

Alliance Care (Dales Homes) Limited

Uplands Care Home

Inspection report

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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

Uplands Care Home is residential care home providing personal and nursing care. The home accommodates up to 65 people in one purpose-built building, across two floors, each of which has separate facilities with lift access to the first floor. One of the floors specialises in providing care to people living with dementia. At the time of the inspection, there were 61 people using the service one of whom had a learning disability.

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

There was not enough or appropriate signage around the building to assist people living with dementia.

Some areas of the home and carpeted areas were in need of refurbishment. The décor and signage on the first floor was not dementia friendly to people living with dementia.

We made a recommendation in relation to the premises.

People told us they felt safe living at the home. Staff understood their responsibilities to protect people from the risk of harm. Staff were aware of the provider's safeguarding procedures and followed these to raise concerns about people's well-being. Risks to people were assessed and managed. People received the support they required to manage their medicines.

Staff were recruited in a safe manner. They received induction and training before they started to support people at the service. Staff received training and regular supervisions to ensure they had the skills and experience to provide care to people. People received care from a sufficient number of staff.

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 coronavirus and other infection outbreaks effectively.

People's needs were assessed and reviewed. Support plans were in place and showed how people wanted their care delivered. Staff understood people's health conditions.

People received the support they required when there were concerns about their health.

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 were happy with the staff who provided their care. They told us staff treated them with dignity and kindness. People were supported to maintain relationships with people that were important to them. Information was available to people in a format they understood.

People liked the food provided at the home. Staff supported people to make decisions about what they wanted to eat and drink. People's preferences and dietary needs were met. Mealtimes were unrushed and calm and dining tables were nicely presented.

People and their relatives were encouraged to provide feedback. Feedback received from people who used the service and their relatives was in the majority positive. The provider used feedback from people and their relatives to improve the quality of care provided. People knew how to make a complaint and raise any concerns. Complaints were investigated and addressed.

There were effective systems to record, monitor and audit accidents and incidents. Plans were put in place to minimise a re-occurrence. The provider worked in partnership with other professionals and agencies to meet people's care needs.

Staff told us they were happy working at the service. They spoke positively about the culture and management of the organisation. Staff said the registered manager was approachable and that they were encouraged to openly discuss any issues. Audit and governance systems were used to monitor the quality of the service and to drive improvement. Statutory notifications were sent to CQC as required.

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

Rating at last inspection

The service was registered with us on 02/08/2016.

The last rating for the service was good, published on 23 January 2018.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Uplands Care Home on our website at www.cqc.org.uk.

Why we inspected

The inspection was prompted in part due to concerns received about the overall quality of care provided to people using the service.

We have found evidence that the provider made improvements prior to our visit to mitigate risks.

Follow up

We will work alongside the provider and local authority to monitor progress. We will 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 ●

Uplands Care Home

Detailed findings

Background to this inspection

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

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 team consisted of two inspectors 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.

Service and service type

Uplands Care Home 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.

Notice of inspection

We gave a short period notice of the inspection because of the Covid-19 pandemic to ensure our activity would bring minimal disruption as possible.

What we did before the inspection

The provider completed 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 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 reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven members of staff including, three nurses, three health care workers, a domestic, the registered manager and a regional quality assurance manager.

