

HC-One Limited

# Ashgrove Care Home - London

## 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

### About the service

Ashgrove Care Home is a care home providing personal and nursing care to up to 49 people aged 65 and over. At the time of our inspection, there were 28 people using the service. Care is provided over two floors. The service is managed by HC-One Limited, a national provider of nursing and care homes.

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

The provider had made improvements to the management of medicines since the last inspection. We found a minor issue which we discussed with the registered manager, and prompt action was taken to rectify this. Overall, we found people's medicines were managed safely to ensure people received their medicines as prescribed and in line with national guidance.

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's needs were recorded in their care plans and met. Staff knew people's needs and how to meet these in line with their care plans.

People told us they felt safe when receiving care and relatives agreed with this. The provider had processes in place for the recording and investigation of complaints and incidents and accidents. Risk assessments contained guidelines and plans for staff on how to minimise risks for people using the service.

There were enough staff to support people and meet their needs. Staff were recruited appropriately, and all checks were in place. Staff received an induction, training and supervision and felt supported in their roles.

The provider sought feedback from people. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to. We received positive feedback from people who used the service. People said staff were caring and treated them with dignity and respect.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

The provider had monitoring systems in place, and these were regular and effective.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 22 February 2020) and there were

multiple breaches of regulation. 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.

Following a COVID-19 outbreak at the home, we also carried out a targeted inspection on 6 January 2021 looking at the infection prevention and control practices the provider had in place.

#### Why we inspected

The inspection was prompted in part due to concerns received about poor care and the provider's lack of responsiveness. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Ashgrove Care Home - London

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector, a member of the CQC's medicines team, a nurse 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

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

### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with 14 members of staff including the area quality director, registered manager, deputy manager, three nurses, seven care workers and the chef.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at five 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. 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.

### After the inspection

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection on 23 January 2020, we found the provider had not ensured the proper and safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Medicines were managed safely and people received these as prescribed although we found one minor concern. Some people were receiving their medicines covertly and this had been authorised by the relevant professionals. We found for three people, covert medicines agreements did not contain up to date lists of current medicines. These agreements were regularly reviewed by the GP and pharmacist but the provider had not always updated the paperwork when changes had been made. The registered manager provided evidence after the inspection they had updated the agreements and the GP had signed these.
- Where people were prescribed 'as required' (PRN) medicines, PRN protocols were in place and regularly reviewed.
- Most medicines were supplied in blister packs and others were provided in boxes. We checked a sample of boxed medicines and found the amount given corresponded to the signatures on the medicines administration record (MAR) charts, which indicated people had received these medicines as prescribed.
- Controlled drugs (CDs) were stored appropriately, regularly audited and found to match balances in the records.
- People's allergy status was recorded on MAR charts and cross referenced in people's care plans.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe living at the home. One person told us, "No bad here. I am safe." Relatives we spoke with indicated they were happy with the service and felt their family members were safe. Their comments included, "It feels like a safe place. We feel happy to leave [family member] and go home after our visit", "I have never seen anything that would make me feel wary about the safety side of things" and "I have no anxieties about the care. My [family member] has been at the home for years. It is completely safe."
- There was a safeguarding policy and procedures in place which was developed in line with the London Borough of Hounslow's. Staff received regular training in safeguarding adults and were aware of the whistleblowing procedure. One staff member told us, "If I saw a safeguarding issue, I would report it to the

nurse in charge" and another stated, "I would not hesitate to report incorrect practices. At the end of the day, that could be your own family."

- The provider kept a log of all safeguarding concerns raised and notified the local authority's safeguarding team and the CQC appropriately. The provider worked with them to investigate safeguarding concerns.

#### Assessing risk, safety monitoring and management

- The risks to people's health and wellbeing had been assessed and regularly reviewed. Specific risk assessments and plans were available based on the individual risks which had been identified at the point of the initial assessment of people's needs. Risk assessments were detailed and included guidelines for staff on how to reduce risk. Risks assessed included, skin integrity, falls, nutrition, continence, oral health, moving and handling and communication.

