

Bupa Care Homes (CFChomes) Limited

Elmstead 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Elmstead Care Home provides accommodation and personal care support for up to 41 older people. The home is situated within the London borough of Bromley and is spread out over three floors. Care provided includes respite services, day care facilities and care for people recovering from illness. At the time of our inspection there were 37 people living at the service.

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

Risks were managed and reviewed on a regular basis to protect people from possible harm. People were protected from the risk of abuse, because staff were aware of the action to take to ensure people's safety and well-being. Medicines were managed, administered and stored safely. There were robust systems in place to ensure people were protected from the risk of infection and the home was clean and hygienic with sufficient stocks of personal protective equipment which staff used in line with national guidance. Accidents and incidents were recorded, monitored and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs in a timely manner.

People's needs and preferences continued to be met by appropriately skilled staff with the right knowledge and experience. Staff received training, supervision and appraisals. 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 supported to eat a healthy, well-balanced diet and people told us they enjoyed the meals on offer at the home.

People were empowered and supported to maintain relationships with people that were important to them. People and their relatives told us that staff were kind and caring. People were supported to express their views and were involved in decisions about their care. Their privacy and dignity was respected and maintained, and staff supported people to retain their independence.

People received outstanding responsive personalised care and support. Staff had outstanding skills and knowledge in meeting people's diverse needs. Staff were provided with up to date training in line with best practice that was tailored to meeting people's individual needs and choices. People continued to be empowered and supported to live an active and fulfilling lives.

People received individualised care and support that was exceptionally responsive to their needs and wishes. Responsive partnerships with professionals were maintained to ensure people received high standards of care. Activity provision was outstandingly responsive to people's needs, person-centred and innovative.

There were suitable arrangements in place to respond to people's concerns and complaints appropriately. The home had an open and inclusive culture and staff spoke positively about the registered manager. There

were effective and well-led governance systems in place to monitor, assess and improve the quality of the service.

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

Rating at the last inspection

The last rating for this service was good (published 26 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We also 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Good.	Good ●
Is the service responsive? The service remained outstanding.	Outstanding ☆
Is the service well-led? The service remained Good.	Good ●

Elmstead 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 checked whether the provider was 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 was carried out by one 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

Elmstead 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people using the service and five relatives on the telephone. People living at the home had varying levels of communication, so we therefore used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing the support provided to people in communal areas, at mealtimes and the interactions between people and staff. We spoke with eight members of staff including the registered manager, deputy manager, team leaders and care staff. We looked at four people's care plans and care records, staff recruitment training and supervision records and records relating to the management of the service such as audits, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found and due to COVID-19 to ensure people's continued safety we reviewed a number of records off site.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relative's spoke positively about the staff that supported them and how they helped them to keep safe. Comments included, "Yes, I'm safe because there are plenty of staff", "They [staff] are very, very, good carers. They would come quickly if I rang my call button", "Yes, I am safe. There are regular fire drills, so everyone knows what is going on", and "[Relative] is safe because they feel protected. Staff come and visit [relative] in their room very regularly. [Relative] speaks well of staff. I cannot fault them at all."
- Staff were knowledgeable about safeguarding and how to keep people safe. Staff had completed safeguarding training and had access to up to date safeguarding policies and procedures.
- Where concerns were raised, we saw prompt investigations were undertaken and referrals made to local authorities and the CQC as appropriate. Safeguarding enquiries were transparent, and staff worked well with health and social care professionals to ensure good outcomes for people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to ensure accidents and incidents involving the safety of people were recorded, managed, monitored and acted on appropriately. The registered manager reviewed accidents and incidents as part of lessons learned, to ensure risks were reassessed helping the prevention of reoccurrence where possible. Learning was discussed with the staffing team at individual supervisions and group meetings.
- Risks to people were identified, assessed, documented and reviewed to ensure their needs were safely met. Care plans contained up to date assessments of risks to people's physical and mental health well-being. This ensured staff were provided with up to date information on how best to support individuals to manage identified risks.
- Risk assessments covered areas of risks including, nutrition and diet, medicines management and mobility. Where risks were identified, for example with weight loss, appropriate risk assessments, plans and monitoring tools were in place. Staff we spoke with knew people well and understood their needs and risks and how best to support them.
- There were arrangements in place to deal with foreseeable emergencies. The home environment was appropriately maintained, and records showed environmental, health and safety and equipment checks were routinely undertaken. These included checks on gas safety and electrical installations and appliances; water hygiene and the servicing of equipment used in the home such as; bed rails and window restrictors.

