

Care UK Community Partnerships Ltd

The Burroughs

Inspection report

Mill Road
West Drayton
Middlesex
UB7 7EQ

Tel: 01895435610

Website: www.theburroughswestdrayton.co.uk

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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

The Burroughs is a care home for up to 75 older adults, some who are living with the experience of dementia. At the time of our inspection 67 people were living at the service. The service is managed by Care UK, a national organisation providing care services in the UK.

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

People explained they were well cared for at the service and their needs were met. They liked the staff, who were kind, considerate and polite. There was a wide range of leisure activities being offered and people were able to join these if they wanted. People were offered choices and these were respected.

There was enough to eat and drink and meals were freshly prepared at the service each day. There was a choice at mealtimes and different cultural and specialist diets were catered for. The staff monitored people's weight and made sure they stayed hydrated.

The staff worked closely with other healthcare professionals to monitor and meet people's healthcare needs. Visiting nurses offered daily support to people and the staff made referrals to other healthcare professionals when needed. People received their medicines in a safe way and as prescribed.

There were suitable procedures for recruiting, inducting, training and supervising staff. Staff felt supported and were able to discuss any concerns they had with their manager. There was good communication and team work. Senior staff were involved in training other staff, which included 'experience' training where the staff experienced receiving a number of care interventions so they could understand how it felt to receive care.

There were appropriate systems for safeguarding people from abuse, dealing with complaints, accidents and incidents. The staff had been proactive in working towards reducing accidents and falls.

People's preferences and needs had been assessed. Care plans were developed to describe how they should be supported. The provider operated a 'resident of the day' system where staff reviewed people's needs each month – involving the person, their family and all the departments in the service to identify if any changes were needed to their planned care. The risks to people's safety and well being had been assessed, planned for and monitored.

The building was suitably designed and had some additional features to engage people and help orientate them. Some of the communal rooms had been refurbished to provide a theme, such as a coffee bar and a cinema. The building was clean and free from hazards. Equipment was well maintained and safe to use.

The provider had introduced a number of initiatives to improve the service, such as a 'wish tree' where people could request specific activities and treats.

People using the service, staff and visitors found the registered manager approachable and were able to raise concerns or ask for support if needed. There were appropriate systems for monitoring and improving the quality of the service, including regular visits and checks by senior managers within the organisation.

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.

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

Rating at last inspection (and update)

The rating at the last inspection was requires improvement (Published 20 February 2019). We identified breaches relating to safe care and treatment and good governance. 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.

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

The Burroughs

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection on day one was carried out by a member of the CQC medicines team who looked at how medicines were being managed. The inspection on day two was conducted by two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Burroughs 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 unannounced.

What we did before the inspection

We looked at all the information we held about the provider. This included notifications they had made about significant events, complaints and other information, they and members of the public had shared with us. We contacted the London Borough of Hillingdon quality assurance team to ask if they had any feedback about 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.

During the inspection

We spoke with 15 people who lived at the service and one visiting relative. We also spoke with one visiting professional. We met the registered manager and staff on duty who included care assistants, senior care assistants, team leaders, lifestyle coordinators, catering and domestic staff. We also met the regional director who visited the service.

We observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for seven people who used the service, staff training, recruitment and support records for five members of staff and other records used by the provider for managing the service, such as audits, records of complaints, records of accidents and incidents, meeting minutes and feedback they had received from stakeholders. The medicines team looked at how medicines were managed, including storage, administration and record keeping.

After the inspection

The registered manager sent us additional information in response to our initial feedback and told us action they had taken since the visit.

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.

Preventing and controlling infection

At our inspection of 22 January 2019, we found the service was not always sufficiently clean and there was a risk of the spread of infections. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of Regulation 12.

- Some people had seasonal colds, and they told us they did not always have access to tissues in communal rooms. We shared this feedback with staff so they could address this. Some people needed attention to ensure their nails were clean and trimmed. We also shared this observation with the registered manager.
- The building and equipment were clean and there were records to show regular checks were made to ensure it remained this way. There were systems and processes for cleaning up spillages as well as regular deep cleaning schedules. The domestic staff were able to explain about good infection control practices.
- There was equipment available for staff which included gloves, aprons and hand gel. Signage in bathrooms and toilets informed people about good hand hygiene and infection control processes.
- The provider undertook regular audits of infection control. Where problems were identified they had developed plans to make improvements and monitored these.