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. We observed care within the home in the lounges, dining room and communal areas.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with 23 relatives of people using the service about their experience of the care provided to their family members at Uplands Care Home. We received feedback from two nurses and two health care workers we contacted by telephone. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection of this service in December 2017 we rated this domain as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. Some relatives said, "[Relative] feels safe and is quite independent"; "[Relative] says he is safe there" and "I am not worried about her safety. [Relative] is safe at the home. They have got security doors so people can't just walk in or out".
- Staff understood their responsibility to keep people safe by reporting concerns if they witnessed or had an allegation of abuse. One member of staff told us, "I've had safeguarding training and know I need to tell the senior staff straight away if I witnessed anything untoward happening here." Staff had access to the policies and procedures in relation to safeguarding and whistleblowing. The registered manager responded to concerns and raised safeguarding issues to keep people safe. There were ongoing safeguarding issues that were under investigation. Concluded safeguarding investigations showed the provider had taken action resulting in staff receiving additional training and undergoing disciplinary procedures when needed.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage risks to people living in the home. Care plans included personalised risk assessments that identified those risks, which might include falling, choking whilst eating and drinking, developing pressure sores and displaying behaviours considered challenging. Staff had sufficient information on how to support people in a safe manner. They followed the guidance to manage the risks to people's health and well-being. Staff knew how to support people to maintain their independence and freedom, while minimising the risks to their welfare.
- Premises and equipment were checked regularly and maintained, and repairs undertaken when needed.
- There was clear guidance for staff to follow to help them deal with emergencies. For example, we saw people had their own personal evacuation plan in place which ensured staff knew how to support people in the event of a fire or other emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills at the care home

Staffing and recruitment

- People received care from staff who underwent a safe recruitment and selection process. New staff had a criminal record check and verification of previous employment before starting work at the service.
- There were sufficient numbers of staff deployed to meet people's needs. When the home had experienced staff shortages, agency staff were brought in to minimise the risk of people not receiving care.
- The registered manager told us they had needed to be flexible coordinating the shifts during the pandemic and had increased the number of care staff who worked at Uplands Care Home to meet the additional demands placed on the service. Staff told us the service was usually adequately staffed. One member of staff said, "It's not been easy during the pandemic to get all the staff we need because of increased staff sickness, but the managers usually make sure there's enough staff on each shift."

Using medicines safely

- People were supported to receive their medicines safely. Medicines were obtained, stored, administered and disposed of appropriately. Medicine administration records showed people received their prescribed medicines. Staff followed protocols in administering medicines prescribed on an 'as required' basis that included how to recognise signs of pain and identified the required gap between doses. Medicines were administered by staff who were trained and had received a competency assessment.
- Managers and nurses routinely carried out checks and audits on staffs' medicines handling practices, medicines records and supplies. We saw people's prescribed medicines were safely kept in personalised medicines cabinets securely fixed to the wall in people's bedrooms. This helped minimise the risk of medicines errors occurring. Medication errors were picked up and action taken to rectify issues and lessons learnt.

Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with COVID-19. Staff received training in IPC and followed good hygiene practices. Staff told us they washed their hands frequently, used hand gel and wore PPE such as gloves, masks and aprons. This helped minimise the risk of people catching or spreading infection. The registered manager told us, and records confirmed they undertook spot checks, regular meetings and communicated with staff to increase compliance in the use of personal protective equipment.
- Access to the care home had been restricted for non-essential visitors during the Covid-19 pandemic. Essential visitors included the relatives of people receiving end of life care and community professionals, such as GPs. All visitors had to pre-book and follow the providers strict IPC guidelines. For example, visitors were required to wash and sanitize their hands outside the building in the wash-hand basin provided, wear appropriate personal protective equipment (PPE), including a face mask and apron, and have their temperature taken.
- We observed staff using PPE in accordance with current PPE guidance. People told us staff wore PPE correctly. A relative said, "When we have video calls you can see the staff wearing PPE", while a second relative remarked, "When staff bring [relative] to the door they were wearing PPE."
- Staff had received up to date internal and external training in relation to COVID-19, IPC and the wearing of PPE. Staff demonstrated a good understanding of safe IPC practices and the correct use of PPE, including donning and doffing procedures (putting on and taking off PPE). One member of staff told us, "We've all had PPE training, so we know how to wear are masks properly."
- The premises was kept hygienically clean. Extra staff had been drafted in to help the domestic staff team meet their increased COVID cleaning responsibilities, which included two-hourly cleaning of high touch points, such as door handles, hand rails and light switches. A domestic member of staff told us, "I think we're just about managing to keep up with the new cleaning schedules we've been given. Having additional cleaners has certainly helped."
- The service was engaged in the 'whole home' testing programme, which meant everyone who lives and worked in the care home is routinely tested for COVID-19. This was confirmed by staff we spoke with. One member of staff said, "We've got to take a lateral-flow test twice a week and a weekly COVID tests, so that has really helped stop COVID spreading here. Fingers crossed that continues." The registered manager confirmed most people currently living at the care home and a number of staff working there had now received their COVID-19 vaccination.

