

London Care Limited

# London Care (Bristol Court)

## Inspection report

Bristol Court  
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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

London Care (Bristol Court) is an extra care scheme which opened in 2019. This is purpose-built accommodation which has 94 flats in total comprising of one and two bedrooms. There were 12 homes which provided specialist dementia support and 15 homes providing specialist support for people with a learning disability. Assisted living (also known as extra-care housing) is a type of 'housing with care' which means you retain independence while you're assisted with tasks such as washing, dressing, going to the toilet or taking medicines.

At the time of our inspection, 87 people were using the service. This included older people, people living with the experience of dementia, people with physical disabilities and people with learning disabilities. Everyone living at the scheme required some degree of support with personal care.

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

People were generally happy with the service they received from London Care (Bristol Court). They liked the staff who supported them and felt their needs were being met. People raised some concerns about the building and catering arrangements, but these were not provided by London Care and did not form part of our inspection.

There were times of staff shortages and these impacted on people's experience. People still received visits from staff to provide personal care and make sure they had their medicines, but these did not always happen at the time people expected or for as long as people expected. This was the result of short notice staff absences rather than the norm. However, people told us that during these times some staff complained of feeling rushed and this added to the negative experience people had. The provider was aware of these issues and was trying to address staff shortages and give staff opportunities to voice their frustrations to management rather than people using the service.

People felt safe with the service. They received their medicines as prescribed and risks to their safety and wellbeing were assessed. There were systems to help protect people from abuse and to investigate any allegations, incidents or accidents. The provider had learnt from these to improve the service.

Systems for recruiting staff helped to ensure they were suitable. Staff were well trained and supported and had opportunities to learn about people's needs and develop their skills so they were able to meet these needs.

People were involved in making decisions about their care. They told us the staff treated them with respect and supported them to be independent where they were able. Some people were supported to access the local community and the provider was working with other organisations to improve group activities.

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.

The service was appropriately managed. The management team had worked closely with others to continually review and improve quality at the service. They sought feedback from people using the service and other stakeholders and listened to their views.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The model of care was designed to meet people's needs. People lived in their own flats within a secure building. They were able to live independently, and their privacy was respected. They had opportunities to use communal facilities and be part of a wider community, where people with different needs, abilities and skills lived.

People had individual care packages which were designed to meet their needs. These included different levels of support to learn independent living skills and access the local community. Sometimes, staffing shortages impacted on their experience, although people received essential care and their safety was maintained.

People were able to make choices about their care and take risks.

Right care:

People received personalised care from familiar staff who treated them well. The staff received training to understand equality and diversity and the registered manager was able to give examples of how people's protected characteristics had been respected and valued.

People were supported to access other services, such as health and social care services.

Right culture:

There was a positive culture and ethos. The management team reviewed and monitored the quality of the service, asking people for feedback and listening to their views. They worked closely with other external organisations to continuously improve the service and develop this to help empower and support people.

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

Rating at last inspection (and update)

The rating at the last inspection (Published 17 December 2020) was requires improvement. We found the provider was breaching legal requirements relating to person-centred care, dignity and respect, safe care and treatment, responding to complaints and good governance. The provider completed an action plan to show what they would do and by when to improve the service.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### 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** 

# London Care (Bristol Court)

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was conducted by two inspectors and a member of CQC medicines team. An Expert by Experience supported the inspection by making phone calls to people using the service and their relatives. 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 November 2021 and ended on 11 November 2021. We visited the office location on 9 and 10 November 2021.

#### What we did before the inspection

We looked at all the information we held about the service, including the last inspection report, the provider's action plan following this, records of complaints, safeguarding alerts and statutory notifications about significant events.

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 spoke with a representative of the local authority who worked closely with the service.

During the inspection

We met five people who used the service and the relative of one person. We also spoke with the registered manager, a care manager, a care worker, the regional manager and the head of quality and governance.