Assessing risk, safety monitoring and management

At our inspection of 22 January 2019, we found the provider had not always taken sufficient steps to keep the environment safe. This was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of Regulation 12.

- The environment and equipment were safe, and staff carried out regular recorded checks to make sure there were no hazards. Staff participated in training, so they understood about safe practices. The provider employed maintenance workers who attended to any identified risks and damage. There were appropriate checks on water, electricity, gas and fire safety. The building was equipped with hand rails, coded doors on stairs and exits and call bells designed to help with safety.
- The provider had arranged for a fire risk assessment. There were procedures for evacuating people, including individual evacuation plans, training for staff and fire-fighting equipment.

- Some of the staff were 'falls champions' and had undertaken training about the prevention of falls. They had developed visual guides to help other staff understand about the different factors leading to falls and how falls could be prevented. There were assessments of risk for each person relating to falls and equipment was provided to help keep people safe, such as sensor mats, beds which could be lowered and specialist foot wear.
- We saw the staff were attentive towards people, supporting those who needed assistance to move and walk. They did this appropriately and did not rush people. We also saw staff supporting people who became agitated and upset. They ensured the person and others around them were safe, and they did so in a calm and gentle way, following approved techniques. Some of the staff told us they would like more training around managing challenges. We discussed this with the registered manager who subsequently arranged for the provider's specialist to visit and provide additional training for staff.
- The staff had assessed the different risks to people's safety and wellbeing. Assessments included risks relating to falls, people's physical and mental health, moving safely, skin integrity, dementia, continence, choking and care interventions. Assessments were reviewed monthly and updated when people's needs changed. There was clear and easy to access information for staff about any specific areas of high risk, such as allergies and difficulties evacuating in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe.
- There were systems designed to safeguarding people from abuse, including procedures for reporting and investigating abuse. The staff were familiar with these and were able to describe what they would do if they suspected abuse.
- The provider had worked closely with the local safeguarding authority, and other agencies, to investigate allegations of abuse and protect people. They had clear records relating to these which showed how they had responded to concerns and how improvements had been made.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People told us they did not wait for care and call bells were answered promptly. We saw there were enough staff to attend to people. There was good managerial support, where managers worked alongside the staff when they needed to provide care. There were a number of different staff roles within the service, these included life style coordinators, who arranged and facilitated social activities. Staff worked together to make sure people's needs were being met. Staffing levels were regularly kept under review and had been increased since the last inspection.
- The provider's procedures for recruiting staff were suitable. They undertook checks on staff identify, eligibility to work in the United Kingdom, any criminal records, references from previous employers and employment history. New staff attended an interview and completed written tests. This meant the provider could assess whether they had the skills needed to work there. Following successful recruitment, staff undertook an induction which included further regular assessments and supervision.

Using medicines safely

- People received their medicines as prescribed, including Controlled Drugs. We looked at records of medicines administration and found no unexplained omitted doses in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed.
- There were separate charts for people who had medicines such as patches, ointments and creams prescribed to them (such as pain relief patches), and these were filled in appropriately by senior carers/team leaders.
- Medicines were safely managed. There were effective systems for ordering, administering and monitoring

medicines. Staff were trained and deemed competent before they administered medicines. Medicines were safely secured, and records were appropriate.

- Observations of staff showed that they supported people to take their medicines. The provider had a system in place to ensure where people needed support with their medicines this was received and managed in a safe way.
- Since the last inspection, the provider had introduced a new system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this.