Using medicines safely

- Medicines were managed, monitored and administered safely. People told us they received their medicines as prescribed. One person said, "I am safe because the staff are always here. My medicines are

always on time, they [staff] never forget."

- Staff completed training to administer medicines safely and their competency was checked regularly to ensure safe administration. Processes were in place for the timely ordering of medicines. Medicines administration records (MAR) showed people received their medicines as prescribed.

Staffing and recruitment

- Throughout our inspection, we observed there were enough staff to meet people's needs in a timely manner. One person told us, "Staff always come and help me." Another person commented, "There are enough staff, and they are all good."
- Staff retention within the home was very good with many staff having worked at the home for many years. One member of staff commented, "It's such a lovely home, we all work together really well to ensure everyone gets the best care, it's like family here."
- Safe recruitment procedures were in place. Staff recruitment processes included application forms, full employment history, employment references, Disclosure and Baring Service (DBS) checks, health declarations and proof of identification. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection and staff completed training and were knowledgeable about the requirements. We observed staff used personal protective equipment safely.
- The home appeared clean and tidy, and people were protected from the risk of infection. Housekeeping staff followed cleaning schedules to ensure all areas within the home were regularly cleaned.
- We were assured that the provider's infection prevention and control policy was up to date.

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

- People's needs were holistically assessed in line with recognised best practice. Comprehensive assessments of people's physical and mental health care and support needs were completed prior to anyone being admitted to the home to ensure staff could meet their needs effectively. Assessments were used to implement personal care and support plans.
- People and their relatives where appropriate, were consulted throughout the assessment process and their needs and choices were reviewed on a regular basis or when people's needs had changed.

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

- People were provided with meals and were offered an array of menu choices. One person said, "They [staff] do anything you want and need. The food is fantastic." Another person commented, "I think staff look after me very well. The food is very nice."
- We observed lunch served in one dining room. People received their diets and choice of foods in line with health care professional's recommendations and their wishes. There was good staff presence within the dining room to support and encourage people to eat their meals where required.
- People's nutritional needs and wishes were documented within their care plans. Care records included detailed information on individuals' dietary needs and preferences along with any support they needed from staff with eating and drinking.

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

- People's health and social care support needs were effectively assessed, documented and reviewed to ensure their needs were met. A relative told us, "Staff are excellent. The manager knows what is going on. They [staff] encourage [relative] to be as independent as possible. They [staff] have been very supportive of me. [Relative] can be difficult, but staff know how to handle [relative]. [Relative] speaks highly of staff."
- Staff worked effectively in partnership with health and social care professionals to plan, deliver and meet people's needs safely and appropriately. A visiting health care professional told us, "They [staff] definitely understand the residents well. They [staff] are very quick to spot residents if their condition is deteriorating. There are enough staff here. They [staff] are always ready to give you time: they are not rushed off their feet."
- Staff maintained records of people's health care appointments which were retained within people's care plans, this ensured staff were informed of any changes. People were referred appropriately to health and social care professionals such as, GPs, speech and language therapists, community mental health teams, occupational therapists and dieticians amongst others, when required.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled to meet people's needs. Staff were supported by the provider through an induction programme and on-going training. People spoke very highly of the support staff offered and told us they thought staff were very well trained. Comments included, "They [staff] definitely understand how to look after me", "They [staff] know how to look after me. If anything is wrong, they sort it out", "Staff are aware of [relative's] diagnosis. They [staff] do love [relative]. Staff are aware of [relative's] needs and answer my questions. [Relative] is always clean, always shaved. There are no smells", and, "I feel confident staff know [relative] well. They [staff] have done their utmost to make things normal despite the pandemic."
- Staff had completed training in areas such as safeguarding adults, infection control, COVID 19, dementia, moving and handling, health and safety, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and food hygiene amongst others.
- The registered manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff told us they received regular supervision and support from senior staff and the registered manager. One member of staff said, "I love it here. The management is very supportive. We get lots of training. We have lots of staff meetings, if we ask for a meeting, it always happens. Everyone gets on well here."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were very knowledgeable and aware of the need to assess people's capacity if required, in order to support them to make decisions. Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found the authorisation papers were in place and kept under review by staff.