We looked at the care records for eight people who used the service, staff recruitment and support records for seven members of staff and other records used by the provider for managing the service, such as records of complaints, incidents, meeting minutes and quality monitoring.

We looked at how medicines were being managed and records relating to this.

After the inspection

The registered manager sent us some additional records to view. We also spoke with 10 people who used the service and the relatives of six other people and received written feedback from nine members of staff.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our inspection of 27 October 2020, we found people's medicines were not always safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 12.

- Medicines were safely managed. There were systems for ordering, supporting, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were safely stored, and records were appropriate.
- Observations of staff showed that they supported people to take their medicines. The provider had a system in place to help ensure where people needed support with their medicines this was received and managed in a safe way.
- Since the last inspection, the provider had introduced a new system to record and monitor people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, all medicines were checked on a regular basis by the senior care coordinators. People received their medicines as prescribed, including those who were self-administering their own medicines. We looked at 10 care plans, medicines risk assessments and associated medicines administration records (MAR) charts and found no unexplained omitted doses in the recording of medicines administered. This provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed.
- We saw separate charts for people who had medicines such as patches, ointments and creams prescribed to them (such as pain relief patches), and these aided the recording of medicines administered more accurately.

### Preventing and controlling infection

At our inspection of 27 October 2020, we found the provider was not always following procedures to prevent and control infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 12.

- The provider had systems for preventing and controlling infection. The staff were aware of these and had



received appropriate training and guidance.

- There was enough personal protective equipment (PPE) for staff to use. This was readily available and there were suitable facilities for disposing of this. Staff told us they had enough PPE and people using the service told us staff wore this.
- Since the start of the COVID-19 pandemic, the provider had updated their procedures and systems in line with government guidance. The provider carried out regular testing for staff and people using the service and had responded appropriately when someone tested positive for COVID-19 to make sure people were safe and the risks of infection spreading were minimised.

#### Assessing risk, safety monitoring and management

At our inspection of 27 October 2020, we found the provider had not always ensured risks to people's safety were assessed, monitored and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 12.

- The staff had assessed the risks to people's safety and wellbeing. These included risks associated with their healthcare needs, mobility, eating and drinking and risks within their home environment. The assessments were clear and included plans to show how risks could be reduced. They were regularly updated. People were supported to take risks when these could be safely managed.
- The staff had been trained to understand how to care for people safely. For example, how to use mobility equipment. Managers assessed their competencies and observed them caring for people.
- The provider had assessed the risks of fire safety within the environment. They worked closely with the landlords to make sure there were regular checks on fire, electrical and building safety. They had created evacuation plans to help ensure staff knew how to safely evacuate people in the event of a fire.

#### Staffing and recruitment

- There was not always enough staff to make sure people had the right support and right care. People told us they did not always receive care at the planned time, especially at weekends. They explained staff sometimes visited them to provide basic care and then left again because they were busy. People using the service and staff referred to these times as the "RAG system."
- The RAG system was a system introduced by the provider to make sure everyone received basic care during times of staff shortages, but may not get help with all areas of their planned care package. Unfortunately, this system left people feeling they had not received all the support they needed and staff feeling resentful and rushed.
- The registered manager told us this was an emergency system and had been agreed with commissioners. However, people using the service and staff told us this had become a fairly regular occurrence at weekends. Some comments from people included, "They use the RAG system so care visits at not at the planned times, for example [the previous weekend] I waited 45 minutes for a call and carers had still not arrived", "They do not tell us when it is the RAG system, they just tell us when they arrive and then do not stay long", "They are always in a rush" and "They don't inform you that they have changed the call time because of staff shortages."
- Staff also commented negatively about the system, telling us they were "struggling" and did not have enough time when the RAG system was implemented. Furthermore, they discussed their concerns about this with people using the service, which had created anxiety with people who spoke with us.
- We discussed this feedback with the registered manager. They acknowledged people did not always receive long visits when the RAG system was implemented but told us people's personal care and medicines

needs were always met. Records of care which had been provided confirmed this. They also explained that there were enough staff employed to meet the agreed care needs, and the RAG system was only implemented when there were short notice staff absences. They were working with staff to try and address sickness and were also recruiting new staff to try and make sure they had enough flexibility to manage these absences in the future. The registered manager also acknowledged communication with people about staffing shortages could be improved and they were looking at ways to do this.