Learning lessons when things go wrong

- There were systems for learning when things went wrong. The provider had processes for investigating, reporting and monitoring all accidents, incidents and complaints. The registered manager had a good overview of these and records showed appropriate action was taken.
- The staff took part in reflective practice and team meetings to discuss incidents and how they could learn from these. There were various lead staff roles within the home for making improvements in specific areas. These included dignity champions, dementia champions and those leading on continence and elimination. Having specific staff dedicated to leading on different topics helped to ensure the service was always looking at ways to improve care and learn from adverse events.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider undertook a range of assessments for people before they started using the service. These included meeting with the person and their representatives to find out about their preferences. Assessments covered a range of different areas and helped provide information about people's needs and how these should be met.
- The staff reassessed people's needs each month to make sure these were being met.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained, supported and supervised. New staff completed an induction, shadowing experienced staff and undertaking a range of training.
- Team leaders and senior staff at the service were qualified trainers and provided training sessions for other staff. This training included 'experiencing' different care interventions. For example, staff supported each other to eat, use wheelchairs and use hoists. The trainers also impaired staff members' vision and hearing. This training helped the staff to understand how it felt to be supported and having to trust others to care for them. They told us this had been useful.
- The staff undertook a range of other training in line with good practice guidance and legislation. This helped give them knowledge and skills about supporting people in different ways and meeting individual needs. There were regular training updates for staff and the registered manager organised additional training when this was requested or they identified a need.
- The staff felt supported. They took part in regular individual and team meetings with their line manager to discuss the service, their work and share ideas. There were daily handovers of information where the staff updated themselves on any changes at the service or with people's care needs.
- The staff were supported with their personal development and given opportunities to take on additional roles at the service or work towards promotion. Some staff were undertaking vocational qualifications. There were examples where the registered manager had helped make adjustments to staff roles and responsibilities because they had additional needs.

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

- People had enough to eat and drink and were able to make choices about food. All meals were prepared and cooked at the service by a catering team. They met with people when they moved to the service and at regular intervals to find out about their needs and preferences. They demonstrated a good understanding of these.
- People told us they liked the food and were regularly offered drinks and snacks. Menus were clearly advertised, and people were offered a choice at meal times when food was served. There were regular hot

and cold drinks rounds where people were offered drinks. There were also jugs of cold drinks and dispensing machines for people to help themselves.

- People's nutritional and hydration needs were assessed regularly. Where there was an identified risk, the staff created care plans to state how they would support people in this area. People were regularly weighed and changes in weight were monitored closely. Where people needed additional support, the staff had liaised with external healthcare professionals to make sure people received this support.

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

- The staff monitored people's health and responded when their condition deteriorated or changed. There were detailed care plans relating to people's health and any medical conditions.
- People had access to healthcare services when needed. There were daily visits from community nurses and a weekly GP surgery at the service. People's care records also showed regular visits from other professionals, including dentists, opticians and dietitians. Records included feedback from healthcare professionals and any recommendations were incorporated into care plans.
- The staff had established good links with the local healthcare teams and communication between the different services was good. The registered manager told us they had arranged for some healthcare professionals to provide information sessions for families about topics such as dementia and end of life care.
- The staff completed oral hygiene care plans and risk assessments for each person. These identified if they needed any support regarding oral hygiene and how this should be offered. The assessments were reviewed and updated each month.

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

- The environment was suitable to meet people's needs. There were different themed communal rooms for people to spend time in and socialise. These included a café, art room, cinema room and music room. The corridors had additional features designed to inform people and help orientate them. There was a local history wall with information about the local area, tactile wall features and clear signage. There were well positioned clocks telling the correct time and information about staff, activities and menus was displayed.
- People had their own bedrooms which they were able to personalise and decorate how they wished. Bedrooms were equipped with beds which could be lowered, sensor mats and call bells as needed. Bed linen was freshly laundered and clean and curtains were in good condition and hung appropriately making sure rooms felt homely, neat and clean.
- The building was light and well ventilated throughout. Some first floor rooms had views over local fields, which people told us they liked. There was enough comfortable and well maintained furniture and bathrooms included specialist equipment. There were grab rails along corridors which we saw people used when independently walking around the building.
- Since the last inspection there had been a number of changes to the décor and design of some rooms. The registered manager had also created a memorial garden where roses were planted for people who had passed away. Other areas of the garden included seating and raised beds where people had grown their own vegetables.

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 ensured people consented to their care and treatment and followed the MCA. They assessed people's mental capacity regarding different decisions. These assessments were detailed and clear. Where necessary, the provider had involved families in best interests meetings so they could help make decisions about people's care. Legal representatives, including family members who were Power of Attorney, were consulted and had agreed to people's care.
- The provider had applied for DoLS when needed. We saw evidence of assessments by the local authority. Where conditions were in place, the provider monitored these and recorded when the conditions had been met.

