positive about the care and support they received at Bridgewood House. People told us staff were caring and always on-hand to help them. Relatives told us they felt there had been improvements and they were happy with the care their family members received. One relative said staff were, "Worth their weight in gold."

People's risks were clearly documented and managed and staff had appropriate guidance to keep people safe. Staff had received safeguarding training and were aware of their responsibilities around recognising and reporting concerns of abuse. People received their medicines safely and on time. Staff were recruited safely, and all relevant background checks were completed. There was a more regular staff team in place since the last inspection. Whilst the home continued to use agency staff, these were regular, so people received a continuity of care. There were robust procedures in place to manage the COVID-19 pandemic. The standard of infection control was regularly monitored, and staff had access to appropriate Personal Protective Equipment (PPE).

Staff were supported by regular supervision, annual appraisal and training. People were supported to maintain a healthy balanced diet and any specialist diets were catered for. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives felt staff were kind and caring and promoted people's independence where possible. People told us they felt staff treated them with dignity and respect.

People had person centred care plans that documented their support needs, likes and dislikes. There was a full timetable of activities on offer within the home which had been created in collaboration with people. Any complaints were clearly documented and responded to appropriately. There were person centred plans in place around people's end of life wishes which people, where they were able, and relatives had full input

into.

Since the last inspection there had been a change in the senior management team and there was a new registered manager in post. The new registered manager had implemented a lot of changes around record keeping such as care plans and auditing systems. Overall governance of the home had greatly improved. People felt the registered manager was approachable. There were numerous regular audits that maintained and monitored care provided. People were fully involved through residents' meetings and one-to-one meetings to give their feedback on their care.

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

#### Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement (published 18 November 2019).

At our last inspection we identified breaches of regulations 12 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a failure to adequately assess and mitigate people's known risks, the safe management of medicines and acting on complaints. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we also identified a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around good governance. Due to the significant concerns, we issued a warning notice against the provider and registered manager that was in post at the time of the inspection. A warning notice is enforcement that identifies the significant concerns found and gives the provider a specific time frame in which to address them. At this inspection we found vast improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bridgewood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Bridgewood House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by four inspectors, a specialist nurse advisor, a pharmacist inspector and two Experts 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. Two Experts by Experience supported this inspection by carrying out telephone calls to people's relatives following the on-site visit.

#### Service and service type

Bridgewood House 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 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 announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, the deputy manager, two nurses, two team leaders, the activities coordinator and four care staff. We also spoke with five people living at the home. We reviewed the care plans and risk assessments of 15 people who use the service, seven people's medicines records and medicines management and other paperwork related to the governance of the service including, audits and health and safety.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We were sent further information to support the inspection. This included eight staff recruitment files, one person's care plan and risk assessment, training records, further audits and other information relating to the running of the home. We spoke with eight people who used the service and nine care staff by telephone. During the feedback session we also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 for this reason.

- Since our last inspection, the provider had made improvements to the management of medicines. We made some recommendations during our inspection, and the provider took immediate action.
- Staff did not act when the temperature of medicines storage areas was outside of the correct range to ensure medicines were suitable for use. Following the inspection, the registered manager ordered a new medicines fridge and staff were provided with training on accurate recording.
- Staff did not always have clear instructions on how to administer medicines when they were being disguised in food and drink or given via feeding tubes. Following the inspection, the registered manager sent us updated care records to show this had been addressed.
- People's care plans clearly documented what type of support people required around their medicines.
- Medicines systems were organised and medicines stock (including controlled drugs) were well managed. The provider had an effective system for managing medicines alerts.
- Staff were trained and assessed as competent before being allowed to administer medicines.
- Staff reported medicines incidents and ensured the learning was shared. Staff conducted medicines audits and completed action plans. GPs reviewed people's medicines. Staff had an effective system for communicating medicines changes.

### Assessing risk, safety monitoring and management

At our last inspection we found that the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Since the last inspection the way of documenting people's known risks had been reviewed. Risk assessments were now detailed and provided staff with clear guidance on how to work effectively with

people to minimise known risks.