- There were appropriate systems for recruiting new staff to make sure they were suitable and had the skills and attitude needed to work at the service. Staff told us they had completed a thorough recruitment process, which checks on their suitability, as well as an induction, training and assessments when they started working there. Records confirmed this.

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

- The provider had systems designed to safeguard people from abuse. The staff had relevant training and were able to demonstrate their knowledge about how to recognise and report abuse. There was information available for staff and this was also discussed in team and individual staff meetings.
- The provider had worked closely with the local safeguarding authority following allegations of abuse to help protect people from harm and investigate these allegations.
- People told us they felt safe at the service.
- There were suitable systems to help ensure people were supported safely with any financial transactions, and shopping. The managers monitored this to make sure staff were following these systems.

#### Learning lessons when things go wrong

- The provider had systems to learn when things went wrong. Accidents, incidents, complaints and other adverse events were recorded, investigated and there were improvements as a result of these. The registered manager was able to describe the outcome of a number of events and what they had put in place to improve the service.
- There were improvements in the way information was shared with staff to help them learn together and improve practice.
- The registered manager worked closely with external companies and other managers within the London Care group to learn from problems and help develop services.

# 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.

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

At our inspection of 27 October 2020, we found people's nutritional needs were not always being met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 9.

- People were supported with their nutritional needs and to make sure they had enough to eat and drink. There were catering facilities at the extra care scheme, but these were provided by a different company and were not the responsibility of London Care. However, the provider had recorded information about people's nutritional needs within their care plans to make sure staff were aware of these.
- People who needed support to eat and drink received this. Staff were reminded to make sure people had access to food and drinks during and at the end of care visits. The staff worked closely with dietitians and other healthcare professionals to make sure their guidance was followed when people had identified nutritional needs. The registered manager told us they were sourcing support and training about diabetes, to help staff have a better understanding about this.

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

- People's needs and choices were assessed before they moved to the service. The assessments were detailed and included information about people's preferences and how they needed to be cared for. Assessments were used to create care plans, which were regularly reviewed and updated.
- The provider followed the principles of right support, right care and right culture by ensuring assessments and planned care were personalised and maximised people's independence and choices.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained, supported and experienced. New staff completed a range of training and an induction into the service, where they were assessed by senior staff.
- Staff were able to access online training and completed regular updates. There was also a range of classroom-based training which the staff told us they found useful and informative.
- Over the past year, the provider had organised training in dementia, autism, epilepsy and learning disabilities because these were areas where they felt the staff needed more knowledge and information.
- Staff explained they had regular individual meetings with their line manager. We saw records of these and saw that staff were provided with a range of relevant information about the service and their roles.

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

- People were able to access healthcare and other services when they needed. The provider had recorded about people's healthcare needs within care plans and these needs were monitored. Staff responded appropriately when people became unwell and made timely referrals for additional services when required.
- The staff worked with representatives of the housing and catering teams to make sure people's holistic needs were met, raising concerns on people's behalf and highlighting when there were identified needs, such as broken appliances.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had consented to their care and their consent was recorded. Information was presented in accessible formats, when needed, to help people make decisions.
- The provider worked closely with people's family and legal representatives to make sure decisions were made in people's best interests when needed.

# Is the service caring?

## Our findings

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

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

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

At our inspection of 27 October 2020, we found people were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 10.