- One person was assessed at high risk of falls. We saw they had been assessed by the relevant healthcare professionals and had a sensor mat in their room so the staff would be alerted when the person got up, therefore reducing the risk of falls.

- We saw the staff being proactive in responding to risk. For example, one person tripped while walking. Two staff noticed this and quickly moved in a steady and calm manner towards them, verbally supporting the person to continue walking to their destination.

- People had individual COVID-19 risk assessments. These considered people's age, medical history, and any conditions which put them at higher risk should they contract the virus.

- People had 'visiting assessment and plans' in place. These looked at the person's individual needs including health needs to determine the safest way for the person to receive visitors. These helped staff determine how to organise family visits in the safest possible way.

- Each person had personal emergency evacuation plans (PEEPS) in place. These took into consideration each person's needs and abilities to enable staff to understand how to support the person to evacuate the building should there be a fire.

- All safety checks were undertaken regularly. These checks included fire, gas and electricity, water, fire doors, lift, portable electrical appliances and lighting. The maintenance person kept a record of all the checks they carried out on a weekly basis, and we saw these were up to date. There were regular room checks, and appropriate action was taken when concerns were found.

#### Staffing and recruitment

- There were enough staff at any one time to meet people's needs. Relatives we spoke with were happy with the staffing levels. One relative told us, "From what I have seen so far, they are all very professional. There seems to be enough staff on duty when we have been here" and another said, "I don't see any issues with the staffing levels. I tend to visit at weekends." On the day of our inspection, there were enough staff on duty to care for and support people.

- The staff felt there was enough staff to provide support to people. One staff member told us, "I think there are enough staff at the moment. It was very difficult last year during the pandemic."

- Although new people had been admitted to the service, there were still a number of vacancies which meant there were always enough staff available to provide support to people. The provider used a 'dependency assessment' for each person so they could determine the level of support a person required. This ensured there was always enough staff to meet their needs in line with their care plans.

- Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to help ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- There was an incident and accident policy and procedures in place. The provider kept a log of all the incidents and accidents which occurred at the home. These were recorded and included the date and place of the incident, who was involved, description of what happened, body map if there was any injury and who was informed.
- Where there had been a serious accident or incident, the provider undertook a root cause analysis. This looked in detail what happened immediately before the event, checked the care plan and relevant risk assessments in place, possible contributing factors, such as the person's medical condition, environmental aspect, medicines and equipment used. Following a detailed analysis, a conclusion regarding the possible cause of the accident was identified and an action plan put in place to prevent reoccurrence.
- Incidents and accidents were discussed during team meetings to analyse what went wrong and how to prevent these from happening again.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

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

At the last inspection, we found the provider was not always working within the principles of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

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.

- People were consulted in all aspects of their care. We saw staff giving people choice and consulting them about how they wanted their support, what food or drink they required and what they wanted to do, and this was respected.
- Although there had been a delay in applying for DoLS for one person who had been admitted to the service, the provider had learned from this and had ensured this did not happen again. We saw the registered manager had applied for a DoLS for a person who had been admitted the day before the inspection. The provider had implemented any conditions in relation to DoLS, to help ensure people received care which was personalised.

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

- People's needs were assessed before they were admitted into the service to help ensure the staff could meet these. Assessments were thorough and included people's preferences, likes and dislikes.
- Most people were referred by the local authority who provided information about the person. Initial assessments were used to write person-centred care plans, and where possible, people and their relatives were involved in this process.

#### Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained and supervised. Training included what the provider considered mandatory such as health and safety, safeguarding, moving and handling and infection control. Staff also received training specific to the needs of the people who used the service. This included dementia awareness, MCA and DoLS, death, dying and bereavement, pain management and catheter care.
- Relatives felt the staff were well trained. Their comments included, "I have never seen anything to question their competence. They are good at what they do" and "The staff have been here a long time and know what they are doing." Staff were happy with the training and support they received. Their comments included, "We do manual handling and safeguarding. I think the training is good" and "I have done training courses."
- New staff received an induction into the service before they were able to support people. This included an introduction to the people who used the service, discussing their roles and responsibilities, conduct at work, rota and time keeping, policies and procedures and dress code. This was followed by training in all areas of care. Each new employee was allocated a supervisor who monitored and guided them during their induction period. Once signed off as competent, the staff member was able to support people.