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

- The accommodation was homely, accessible, clean, safe, and suitable to meet people's needs.
- People living with dementia were cared for in a dementia friendly environment, for example, people's doors were painted with recognised dementia friendly colours, signage was clear pictorial and easy to read, and memory boxes were displayed outside people's rooms filled with photographs and objects to aid orientation.
- People had access to outside space, gardens and terrace areas which included seating areas, a pond and planted flower beds.

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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were involved in decisions about their care, and their daily routines. Staff respected their choices and wishes in relation to their care. Comments included, "They [staff] definitely respect me. The staff always have time for a chat. If there are any problems, I would feel happy to tell staff and I am sure that they would put it right." A relative told us, "They [staff] definitely treat [relative] with dignity and respect. The staff are always there for a chat. There are some exceptional staff, they just make [relative] feel loved. [Relative] was over the moon when they celebrated [relatives] birthday."
- Throughout our inspection we observed staff were kind in their approach, supportive and offered people choices before support was provided. Staff knew people well and identified what was important to their well-being. One member of staff commented, "We really are like family here, most of us have been here for years and know people so well."

Ensuring people are well treated and supported; equality and diversity

- Staff were exceptionally committed in their approach to ensure people's individual needs and preferences were met and people were happy. Comments from people and their relatives included, "The staff here are very friendly", "They [staff] always treat me with dignity and respect", "They [staff] look after me very well. I cannot fault them", "It's my home here and they [staff] are all family", and, "I can tell [relative] is happy. [Relative] says it is lovely there. Staff act as if they love [relative] to bits".
- Staff understood the importance of respecting and promoting equality and diversity. Care plans recorded information about people's diverse needs, including, personal relationships, cultural preferences and religious beliefs. There were policies and procedures in place to ensure people were provided with support and protected where required under the Equality Act. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

- People told us and we saw they were treated with dignity and respect and their privacy was respected. One person commented, "They [staff] are wonderful. They always knock on my door to protect my privacy. They never come barging in." A relative commented, "They [staff] respect [relatives] privacy absolutely. They talk to [relative] all the time. Everyone has been lovely with [relative]. It is very homely."
- We observed staff ensured people's privacy and dignity was respected by knocking on their doors and seeking permission before entering their rooms.

Is the service responsive?

Our findings

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

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

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

- People continued to receive exceptional care and support that met their individual preferences and choices because staff had built well established and affectionate relationships with people and their relatives. People and their relatives told us staff took the time to understand their individual needs and preferences and ensured their support was tailored to meet their needs. One person told us, "Truly excellent staff, they know me so well. They know what my favourite dinner is and what I like to watch. I'm very happy here." A relative told us, "They [staff] have done wonders since Covid. Staff know all [relatives] idiosyncrasies. Staff are very attentive and watchful."
- Staff drew on information about people's histories, interests and choices in order to provide care and support that reflected their needs and wishes. For example, during the football Euro tournament, which was played through the COVID-19 pandemic, staff enabled one person to recreate and recollect their time at the world cup final in 1966. Staff showed the football game on a large screen television and England flags and bunting were hung around the home in support of the team. The impact of staff's understanding and support had a positive impact on the person's wellbeing as they were supported to be engaged in something that was important to them. Additionally, they were able to share many happy memories of the event in 1966 with other people.
- People were supported and empowered to achieve their desired wishes and outcomes. One person had always wanted to send a letter and correspond with the Queen. Staff supported the person in writing and expressing themselves in a letter to the Queen, which was responded to by the Queen's lady in waiting. The person was overjoyed by the response and the letter was shared with others at the home.
- People continued to be at the heart of everything staff did. Staff empowered people to be actively involved in planning and reviewing their care and care plans were composed holistically including the use of pictures and in ensuring individuals human rights and diverse needs were supported, encouraged and respected. Diversity was celebrated in ways such as cultural foods were prepared and served. People who chose to participate were recently taught how to eat with chopsticks. Through a food committee people continued to choose to have a lighter meal served at lunchtime and the main meal of the day served in the evenings. People told us this suited them better as they were able to engage more during the afternoon activities as they had not eaten a heavy meal.