Learning lessons when things go wrong

- Accidents and incidents were recorded and managed. Systems were in place to ensure learning occurred when things went wrong. Investigations were carried out and showed action taken to minimise the risk of a reoccurrence. The provider monitored trends and any patterns to enable them to act as needed.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Some parts of the service that were carpeted needed refurbishment. We highlighted this to the registered manager who told us a refurbishment programme of the service had been put on hold because of the Covid-19 crisis.
- The home's interior was not dementia friendly to people living with dementia. Comments from relatives included, "The premises are okay, but I think they could do with brightening up with a lick of paint"; "The new people refurbished the premises, but they didn't put the sensory things back up on the wall in the dementia area. I think they should do because it gives people with dementia something to touch and interact with" and "The home is a bit tired. I have an issue with soft furnishings and carpets. It looks a bit dated".
- Although we saw some easy to understand pictorial signage on various doors, a reminiscence rummage boxes or bags in or near a few peoples' bedrooms and bedroom doors painted to look like a front door; the approach lacked consistency. For example, we found there was a lack of colour contrasting doors and walls or memory boxes near the bedroom doors of people living with dementia. A memory box is a container placed outside a person's bedroom that holds special objects that are important to a person, such as photographs or ornaments.
- We discussed making the homes environment more 'dementia friendly' with the registered manager and some members of the management team. They agreed the introduction of memory boxes, greater colour contrasting and easier to understand pictorial signage would enhance the lives of most people living in the care home and that it would help people identify rooms they wanted to use more easily.

We made a recommendation about the premises.

Staff support: induction, training, skills and experience

Staff had not received specialist training to support people with learning disabilities. The registered manager and staff confirmed none of them had received any recognised learning disability awareness training, despite one person with a learning disability living at the care home.

We discussed this training matter with the register manager at the time of our inspection who agreed staff would benefit from receiving learning disability awareness training. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- Overall, people were supported by staff who had the knowledge and skills needed to provide their care. Relatives commented, "I have no qualms about their ability to look after [relative]" and "The main two staff

looking after [relative] have been in the role a long time and they are very professional."

- New staff underwent an induction and training. All staff new to care completed an induction which was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. New staff worked alongside other colleagues to develop their skills before they started to support people on their own.
- Staff received regular training and had refresher courses such as dementia awareness, falls prevention and pressure wound care to ensure they had up to date knowledge on how to deliver care effectively.
- Staff received regular supervision and an annual appraisal where a review of their past performance, personal development and training, concerns, teamwork and standard of work was carried out. One member of staff told us, "We work well as a team in this care home. I feel I get all the support I need from the managers." Staff said they felt supported by their line managers and colleagues.

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

- People's needs were assessed. Staff supported people to make choices to promote their health and wellbeing. Care plans contained sufficient detail about the support each person required. Staff undertook regular reviews of people's care plans and updated these to reflect their changing needs. Staff worked in line with best practice and guidance which supported people to enjoy a good quality of life.

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.

- Mental capacity assessments were carried out when people did not have the ability to consent to some decisions about their care. Care records showed staff sought people's consent before providing care.
- People were lawfully deprived of their liberty for their own safety. Records were maintained for applications and DoLS authorisations. Staff understood this legislation and followed the conditions provided in the authorisations.

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

- People received food that met their preferences, nutrition and hydration needs. Relatives comments included, "[Relative] has plenty to eat, more than he wants" and "[Relative] is always happy with the food. She has a menu to choose from and is happy with the choices".
- Staff knew people's dietary needs, preferences and the support they required to eat and drink enough. Menus reflected people's choices, specialist diets and cultural needs. A relative told us, "[Family member] likes the food and he gets a choice". We saw people enjoying lunch in the dining rooms. People told us they liked the quality and choice of the meals. The atmosphere during lunch time service on both floors of the care home remained relaxed throughout the meal. We observed staff encourage people to choose what meal they ate for their lunch and respected the choices people had made.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support.