- People felt well treated and supported by staff. However, a few people told us staff spoke about their own (staff's) problems, feeling stressed at work and concerns they had with management to the person when they visited. We discussed this with the registered manager who agreed this was not acceptable behaviour from staff and that they would address this with them to help make sure it did not happen again.
- People liked the staff who supported them. They found them kind, caring and had good relationships with them. Some of their comments included, "The staff are fantastic", "They chat and are friendly- I feel at ease with them", "They are good, kind, patient and very understanding", "They are approachable and friendly" and "You can definitely [talk with staff] if you have a problem."
- People spoke about individual instances or examples of care where they had felt supported by staff, telling us they were patient and understanding and they were considerate of individual needs and routines.

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

- People were able to make choices about their care and their views were sought and respected. Some people told us they were not aware of their care plans but were happy that staff offered choices and involved them in decisions when they visited. Others told us they were aware of their care plans and had been involved in developing these.
- The provider undertook regular quality monitoring reviews of people's care. They asked people about their care, including about their involvement in decisions. Records of these indicated people felt involved and where there were any issues, these had been addressed.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence were respected and promoted. Everyone had their own flat and they told us staff knocked on their doors and waited to gain entry.
- People were supported with independent living skills and to increase their mobility. Some people's packages of care included supporting them to access the local community which helped people to develop

a range of skills. One person explained how the staff had supported them to increase their confidence and skills following a hospital stay. They said, "They motivate me in the right direction, they make me feel like I can make an effort, in a positive way."

# 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 inspection of 27 October 2020, we found people did not always receive personalised care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 9.

- Most of the time people received personalised care which met their needs, however, people did not always receive their full care visits, at the right time, when there were staffing shortages. Despite this, people told us they were happy with the care provision and felt they received a good service.
- People's needs were assessed and recorded in care plans. The staff told us plans had the information they needed, and they were able to care for people. Most of the staff supported the same people each day, which meant they got to know them well.
- Care plans were appropriately detailed. We identified further information about specific areas of need would be helpful for staff and the registered manager actioned this immediately after the inspection, updating these care plans and reviewing others.
- People's needs were regularly reviewed, and care plans were updated to reflect changes in their needs.

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.

At our inspection of 27 October 2020, we found people's communication needs were not always planned for or met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 9.

- People's communication needs had been assessed and planned for. The service had implemented the values of right support, right care, right culture by recognising people needed different support with

communication. They had increased staff training and awareness and updated care plans to reflect individual needs.

- Information was available in different formats for people who needed this, for example in large print and easy to read formats, which used pictures to help explain what was meant.

#### Improving care quality in response to complaints or concerns

At our inspection of 27 October 2020, we found the provider did not always respond to complaints or learn from these. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 16.

- Complaints and concerns were investigated and learnt from. People using the service, and their relatives told us they knew how to raise a concern and felt these were dealt with appropriately. Records confirmed this.
- In addition to individual complaints being resolved, the registered manager was able to show us how they had learnt from these to improve the service for others.

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 access the local community and take part in leisure activities, when this was part of their agreed care package. Some people told us about this and how the staff supported them to visit local shops and leisure facilities.
- The environment was designed to incorporate communal areas where people could socialise and take part in group activities. Since the start of the COVID-19 pandemic, these social events had reduced, but they were starting up again. Some of the staff were part of a designated team to support people living with the experience of dementia. They were trying to create activities for this group of people. They were accessing support from an external dementia charity to develop this part of the service.

#### End of life care and support

- No one was being cared for at the end of their lives at the time of the inspection. The service did not specialise in palliative care and would not provide support for new people requiring this type of care. However, they had sometimes cared for people when they became unwell and had died. The staff had worked with healthcare professionals to make sure people had the care and treatment they needed.
- The provider had a specific form to assess and record people's wishes and needs in respect of end of life care. We found this had not always been well completed, and often staff had recorded that the person did not want to talk about it. The registered manager told us they were organising training for staff to enable them to have more meaningful conversations, as well as providing information for families, in order to try and gain better detail about people's individual wishes and needs so these could be planned for.



# Is the service well-led?

## Our findings

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

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

### Continuous learning and improving care

At our inspection of 27 October 2020, we found systems and processes from monitoring and improving the quality of the service were not always operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 17.