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 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

- At our last inspection we found some staff did not always treat people in a person-centred way. At this inspection we found improvements had been made. People told us they had good relationships with the staff and felt well supported. They told us the staff were kind, caring and compassionate.
- We saw the way staff interacted with people was caring and thoughtful. They addressed people respectfully and offered them choices. When people were distressed or looked uncomfortable they offered them immediate assistance and support. For example, bringing people blankets when they were cold, comforting people who were upset and getting help where this was requested.
- People were not rushed and were supported to spend time how they wanted. There was a calm and friendly atmosphere throughout the home.
- The staff supported people with their diverse needs. There were regular religious services at the home and people were supported to access local places of worship. The staff had attended London Pride (an event celebrating the LGBT+ – lesbian, gay, bisexual and transgender) community in 2018 and 2019. This helped raise awareness of the needs of LGBT older people using care services. They planned to support a group of people who lived at the service to attend the 2020 event if they wished. Care UK were also in the process of purchasing rainbow lanyards for their staff. This is important because people who identify as LGBT+ can sometimes feel disempowered when they start using care services and need to feel they can trust staff and there is no prejudice against them.

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

- People told us they were able to make choices about their care and how they spent their time. Care plans included information about people's preferences, for example when they liked to rise in the morning and when they liked to go to bed. Care notes showed staff respected known preferences and gave people choices each day.
- People's care plans were reviewed each month and they and their families were invited to contribute to these reviews. The 'resident of the day' system used by the provider allowed people to meet with the chef, lifestyle coordinator, housekeepers and care staff to talk about their different preferences and needs. They could make special requests for food they liked or a particular activity.
- We saw people being offered choices throughout the day and staff respecting these. For example, at lunch time people were shown different plated up food options so they could make an informed choice about which one they liked the look of.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. The staff knocked on bedroom doors and addressed people in polite and respectful ways. Care was provided behind closed doors and staff were mindful not to discuss people where they could be overheard. Care plans included information about whether people preferred a specific gender of care workers and any needs or preferences they had in connection with personal care.
- People were supported to be independent where they were able. Care plans included information about what people could and wanted to do for themselves. Some people were involved in jobs around the home, such as laying tables and gardening. The lifestyle coordinators were promoting this and encouraging people to think about what they would like to do for themselves.

Is the service responsive?

Our findings

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs. People's preferences were recorded in care plans and these were regularly reviewed. Care plans were appropriately detailed explaining about individual needs and how these should be met. We saw records of care provided showed people had been offered regular baths or showers and other care and support they needed.
- The staff had a good understanding of people's individual needs and were able to tell us how people liked to be cared for.

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 staff explained how they supported people with different communication needs. For example, one member of staff told us how they supported someone who was not able to see. They told us they made sure they verbally explained what they were doing, where things were and also read to the person.
- Some of the staff spoke different languages and were able to converse with people whose first language was not English.
- Care UK provided information in a variety of formats including different languages and large print for people who needed this.

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

- People were supported to take part in a range of different social and leisure events. Some people told us they liked these although others told us they found communal rooms could sometimes be too noisy and music was too loud. We discussed this with the registered manager so they could look into this.
- The provider employed two lifestyle coordinators who planned and facilitated different events. There was a programme of regular events each day which included small and large group activities. The lifestyle coordinators also worked with individuals if they had a specific interest or wanted to spend time talking. There were various classes for people to participate in. These included baking and sewing classes.
- In addition to the planned programme of activities, we saw all staff engaging with people at other times. This included sitting and reading with people, ad hoc quizzes, dancing, music and generating group conversations about things people were interested in.

- There were a number of resources people could access, such as games, puzzles, musical instruments, craft materials and toys.
- Visitors were welcome at the service. There were organised entertainers and visitors from religious groups, schools and other youth groups. People also accessed the community to attend places of worship, shops, places of interest and local facilities.
- The provider had introduced a 'wish tree' where people could make a specific wish for something they wanted to do. There were photographs to show some of the activities which had taken place as a result of this. For example, one person had requested a trip to Disney Land. Although the provider was not able to facilitate this, they had created a Disney themed day for the person at the home. They also celebrated international festivals and people's birthdays.