- Risks such as pressure ulcers and malnutrition were regularly monitored, and detailed risk assessments were in place where necessary. People's personal risks such as being disoriented to time and space, smoking and falls were regularly reviewed. Where we found minor omissions around risk assessments, this was raised with the registered manager who addressed these immediately.
- People's risks were also incorporated into their care plans to ensure continuity of care. For example, one person who had a choking risk assessment in place had the identified risk integrated into their dietary care plan. Staff knew people well and understood their risks. For example, we observed a person with swallowing difficulties being supported during a meal. The staff member knew how to appropriately help the person in line with the risk assessment and guidance.
- At our last inspection we found fluid charts were not filled in consistently by staff and had failed to monitor people's fluid intake accurately. At this inspection we found, where fluid charts were required, they were filled in consistently and guidance available for staff if people were drinking too much or not enough.
- At our last inspection, records around pressure care and repositioning to reduce the risk of pressure ulcers was poorly documented. At this inspection we found clear records of when people had been repositioned. For example, one person required regular repositioning and wound care. The charts documented that this had been done and the person's pressure ulcer was healing, which indicated evidence of a good skincare regime.
- There were up-to-date records of maintenance of equipment such as hoists, the lift, fire equipment, water safety and the call bell system.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Where people were able to speak with us, they said they did feel safe and one person told us, "I'm quite safe. At the moment I'm content."
- Relatives felt people were safe living at Bridgewood House and we received positive feedback. One relative commented, "I feel that he is very safe, this is the first place that we are comfortable that they know what they are doing as [person] has a complex condition." Another relative said, "I feel that the staff know my relative now, they know their moods and when they are a bit down. It is reassuring and I feel that my relative is safe."
- Staff had received training in safeguarding and were aware of how to appropriately report any concerns.
- Where any potential safeguarding concerns were raised, these were reported promptly to the local authority and CQC.
- At our last inspection, accidents and incidents were not always documented or analysed to promote learning. At this inspection, accidents and incidents were well documented including immediate actions taken, outcomes and any learning.
- Any learning was shared with staff during staff meetings and daily 'flash meetings'. Flash meetings are brief daily meetings where any important information can be shared.

Staffing and recruitment

- Staff were recruited safely. Staff files showed a range of checks including two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- At the last inspection we found there was a high use of agency staff at the home. At the time of the inspection, the home was still using agency staff. However, these were regular 'bank' staff employed by the local authority. This meant there was more staff continuity. One staff member said, "For me the best thing is the more regular staff, it helps residents to get into a routine."
- There were enough staff to meet people's needs. People's needs were assessed each month using a



dependency tool. This helped inform the registered manager of required staffing levels to meet people's needs safely and effectively.

- People knew the staff that supported them and had built a rapport with them. One person said, "The people [staff] are very nice, always talking to me, I know them." Relatives comments included, "Staff are always visible and ready to assist" and "They have got more permanent staff after 18 months of recruitment so that is more settled."

#### Preventing and controlling infection

- Due to the COVID-19 pandemic, there was no routine visiting at the home at the time of the inspection. Prior to the most recent lockdown a relative told us, "When we visited outside due to COVID, the staff wore masks, gloves and used the sanitisers".
- The home was clean and tidy. There was a dedicated housekeeping staff and routine cleaning had been increased due to the pandemic. One person told us, "It's very nice. I am very happy. It's very, very clean."
- Staff and people were being regularly tested for COVID-19 in line with current government guidance.
- Staff were kept up to date with current guidance around COVID-19 and had received training in the safe and effective use of Personal Protective equipment (PPE).
- At the time of the inspection we found staff had not been assessed for their individual risk factors around COVID-19. We raised this with the registered manager and following the inspection a template risk assessment was provided. The registered manager said this would be implemented for all staff.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed all new referrals to ensure the home would be able to support their needs.
- People received a detailed pre-assessment which included medical, social and wellbeing needs. Relatives and healthcare professionals had input into the pre-assessment process.
- Once a referral was accepted, care plans and risk assessments were created from information gathered during the pre-assessment.

Staff support: induction, training, skills and experience

- There was a robust induction procedure in place for new staff. This included mandatory training and shadowing of more experienced staff for at least a week. Each new member of staff was assigned a mentor for three months to monitor and support their progress. A staff member said, "Yes, I was taken around I did some shifts where I was a shadowing, training in donning and doffing (PPE)."
- Records showed, and staff confirmed they received regular training. This included topics such as safeguarding, health and safety, behaviour that challenges and medicines administration.
- At the last inspection, we found staff had not received training in working with people living with dementia. At this inspection we found staff had received this training.
- Regular bank staff had been booked on mandatory training courses including, moving and handling, medicines and safeguarding. Following the inspection, the registered manager provided evidence these had been confirmed.
- Staff received regular supervision and annual appraisals to support them in their role. Records also showed the registered manager held supervisions in response to any concerns or requests from staff as and when needed. One staff member said, "I don't have to wait for it [supervision], I will ask for one. I feel I can ask here."
- Relatives told us staff were well trained and understood people. One relative commented, "Staff are trained well and well equipped to look after mum's needs".