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

- People's nutritional needs were sought and recorded in their care plans. These stated people's food preferences, the level of assistance they required, the person's allergy status, cultural preferences and if they required a specific diet type or texture modified meals, such as soft or pureed food.
- Where necessary, staff used a malnutrition universal screening tool (MUST). This highlighted any risks to the person. Where the tool highlighted a risk, the person was referred to the relevant healthcare professionals, such as dieticians or speech and language therapists. One relative told us, "[Family member] is on pureed food now as [they] have difficulty with swallowing. [They are] a lot better with the new regime."
- Some people were supported to have lunch in the lounge with a table in front of them, and others had lunch in their rooms. People were given choice and meals were served covered. People sat at tables respecting social distancing, and staff supported them appropriately.
- People appeared to enjoy their meals which looked appetising and well presented. The staff asked people if they required support with cutting their food, and checked they were happy and liked the food. One person stated their meal was 'absolutely gorgeous'.
- The chef told us that apart from offering a daily choice of meals to people, they also went around to ask people if they wanted something different which they were happy to prepare.

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

- People's healthcare needs were recorded and met. We saw evidence people were supported to access healthcare professionals as needed, such as the GP, dentist, tissue viability nurse and physiotherapist. The registered manager told us they had a good working relationship with the local GP who visited people every week or more often if needed, and they knew people's needs well.
- The staff monitored people's healthcare conditions and reported any changes, so their needs could be reviewed and appropriate action taken. We saw evidence one person whose needs had gradually increased in the last two years had been closely monitored by the GP. They had been referred to the mental health service for further assessment, to help the staff meet their needs.

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

- People were able to choose the colour of their bedroom walls and the maintenance person was supporting them with this. The registered manager informed us the regional surveyor was due to visit shortly to discuss updating the colour of the walls in communal areas. Some signage was available to help people find their way around the building.
- The provider had updated areas of the home, including new vinyl flooring which was easier to clean and maintain.
- There were some pictures displayed in places which provided some focal points. People's doors had memory boxes which contained objects of interests based on the person and their preferences.
- Bathrooms and toilets were accessible and clean. There were call bells within people's reach and suitable equipment such as handrails. The corridors were wide and well-lit and had handrails. The lounges were organised, so chairs were in groups rather than all around the room. This made the environment look more inviting and homely and encouraged people to socialise.

# 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.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. During lunch, people were approached kindly and given choice in relation to the food on offer. However, one member of staff referred to 'feeding' people which could be seen as disrespectful. We fed this back to the registered manager, who provided evidence after the inspection they had addressed this with staff.
- During the inspection, we saw examples of staff meeting people's personal care needs discreetly and kindly, respecting their privacy and dignity. They spoke clearly and quietly to people, making eye contact and listening to them.
- Staff promoted people's independence whilst supporting them. They supported them to walk whilst supervising them to ensure their safety. People were not rushed and appeared to enjoy the company of staff.

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

- People were treated kindly and with respect. We observed lunch in different areas of the home and found the staff to be responsive to people's needs and questions, providing them with reassurance as needed. One person became upset, and we saw a member of staff comforting them, asking them if they would like to go for a walk in the garden after lunch. They asked the person what was bothering them and responded in a calm and respectful manner.
- Relatives we spoke with indicated people were treated well and the staff were kind. Their comments included, "All the care is done with dignity. When they use the hoist, it is done well. They are discreet with personal care" and "The staff treat my [family member] with dignity."
- Staff said they enjoyed taking care of people and we saw examples of good and compassionate care during our inspection. Their comments included, "The best thing about working here is taking care of the residents", "I like taking care of people. That's why I am here" and "Taking care of the residents is the best part of the job."
- The provider had an equality and diversity policy in place which included details about how to support people from the lesbian, gay, bisexual and transgender (LGBT+) community. The provider had in the past supported a person from this community and had met their needs. The person was no longer using the service.
- People's cultural and religious needs were recorded in their care plan. A relative told us, "My [family member] is visited by the local priest. At least before COVID that was the case." People were consulted in

relation to their preferred care staff gender. This was recorded in their care plan and respected.