End of life care and support

- Some people received end of life care. The staff worked closely with palliative care teams and other external professionals to make sure they received the care they needed, pain relief and comfort.
- The staff had completed end of life care plans for people by asking them and their families about specific wishes they had should they become very unwell and following death. The provider was working with local health care teams to implement a system called 'coordinate my care.' This is a multidisciplinary approach designed to make sure all professionals worked together in people's best interests and following their wishes.

Improving care quality in response to complaints or concerns

- The provider had suitable systems for responding to, investigating and learning from complaints. We saw the registered manager had a system to track each complaint. There was evidence of investigation and letters to the complainant explaining what had happened and whether changes were made to the service as a result of these.

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 requires improvement. 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.

Continuous learning and improving care

At our inspection of 22 January 2019, we found the provider did not always effectively operate systems and processes to mitigate risks and improve the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of Regulation 17.

- There were effective systems for monitoring and improving the quality of the service. These included audits and checks by staff, managers and senior managers. There were regular audits of the environment, medicines management, infection control, safety and records. There were also additional audits which took place periodically and when concerns had been identified. These included meal experience audits, unannounced checks at night time, kitchen audits and oral health care.
- Where areas for action were identified through auditing, there was evidence these had been addressed and further checks had been made.
- The provider's quality team carried out quarterly visits where they looked at the whole service. The most recent of these visits had taken place in December 2019. We saw the registered manager had implemented their suggestions for improvement, which included updating staff about specific guidance.
- Falls, accidents, incidents and infections were closely monitored by the registered manager and the provider. They investigated each instance and looked for any trends or general concerns which might increase the risk of these events. They had taken proactive steps to reduce the likelihood of falls and accidents, looking at individual needs, the environment and improving staff training and information.

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

- The registered manager was appropriately qualified and experienced. They had a good understanding of their responsibilities and had introduced a number of initiatives which had improved the service. They carried out their own daily audits of the whole service and worked closely with staff. They knew individual people and staff well. People using the service and staff told us the registered manager was supportive and available when they needed.
- There were a team of other senior staff who took on additional responsibilities. The registered manager had created new roles for these staff so they could lead in a specific area, attending training courses, teaching others and ensuring the service met required standards. There were staff leads for dignity, end of

life care, dementia, falls, continence and diabetes. The registered manager spoke positively about the work they had done and how this had improved care for people.

- Senior staff took part in weekly clinical meetings to discuss risks relating to use of equipment, choking, nutrition, healthcare needs, changes in skin, infections, accidents and emergency evacuations. Where they identified specific risks they liaised with other healthcare professionals to reduce these.
- The provider had a business continuity plan which ensured there was a plan for different emergency situations. There was a range of policies and procedures and these were regularly reviewed and updated.

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

- People told us they felt there was a positive atmosphere at the service with comments including, "It is homely here. I usually join in with things if I can. The staff are a lovely family here, they all try their best for you" and "I'm glad I am here really, it is probably the best place for me."
- Staff also spoke positively about working at the service. They felt well supported and valued.

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 had a policy regarding duty of candour. The registered manager kept a record of different adverse events, safeguarding alerts and complaints and how these were responded to. We saw letters to complainants set out what had gone wrong and offered an apology for this.

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

- The provider engaged with people using the service and other stakeholders asking for their feedback about the service through meetings, monthly individual reviews of care and an annual satisfaction survey.
- The registered manager had written to all families inviting their feedback and letting them know they had a weekly 'open door' surgery where anyone could meet with them to discuss the service.
- The provider had started to take part in external events designed to celebrate protected characteristics and raise awareness. These included attending a dementia memory walk and London Pride. The staff were able to tell us about equality and diversity training they had received and why it was important to treat everyone respectfully. They told us they felt the service did not discriminate and the registered manager would challenge any forms of discrimination.

Working in partnership with others

- The provider worked in partnership with others. The registered manager, or other senior staff, attended meetings organised by the local authority and with other care providers. They also worked closely with other Care UK registered managers to share ideas and experiences.
- The registered manager had organised for some healthcare professionals to visit the service and provide training and information for families and friends about topics which were helpful for them, such as dementia and end of life care.