- People received care from a range of health and social care professionals when needed. Health records showed timely visits and follow up appointments were arranged to support people with their changing needs. Staff followed recommendations made by health professionals to promote people's health and wellbeing.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The provider promoted equality, recognised diversity, and protected people's human rights. People's care records showed care planning focused on each individual's needs and differences. This enabled people to lead fulfilling lives. For example, people received culturally appropriate foods and had access to activities that celebrated their differences such as age, race, ethnicity, religion and gender. People's life history's was recorded and contained information about their routines and what was important to them. Staff knew people well and this enabled them to provide care to each person in a manner they preferred.
- People's diverse spiritual and cultural needs and wishes were respected. One relative told us, "My [family member] enjoys oriental food and she really likes rice and doesn't eat mashed potato. They [staff] went out of their way to give her rice and other food she likes." During our inspection we observed staff ensured the aforementioned individual was served rice instead of potatoes for her lunch in accordance with their dietary wishes.
- Staff had received equality and diversity training. Staff demonstrated good awareness of people's diverse cultural heritage and spiritual needs and how to protect them from discriminatory behaviours and practices. The catering staff prepared food that reflected the culturally diverse heritage and tastes of people living at the care home, which routinely included Afro-Caribbean style cuisine, such as foo-foo and rice and peas, for example.
- People and their relatives told us staff were polite and were treated with kindness and dignity. Comments included, "He looks well cared for and clean"; "Overall it's [the home] very positive it's nurturing and cosy. There is [staff] who can speak her language she feels included." We observed staff who were assisting people to eat at mealtimes did so in a dignified manner.
- Conversations between people and staff were warm and respectful. We received positive feedback from relatives about staff working at the care home. One relative said, "I think the staff are caring", while a second relative told us, "The residents are well looked after and the staff deserve a lot of praise."

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

- Staff involved people when making decisions about their care. Staff respected people's wishes on how they wanted their care to be delivered. We observed positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their privacy and dignity. We observed staff were polite and caring towards people using the service. Comments from relatives included, "The staff are really kind and caring. I really like the way they look after her", "I'm very happy with the care [relative] receives at the home. She is always clean and well fed. The staff are very caring and kind to her".
- Care records were held in secure rooms and on password protected computers to improve security and prevent unauthorised access.
- People received the support they required to maintain their independence. Staff supported people to do tasks they could do themselves such as brushing their teeth and combing their hair.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question 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 had an assessment of their needs before their admission to the home and followed by regular reviews and updates of their care plans. A relative told us, "The manager phoned, and we did the care planning over the phone. I gave them the routine photos of her medicines and her sleeping habits. They asked about communication too."
- People were able to give their views on how they wished their care and support provided. Other relatives said, "The staff give good updates on how [relative] is" and "[Staff] are very good at phoning when [relative] needs anything. Their attention to detail is excellent". Care plans were personalised and detailed and showed the support each person required and what they liked and disliked and their preferences.
- People's care plans were updated in response to risk assessments, for example where people were at risk of developing pressure sores. People's records showed visits from professionals such as doctors, specialist nurses when there were changes in their health.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferences were assessed and recorded in their care plan. The registered manager and staff understood and worked within the principles of the AIS. People were supported to communicate in their first or preferred languages. We observed staff speaking Portuguese and Patois (an English-based Creole/Caribbean language) to people who understood and spoke these languages. Menus and activities schedule were written in large text, pictorial form and displayed on accessible notice boards.

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 participate in activities that reflected their social interests. One relative said, "My [relative] likes to walk, so the carers will help her walk up and down the corridors." A second relative said, "[Family member] loved the music and singing sessions they have here. She also used to go on the outings as well, which she enjoyed."
- An activity coordinator organised various social and leisure activities and events for people using the service. An external activity company also helped staff at the care home deliver meaningful activities for

people living with dementia.