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

- People who used the service had high needs and most were living with dementia. Although we saw evidence they were consulted in all aspects of their care, they were not always able to contribute their views of the service. However, the provider organised meetings for them and their relatives so any concerns could be raised, and any particular subjects important to them could be discussed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

At our last inspection, we found the support people received did not always meet their care needs. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs were recorded in their care plans and met. Care plans were developed from the initial assessments and were clear and detailed. They stated the person's preferences and views and how staff should meet these in a range of areas such as personal care, eating and drinking, safe environment, continence and medicines. Care plans were reviewed monthly or more often if the person's needs changed. Staff completed daily records of people's care at the end of each shift. We saw these were written respectfully and stated tasks completed as well and the social and wellbeing of the person.
- When a new person was admitted, the staff put in place a seven-day care plan. This was completed within 24 hours of admission and contained a snapshot of the person and their needs. This was developed overtime and regularly reviewed. Care plans contained a 'resident profile' which included their preferred name, important information such as allergy status and health conditions.
- There was a 'resident of the day' system, whereby each day, a person using the service was focused on. This included seeking their view of the service, their relative, reviewing their care plan and for their keyworker to evaluate the care plan and risk assessments to help ensure it was still meeting their needs, or if any changes needed to be made.
- People's care plans contained 'transfer forms'. These were documents which contained important information for staff about the person in the event of a hospital admission, for example, their health condition, prescribed medicines, allergy status and important contacts.

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 were recorded in their care plans. This included the person's preferences and views, their native language and support they needed in relation to this, vision and hearing needs and understanding and comprehension. Where possible, staff who spoke the same language were able to converse with specific people in their language which facilitated conversation and promoted positive rapport.
- People had 'stress and distress' care plans in place. This took into account people's conditions and how these could lead to difficulties in communicating their needs, therefore some people may express stress or behaviours that may appear challenging as a result. When this happened, the staff used 'Antecedents behaviour consequences (ABC) charts'. These were correctly completed, recording the situation prior to the incident and the actions taken by staff. These were used to understand any triggers to incidents, therefore helping staff to prevent these from happening again.

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 activities organised by the staff. The relatives we spoke with told us they were happy with the activities provided, although they acknowledged these had been adapted during the pandemic. One relative stated, "Last summer there was bingo in the garden. Considering the circumstances, they made an effort."
- There were two activity coordinators providing activities to people using the service from Monday to Friday. People had 'wellbeing care and support plans' in place. These took into account people's interests and hobbies, and their life history. This provided important information for staff to help ensure they engaged people in activities of their choice.
- The activity coordinators kept a record of all activities they organised and what people took part in. They told us, "I send regular feedback to relatives to show them what we do." They showed us photographs of events and activities they organised which people enjoyed. These included, the Queen's birthday, St Patrick's day, red nose day, valentine's day and Easter.
- Some people were being supported in bed. We saw evidence they had been engaged in events and activities. The activity coordinator told us, "I always make sure they don't miss out. I go and involve them. Like for valentine, we put hearts and decorate their rooms." They showed us photographs of people engaged in these activities and saw people were enjoying themselves.

Improving care quality in response to complaints or concerns

- The provider took complaints seriously and used these to make improvements to the service. Relatives told us they knew how to make a complaint and were confident the registered manager would address any concern they may have. One relative said, "I would feel comfortable to approach anyone, but [Registered manager] would be my first choice." They went on to describe a concern they raised with the registered manager and said, "They dealt with it. It was never covered up."
- The provider kept a log of all complaints they received. We saw these were addressed appropriately and responded to in a timely manner, and in line with their complaints policy and procedures.