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

- People were supported to eat and drink well. People's care plans documented people's likes and dislikes and any support they required around food and drink.
- Where people required specialist diets such as puree or soft food, guidance was clearly recorded in people's care plans. This included guidance from Speech and Language Therapists (SALT).

- We observed a mealtime during the inspection. Staff ensured mealtimes were a positive experience for people, tables were set nicely and condiments available. Food looked appetising, including puree meals, and was presented well.
- People were reminded what they had chosen to eat but were able to change their minds and request a different meal. We saw one person request something different and this was provided.
- We observed the chef visiting people and greeting them warmly. People knew him well and engaged in conversation about the meal with him.
- Where necessary, or people wanted to, we saw they were supported with their meals in their rooms. People in their rooms were regularly provided with juice, water and hot drinks.
- One person commented about the food, "It was alright darling, lovely mince-meat." Another person said, "I'm happy with the food, if I don't like it, they will give me something else." However, several people we spoke with said they wanted more fresh vegetables. We fed this back to the registered manager who said this had now been discussed with the chef and a greater variety of fresh vegetables would be made available.

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

- At our last inspection we found that doors to each park were kept locked. This meant people were unable to freely walk around their home. At this inspection we found this practice had been stopped. People were able to leave the parks if they wished and had freedom of movement around the home. One person told us, "I can go around the whole building in my wheelchair, staff help."
- The home was dementia friendly. There was clear signage to help people locate rooms, bathrooms and lounges. Each person's door had people's name and photo clearly displayed.
- People were able to personalise their room to make them homely and comfortable. This included pictures, bedding and ornaments.
- Each room had adapted washing facilities as part of the en-suite bathroom. One relative said, "Their [person's] room is perfect, has a shower which our relative needed as he couldn't get into a bath."

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

- People were supported to access healthcare such as GP's, opticians and dentists. Where necessary, more specialist referrals were made including occupational therapy, psychiatry and physiotherapy.
- Each person had a nutritional assessment and we saw that where necessary people had access to specialists such as dieticians or SALT. People's weights were recorded regularly to monitor and ensure they were maintaining a healthy weight.
- People's care plans clearly documented any referrals and input from healthcare professionals. Care plans were updated to include any guidance for staff to maintain people's wellbeing.
- Relatives told us, and records showed, people were referred for healthcare support in a timely manner. One relative said, "If [person] needs a GP or chiropodist, they would be right on it and let us know what is happening."
- Relatives also told us they were happy with the communication from the home around people's healthcare needs. One relative said, "I am very happy with the home, I feel that they are keeping me informed over issues like a change in medication recently. They also asked for my permission for my relative to have a COVID vaccine."

#### 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.

- MCA, DoLS authorisations and best interest decisions had been recorded within people's care plans. Where a DoLS authorisation was in place we saw there were time frames for these to be reviewed.
- People's care plans clearly documented if they had capacity to make decisions. Where people were able to make certain decisions about their care, such as day to day things like food and clothing, this was documented.
- Staff had received training in the MCA and knew how understanding people's mental capacity impacted on the care they provided.
- During the inspection, we observed staff asking for consent from people before providing any care.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with were happy with the care and support provided by Bridgewood House. Comments included, "Yes, I like living here and I am very happy. It's the best and I wouldn't change it for anything" and "The carers are very very nice and caring." Another person said, "[Staff name] takes care of me, she makes me happy, she bought me a plant, its growing now!"
- Relatives were positive about how kind and caring the staff were. Comments included, "They are very caring here, he looks much healthier, they [staff] are worth their weight in gold" and "I think that the care my relative is getting could not be better. The staff are nothing but lovely."
- Throughout the inspection we observed warm and friendly interactions between people and staff. Staff knew people well and were often seen chatting and laughing with them.
- The home had a warm and homely atmosphere.
- Where people had cultural needs around food, the chef was aware and culturally appropriate meals were provided.
- Relatives were positive about the way staff spoke with people. Comments included, "I have never heard any of the staff being rude or raise voices or talk down to residents" and "The staff speak politely to residents and do not speak to them like they are children."