- There were systems for assessing and improving the quality of the service and these were implemented effectively. The provider had worked closely with other external partners to follow an action plan following the last inspection. They had managed to make widespread improvements and were no longer breaching any Regulations. We found further improvements were needed to make sure staffing was always deployed to meet people's needs. We were assured the provider had already identified this need and had started to take steps to make the required improvements.
- People using the service and staff commented positively about the improvements there. They told us they felt their concerns had been listened to and acted on and things continued to improve.
- The provider sought and listened to people's feedback by carrying out quality monitoring telephone calls and visits to people to ask about their experiences. They also analysed and audited different aspects of the service. We saw they had created plans for improvement when they identified something was wrong.
- The provider's senior managers made regular visits to the service and carried out their own audits and governance. They had worked with the registered manager to make sure changes were embedded and improvements were made.

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

- People using the service felt there was a person-centred culture which was positive and inclusive. They felt involved in their care and able to make decisions. They liked the freedom and independence they had living in an extra care community, as well as the companionship and access to community facilities when they needed these.
- Comments from people and their relatives included, "[Person] is extremely happy here", "Staff respect [their] space", "The best thing about Bristol Court is I am independent and they respect my independence", "I have friends and people to talk to", "The carers are brilliant" and "I am happy here."
- The provider had introduced a key-working system where each person had a named member of staff to

help plan and deliver their care and support. They had also tried to develop the sense of community through their work for people living with the experience of dementia and increasing communal activities.

- Many of the staff told us they were happy working at the service, that they had noticed improvements and they enjoyed supporting people. However, some staff raised concerns about the RAG system which was implemented to deal with staff shortages. They told us they felt rushed at these times. However, they also spoke about how they enjoyed supporting people, how they had good opportunities for training and how they worked well as a team with each other.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. They had investigated and responded to adverse events. Following complaints, and incidents, they had written to people apologising and explaining what they would do to put things right.
- The provider had notified CQC of significant events and safeguarding alerts. They had followed up information to let us know how they had dealt with these and any learning from these.

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

- The registered manager started working at the service in November 2020 as part of the provider's auditing team assessing the service and introducing improvements. They became the registered manager in July 2021. They were suitably qualified and experienced.
- People using the service and relatives told us they found the management team approachable and they felt listened to. Some staff spoke positively about the management team and told us they felt supported. Other staff told us they would like more information and team meetings, and that they did not always feel listened to. The provider had identified this feedback from staff following a survey earlier in the year. They were looking at ways to improve this and had already started a weekly management surgery where staff could visit and speak with the management team, more regular team meetings and written communication.
- The management team met weekly to discuss the service and where improvements were needed.

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

- The provider engaged with people using the service, their representatives and staff asking for their feedback about the service. They had distributed satisfaction surveys and incorporated the findings from these in their action plan.
- The provider was developing the service to be a dementia hub, promoting activities for people using the service and creating forums for relatives to help increase their awareness and understanding of dementia.
- Staff took part in equality and diversity training which helped them to understand how to support people and respect their protected characteristics. Since the last inspection, the provider had organised training for staff to better understand and support people who identified as LGBT+ (Lesbian, Gay, Bisexual or Transgender). The registered manager was able to explain about how some people within the Bristol Court community had been well supported as a result of this training and increased understanding from staff.

Working in partnership with others

- The provider worked in partnership with others. They met monthly with commissioners to discuss and review improvements to the service and monitor areas where they had concerns. They also worked closely with representatives from the housing and catering departments to make sure any problems with these services were addressed.
- Representatives of the commissioning authority told us they felt the registered manager had made

improvements. They said there had been fewer concerns from people using the service in recent months. Healthwatch (An independent consumer champion that gathers and represents the views of the public about health and social care services in England) visited the service in June 2021. They produced a report of their findings and the provider had made changes to the service as a result of their findings.

- The provider was working with an organisation leading in dementia care to set up a dementia café, forum for relatives and workshops for staff.