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 continued to be empowered and supported to live an active and fulfilling life. Social activities were innovative, and staff excelled at meeting people's individual diverse needs. We saw that activities continued

to be fully inclusive irrespective of individuals psychological and physical needs. Staff went the extra mile to find what people did in the past and aimed to match and make their choices happen during a difficult time in the COVID-19 pandemic when restrictions were in place. For example, people's birthdays were still a joyful celebrated event with staff organising parties, the chef making party food and cakes and virtual entertainers performing to people via large smart screen TV's. Staff and people also continued to link up with their favourite visiting entertainers at a time during the pandemic when visiting was restricted via the internet using mobile devices and large screen smart TV's.

- Staff continued to manage and facilitate several activities and services within the home such as the well decorated café and breakfast club and the pub, The Elmstead Arms, which as we saw was as popular as ever for people to socialise over a drink, bar snacks and to play games such as cards, darts and Jenga. The breakfast club continued to offer people independence and choice especially at a time during lockdown when people were unable to venture out. People were able to visit the café where waitresses (staff) would take their orders for food and drink. This continued to provide people with the opportunity to meet and chat with others, read the daily newspapers and to gain a sense of community without leaving the home. Many people living with dementia prior to the COVID – 19 pandemic enjoyed regular visits from animals they were able to engage with and pet, such as rabbits and dogs. However, due to the pandemic these visits have been restricted. In response to meeting the emotional and sensory needs of some people living with dementia the home adopted two kittens. The impact in doing this on those living with dementia and other people has been immense. During the inspection we observed the kittens interacting with people, for example, sitting on people's laps and people playing games with them. We observed the positive effects and smiles on people's faces when touching and caring for the kittens. One person told us, "This is my cat, isn't she wonderful." Another person commented, "They [kittens] are lovely. They always come and sit on my lap; they make me smile."

- The home continued to take a key role within the local community and staff actively sought and built on further links. Community involvement was strongly but not exclusively linked to the activity programmes within the home which included, communication and donations from the local garden centre who provided plants, flowers and vegetables for people to plant, enjoy and watch them grow. Virtual quizzes with a local college were held to test people's general knowledge and to have fun. Strong links with the local scouting group that were in place prior to the pandemic was made stronger even though visiting was not an option. People enjoyed visits by the Scouts and so in response to visits being restricted and in meeting people's needs and interests staff created an in-house scouting day whereby people and staff erected tents and unrolled sleeping bags. We saw the activity was enjoyed by many and this also enabled some people to reminisce about their time in the Scouting group and for others who enjoyed camping in their younger days. Pictures and memory books recorded the activity and allowed for people to recollect the fun they had in completing the activity. During the London marathon people decided and wanted to participate in their own marathon event. With staff support they measured out a 26-mile route within the home and people who chose to take part walked the route everyday sometimes several times a day until they completed the 26 miles. This was an amazing achievement for many individuals and in particular for those who had always wanted to complete a marathon but had never had the opportunity and or support to active their goal.

- Staff used innovative methods to ensure people were supported to maintain relationships that were important to them during the pandemic especially at times when visiting was not allowed. For example, two extra mobile tablets were purchased which enabled people to have video calls with their loved ones, space made available in the office for staff to support people to send and receive mails and messages from their loved ones and friends, four mobile phones purchased so frequent telephone contact could be maintained, smart TV's which again promoted video communication and support from staff so people could make 'just because/love you' cards and letters that were sent to peoples relatives, friends and loved ones.

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.

- Staff took innovative steps to meet people's information and communication needs above complying with the AIS. The home's environment assisted in the promotion of people's independence and good accessible communication and information was on display.
- Staff and people used various communication methods and aids to express themselves and enhance communication ensuring people received effective and outstanding support to meet their needs. For example, the home's environment used clear illustrative pictures to enable people to remain independent whilst walking and living within the home. Dementia friendly colours and décor assisted people living with dementia in safely mobilising and accessing parts of the home as dementia affects depth and perception within a known or unknown environment. For example, different coloured flooring in doorways could appear as steps. Memory boxes posted outside people's rooms supported and enable orientation. Story books created with people empowered individuals to retell their life stories, share memories that are important to them and to document and support people to reach their aims and goals, such as completing a marathon. Assistive technology was in use which enabled people to keep safe, hear, see and participate being fully inclusive. For example, alarm mats were in place to minimise the risk of falls for those at risk, and talking books were provided for those whose sight prevented them from enjoying reading.