End of life care and support

- People who used the service had end of life care plans which evidence of discussions with the person and their relative. People's care plans contained end of life decisions, such as any wishes they may have when they reached that stage, and their cultural and religious requirements.
- Where appropriate, people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPRs) in place. These are decisions that are made in relation to whether people who are very ill and unwell should be resuscitated if they stop breathing. These were completed appropriately and signed by the relevant people, such as the GP.

# 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.

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

At the last inspection, we found the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had improved their systems for monitoring the quality of the service to help ensure they identified concerns early and addressed these. This had led to the improvements we found during this inspection, in relation to meeting people's needs, the administration of medicines and DoLS.
- Following the last inspection, the provider sent us an action plan telling us how they were planning to make the necessary improvements. The registered manager told us, "Every month we review our action plan, see where we are and what is left to do. The quality assurance manager also carries out yearly in-depth inspections."
- The area director also conducted regular internal inspections and provided support to the registered manager. They told us, "We look at what 'good' looks like according to the CQC's key lines of enquiries and work alongside these."

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

- There was a positive culture within the home and most of the staff had worked at the service for many years. People and relatives were complimentary about the staff team and the registered manager. They told us the management team were visible and approachable. One relative told us, "[Registered manager] has been very professional. We feel very welcome here visiting my [family member]. It has all been made very easy" and another said, "I think the home is managed very well. The manager will come and see me if [they] know I am here."
- Staff told us they felt supported and listened to by the registered manager. Their comments included, "I like everything about working here. The manager is the best", "I do feel supported by the manager" and "I

have worked here for five years and feel supported by my manager."

- The registered manager had been in post since 2012. They were supported by a deputy manager, a team of qualified nurses and care workers. They told us they were well supported by the senior managers and communication was good.

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 registered manager was transparent and open. They told us they understood how important it was to be honest and open when mistakes are made, or incidents happen. They told us they ensured they shared this information as necessary and apologised. They said, "We always check and report as we need. As a manager, for example, if there is neglect, we need to report, as we are failing. It's about being honest and transparent and understand why something happened. Lessons learnt. We discuss this in flash meetings and learn from our mistakes. We give assurance to next of kin that it won't happen again." Documents we viewed confirmed this.

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

- Before the pandemic, there were regular meetings for people who used the service and their relatives which were well attended. However, until these could be resumed, relatives were told to call anytime they wanted to have a chat with the registered manager.
- People and relatives were consulted via yearly quality surveys. Based on their feedback, the provider conducted an analysis and action plan to improve areas of concerns. We viewed the last survey which showed an overall satisfaction. Minor areas of concerns were taken seriously and appropriate action was taken.
- The provider kept a log of all compliments they received from people and relatives. We viewed a range of these which included, "[Family member] always looks clean and well looked after", "You were always kind, caring, loving and always treated [Person] with dignity" and "My family friend seems very well cared for."
- There were regular staff meetings and staff, including night staff, were expected to attend. Minutes were distributed to all staff and they were asked to sign to evidence they had read these and understood their content. Staff meetings included discussions about COVID-19, keyworking, training, people who used the service and dignity and respect.

Continuous learning and improving care

- The registered manager kept abreast of developments within the social care sector and was always striving to improve their knowledge and skills. They held a level five diploma in health and social care.
- The registered manager told us they had weekly managers' meetings where they were able to share information, discuss anything of concern and learn from each other.
- The registered manager told us they felt supported by their line manager and the company overall. They felt they had learned a lot during the pandemic and had made progress as a result. Their stated, "We need to be strong; we have a lot of support. I feel supported by HC-One. They have been great."

Working in partnership with others

- The registered manager attended regular meetings and provider forums organised by the local authority and found these helpful. They told us, "We are having meetings with other care home managers, so we share information, and learn from each other. Hounslow are also very supportive. They invite us every month for the provider forums."
- The registered manager told us they had a good relationship with the health and social care professionals involved in people's care. They said, "The doctor is very supportive as well. [They] come every week or more

often if needed. Any concern, [they] support us."

- The provider had made changes to the structure of the company to help ensure the registered managers received better support. The area director told us, "We now have a small number of homes to oversee. That means we can visit the managers every week and support them better." The registered manager stated, "I feel more supported now. It is improving."