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

- Where people were able, they were involved in creating their care plan.
- Relatives told us they were involved in the initial care planning process and reviews. Comments included, "We know his care plan, we have seen it, and it has been revisited" and "We do know of his care plan and what is in it."
- There were residents' meetings where people were able to give feedback and discuss any issues or things they liked about the home.
- People were also regularly consulted about their views on a one-to-one basis.
- People were involved about day-to-day decisions regarding their care and support. We observed staff offering people choice around things like food, activities and when they received personal care.

Respecting and promoting people's privacy, dignity and independence

- Relatives felt people were treated with dignity by care staff. One relative said, "When I have been able to visit my relative the staff treat them with dignity and respect, knock the door before coming into the room and speak very nicely to them."

- Staff understood the importance of treating people with dignity and respect and the numerous ways this was achieved. One staff member said, "That [dignity and respect] covers all aspects of care, offering choices with everything, knowing what they like. Not undermining them, talking to them respectfully. Giving choices in activities and letting them share and participate in that. If they want to stay up and watch TV, they can. Doing things at their pace, their rate."
- Staff ensured people were able to have privacy when speaking with them or their relatives. One staff member said, "We get quite a lot of phone calls of people wanting to check up on their loved ones. Making sure the resident is somewhere they can have privacy. I always ask where they want to take the call."
- Where possible, people were encouraged to be as independent as possible. One relative said, "The staff encourage my relative to help them by laying the table for meals and doing a bit of cleaning and they have also recognised that by having them in on meetings it keeps them calm and relaxed."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure complaints were documented and responded to appropriately. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16 for this reason.

- Since the last inspection, the registered manager had put systems in place to document all complaints and any actions taken.
- All complaints were taken seriously and responded to. Where people or relatives had complained, we saw acknowledgement letters were sent to them and they were also informed of the outcome.
- People told us they felt able to raise any complaints or concerns they may have. One person said, "I would talk to the staff and you can go higher and talk to the manager and she will come and see me."
- Relatives knew how to complain and raise concerns.

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

- At our last inspection, we found care plans were disorganised and information about people's support needs was inconsistent. Since the last inspection, the registered manager had put a new care plan system in place.
- Care plans were now consistent across the home. Information was clear and easy for staff to follow. A staff member said, "Since [the registered manager] came, the paperwork, especially the care plans are better. Every month we re-review the care plans and [the registered manager] makes sure they are up to date."
- Care plans were person centred and detailed people's like and dislikes and how they wanted to receive support. People's faith and any specific needs were documented, and guidance given to staff on how to meet these needs.

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

- We recognise the pressures the pandemic has brought around ensuring people are stimulated and have access to activities. Usual activities such as day centres had been closed and the home had improved the activities provided within the home.

- There was a dedicated activities team and activities were planned in collaboration with people and relatives. A relative said, "The activities coordinator phoned me to find out his interests and followed our lead." Another relative said, "Their activity staff are great and caring and really good at encouraging people."
- The home celebrated religious festivals from various faiths. Other days were also celebrated such as valentine's day and Victory in Europe (VE) day. There were also events that celebrated and engaged people around culture and politics, including black lives matter.
- Activities had been made accessible to people who by choice, or necessity spent time in their rooms. The home had purchased a portable 'jolly trolley'. This was used for events, group activities and one to ones. This supported activities such as bingo, karaoke, party songs and church services.
- During the pandemic, the home had kept in contact with relatives to inform them of what was happening around activities. One relative said, "The home have sent me photos of my relative taking part in activities and having their hair done by one of the carers who was a hairdresser, my relative looked so happy afterwards."

#### 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.

- Activities timetables were on display on each park. Whilst these were pictorial, they were in A4 format with small font writing. This might have made it difficult for some people to read what activities were on offer each day. We raised this with the registered manager who told us this would be reviewed.
- Daily menus were accessible to people and provided in pictorial and large font format.
- People's communication needs were clearly documented in care plans. Information was person centred and gave staff guidance on how to effectively communicate with each person.
- During the pandemic, people were encouraged to keep in touch with relatives and friends via video and telephone calls. One relative said, "Staff have been amazing. My relative had a birthday during this period and the staff arranged a cake and then [video-called] my relative so that we could all see them and talk to them which was brilliant."