End of life care and support

- People received sensitive, responsive end of life care based on their individual needs and wishes as staff worked well with health and social care professionals. This ensured people's end of life care needs and preferences were met.
- Staff provided responsive support in partnership with local hospices and health care professionals to people at the end of their lives. Staff received appropriate training and learning tools were available to support staff to have sometimes difficult discussions with people and their relatives about their chosen end of life wishes. We saw that where people had chosen, their discussed wishes and their choice of funeral arrangements were documented to ensure their wishes were known and respected. Where appropriate people also had Do Not Attempt Resuscitation orders (DNARs) in place.

Improving care quality in response to complaints or concerns

- There continued to be robust arrangements in place to respond to people's complaints appropriately and for staff to learn from them. People and their relatives told us they knew how to raise a complaint. One person told us, "I have absolutely nothing to complain about, they [staff] are all amazing." Another person commented, "It's all wonderful, staff always listen so there's no need to moan." A relative told us, "She is a good manager. All the staff are very conscientious. If I have any issues I can ring her [registered manager] and she will always call me back. She is very accessible. I have no qualms."
- Complaints records showed that complaints were responded to promptly and appropriately in line with the provider's policy. A complaint's monitoring tool enabled the registered manager to evaluate, process, respond and monitor complaints received and to share learning with staff helping to drive service improvements.

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 has 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

- There was a positive inclusive person-centred culture at the service that achieved best outcomes for people. People and their relatives spoke highly of staff and the registered manager. Comments included, "The manager is very nice. If there are problems she always solves them. It is the best." "The manager is very good. They [staff] are all good. We have a good life here." "The manager does a brilliant job. Nothing is too much trouble. She is very calm; she exudes confidence and is very supportive. Absolutely brilliant" and, "Overall, I am very happy here. They [staff] are just nice people."
- There was a clear chain of management, responsibility and accountability within the staff team. Staff were knowledgeable, skilled and spoke highly of the registered manager and how she promoted a positive and open culture within the home. One staff member said, "We are such a good team that work well together to ensure people get great care. The manager is just great, so supportive, all of this is what makes this place so good." Another member of staff commented, "The manager is the best. She manages the home well and gives us staff support. It's such a nice place to work and we all help each other."
- The home had recently received an award from an online care directory for being one of the 'top twenty ranked care homes in London'. The award was based on recommendations from people using the service and or their friends/relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- There remained effective and well-led governance systems in place to monitor, assess and improve the quality of the service. Checks and audits were conducted by management and the provider in line with regulations to ensure the service was managed well and people received good standards of care. Clinical governance systems were also in place that ensured data is collected and analysed monthly. This enabled the provider to measure the quality of the service ensuring transparency and accountability which underpins the providers commitment to continuous quality improvement. Audits undertaken focused on areas such as health and safety, accidents and incidents, safeguarding, medicines management and infection prevention and control amongst others. There was a strong focus on continuous learning within the home and records of actions taken to address any findings or planned improvements were documented and actioned as appropriate.
- There remained a long-standing registered manager in post. They were very experienced and

knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. They understood their responsibilities to inform CQC of events which may affect people and the care provided. The registered manager and staff were open and transparent about their achievements and what they planned to accomplish or improve upon in the future. Notifications were submitted to the CQC as required and the services current CQC rating was displayed appropriately in the home.

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

- Effective systems remained in place to encourage and empower people and their relatives to participate in the development of the home and to provide feedback to help drive improvements. Opportunities for people to provide feedback included comments and suggestions box, residents and relative's meetings, satisfaction surveys and 'You said, We did' initiative. Recent survey results showed 100 percent of residents were satisfied/extremely satisfied with the home overall. In particular, 97 percent were satisfied/extremely satisfied with the management of the Covid 19 pandemic and feeling that they had a say in how the home is run.
- Staff were encouraged to make suggestions to help drive improvements to the provision of care. Staff meetings were held regularly to enable staff to share and to learn best practice. Staff had a clear understanding of their roles and knew what was expected of them. During our inspection we saw staff worked well as a team and communicated effectively.

Working in partnership with others

- There were sustained positive links and partnerships in place with agencies, the local community and health and social care professionals to ensure people received appropriate levels of care and support to meet their needs. Information and best practice was shared when appropriate. This ensured care and support was provided in a consistent way. A health care professional told us, "This place is very well organised. They [staff] always want to do the best for the residents. They are very good at communicating. This place is excellent, I would put my mum here."