- The weekly activities timetable indicated people could choose to participate in various social activities and events at the care home, including arts and craft, music, films, group exercise classes, baking, quiz and recently a Burns night celebration.
- People were supported to maintain positive relationships with people that were important to them. This was confirmed by a relative who said, "I call every day and can speak to my mum whenever I want to."
- Alternative arrangements had been developed to help people maintain social contact with their family members and friends during the Covid-19 pandemic. For example, relatives and friends who were not permitted to visit the care home were allowed to see their family member through a window from the safety of the garden before the current lockdown restrictions were put in place. In addition, the service supported people to continue using phone and video calls.

Improving care quality in response to complaints or concerns

- The provider and registered manager encouraged people raise any concerns they may have. People and their relatives were aware of the procedure of making a complaint. They were confident the registered manager would listen to them if they made a complaint. The registered manager used the complaints and compliments to improve the quality of care provided to people. We saw a number of complaints over a period. These were reviewed, investigated and resolved in line with the provider's procedure. We saw historical compliments which showed people and their relatives were happy with the quality of care provided.

End of life care and support

- People who were nearing the end of their life, received compassionate and supportive care. A relative told us, "We were given visits for end of life. They [staff] were very supportive and loving. We saw lots of care and dignity. We have trusted the care of our parents to them and they have looked after them as we would have liked to be able to."
- People's care plans showed their end of life care and support needs and wishes. Positive feedback from people's relatives and records showed staff had honoured the last wishes of people who had passed away at the care home. Staff had completed end of life care training. Staff regularly liaised with GPs and other healthcare professionals, including palliative care nurses, to ensure people experienced dignified and comfortable end of life care and in line with their dying wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives felt the registered manager and staff team were supportive and approachable. Their comments included, "I know the [registered] manager. I can't remember her name, but she is lovely friendly and accommodating"; "I know I could approach [registered manager], and she does check on [relative]"; "The [registered] manager is very approachable and very supportive"; "[Staff members] keep me informed"; "Every time we ring up we get all the information we need" and "Every week they send an email as an update".
- Staff told us the registered manager and management were visible and felt supported in their roles. Staff said, "The managers approachable and you can talk about anything at any time" and "We work well together."

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

- There continued to be a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Notifications were sent to CQC as required so that we could check appropriate action had been taken. The previous rating was displayed in line with our requirements.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff.
- People had regular opportunities to share their views with the registered manager and staff about the care they received during regular care plan reviews, residents' meetings and stakeholder satisfaction surveys. People told us the communication with the registered manager and staff was mainly good. Comments included, "They [managers] seem to try and involve you in the home"; "The [registered] manager seems very receptive to ideas and you can talk to her" and "They have monthly residents/relatives meetings over skype and regularly send out satisfaction questionnaires', emails and a newsletter telling us what's going on."
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about the service during regular individual and group meetings with their line managers and colleagues.

This included daily shift handovers and meetings held with the registered manager and senior staff on each floor, and regular online team meetings. One member of staff said, "I do feel the managers who work here are very approachable and do take on board what we have to say."

Continuous learning and improving care

- Improvements were made to the quality of care provided to people using the service. Audit systems were used to monitor the service and drive improvement. Audits and checks included staff training and competencies, medicines administration, the environment and equipment, care records, infection control, complaints and safeguarding. Actions plans were put in place to address any shortcomings in service provision. For example, audits carried out had helped the service identify a need to improve their falls prevention systems through updating staffs' training in this area.
- The registered manager had walking tours of the building to observe staffs' working practices and the cleanliness of the home. The records confirmed the checks and audits helped the registered manager to identify issues, learn lessons and implement action plans to improve the care they provided.
- The provider took part in research organised by a university and took advice about dementia care.

Working in partnership with others

- The provider and registered manager worked in close partnership with various community health and social professionals and external agencies to ensure people maintained their health and wellbeing. Records confirmed the collaboration and showed the registered manager welcomed their views and advice and shared best practice ideas with their staff.