#### End of life care and support

- People's end of life wishes were documented in their care plans. Where people did not wish to discuss this, it was also recorded. Relatives were also consulted about people's end of life wishes.
- Where required, advance care plans were in place. These provided information on what care someone at the end of their life needed and how staff should support them to have a good death.
- During the pandemic, relatives were supported to safely visit people where they were receiving end of life care.
- Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms were in place where necessary. These had been completed for each person, looking at their individual circumstances and put in place following appropriate reviews by healthcare professionals.



# 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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure there were effective systems and processes in place to assess, monitor and improve the quality of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 for this reason.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since the last inspection, a new registered manager was in post and a new nominated individual had been appointed. The change in management had a positive impact on the home, people's quality of care and managerial oversight.
- At the time of the inspection the home was recruiting for a deputy manager and a clinical lead. The deputy manager had left their post shortly after the inspection took place. Following the inspection, the nominated individual confirmed an interim clinical lead had been appointed. There was on-going recruitment for nurses and care staff.
- Most staff we spoke with told us they were supported and felt able to talk to the registered manager. We recognise change can be difficult and can affect staff morale. However, there had been a marked improvement in the culture of the home since the last inspection. Staff comments included, "You feel easy to talk to her [registered manager]. She will ask do you need help? I'm coming. She is not scared to dirty her hands and work with residents" and "With [registered manager] I can go to her; she is a lot more open and cooperative with us."
- Staff felt there had also been a positive change in how the home was run since the last inspection. Staff said, "My personal feelings are that we have implemented a lot of changes and hopefully we are going in the right direction" and "[The registered manager] came in and things have definitely improved. The paperwork is better, it's not all over the place now."
- Relatives feedback was positive about the change in management of the home. One relative commented, "There have been a few managers, the current manager has started to make changes for the good which is great and much needed."
- People knew who the registered manager was and were positive about the support they received from her. People said the registered manager often came to say hello and see how they were.
- We received mixed feedback from relatives around communication with the home. The majority of

feedback was positive and a relative said, "It is well led, they keep in contact regularly by phone or email." However, other relatives felt communication with them throughout the pandemic period could have been better. Comments included, "Biggest complaint is the total lack of communication from the home. We have only had one letter from the home since March 2020, they are not sending regular updates to people when we need them" and "We have not had newsletters or email communication as to what is going on, but there is good communication in relation to mum's health." We saw two letters had been sent out to relatives in July and November 2020 about how the home was managing during the pandemic and what relatives could expect.

- There were regular staff meetings and staff were further supported through regular supervisions.
- Prior to the pandemic, there had been relatives' meetings. These had stopped due to the current circumstances. However, relatives told us they had been given feedback when residents meetings had taken place. One relative said, "There has been relative's meetings and they have given us feedback."

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

- Since the last inspection, numerous audits to check and maintain the quality of care had been implemented.
- There were regular audits covering things like catering, housekeeping, infection control, medicines and people's care records. Where any issues were identified, these were documented and followed up. The registered manager maintained oversight of all auditing processes.
- There were regular audits of call bells to ensure they were in working order. The registered manager had been in contact with the company that provided the call bell system to access data on how long it took staff to answer call bells and how often they were used. This would help monitor staff response when people call for help.
- There was a clear management structure in place which staff understood.
- The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.

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; Continuous learning and improving care; Working in partnership with others

- The registered manager understood their responsibility to be open and honest with people and relatives if something went wrong.
- Relatives told us they felt the home was transparent and communicative when things went wrong. One relative said, "I had a call from the safeguarding people about my relative as they had received a couple of [concerns]. The next day someone from the home called to say they were addressing the issues. The home stated that the member of staff would be given more training. I was pleased to know that home was acting on things so quickly and there has not been another occurrence of that issue."
- The registered manager had engaged with the local authority and feedback from CQC following the last inspection. Where areas for improvement had been identified, the registered manager had addressed these and used it as a learning opportunity to improve the quality of care. The improvements noted throughout this report support a robust culture of learning and improving.
- Any learning was shared with the staff team through regular team meetings and supervision sessions.
- We saw that the home worked in partnership with external agencies such as the Enfield Care Homes Assessment Team (CHAT) and other health professionals to maintain the health and wellbeing of people.