MMCG (2) Limited

Eltandia Hall Care Centre

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
Eltandia Hall Care Centre is a residential home providing nursing and/or personal care to 76 younger and older adults at the time of the inspection. The service can accommodate and support up to 83 people in a single building comprising of four separate wings, each with their own separate adapted facilities. One of the wings specialises in providing care to younger and older people with physical disabilities who may also have an acquired brain injury, mental health care needs or a learning disability; and, the three other wings provide nursing and/or personal care to older people. Most people using the service are older adults living with dementia.

People's experience of using this service
People told us the service had significantly improved in the last 12 months. Most people said they were much happier with the standard of care and support provided by this care home. A quote we received from a relative summed up how most people now felt about Eltandia Hall Care Centre - "The service has improved a lot in the last year and feels more stable now the new owners and managers have had time to settle in and to start to get things sorted."

People were cared for and supported by staff who knew how to manage risk and keep people safe. Sufficient numbers of staff whose suitability to work with older people living with dementia and nursing needs had been robustly checked. People received their medicines as they were prescribed. The premises remained clean and staff followed relevant national guidelines regarding the prevention and control of infection.

The training and support staff now received had significantly improved in the last 12 months, which meant it was now relevant to their roles and responsibilities. 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 continued to be supported to maintain a nutritionally well-balanced diet. People continued to be supported to stay healthy and well and have access to the relevant community health care professionals. People lived in a suitably adapted and reasonably well decorated care home that met their needs.

All staff treated people with the respect and dignity they deserved. Most people were much more positive about the quality of the care and support they received from this service and typically described the staff who worked there as 'caring'. People were treated equally and had their human rights and diversity respected, including their spiritual and cultural needs and wishes. People were encouraged and supported to develop their independent living skills. Assessments of people's support needs were carried out before they started using the service.

Care plans remained personalised, which ensured people continued to receive personal care that was tailored to meet their individual needs and wishes. Managers now understood the Accessible Information Standard and ensured people were given information in a way they could easily understand. People were

encouraged to make decisions about the care and support they received and had their choices respected. People were satisfied with the way the provider dealt with their concerns and complaints. People's end of life care wishes was recorded in their care plans.

The provider's governance systems remained robust. The provider continued to recognise the importance of learning lessons when things went wrong. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support. Most people, their relatives and staff spoke positively about the way the service was now run. The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff.

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 requires improvement (published 5 September 2018) 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.

Why we inspected
This was a planned inspection based on the previous rating.

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

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Eltandia Hall Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
An inspector and an Expert by Experience carried out this inspection. 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
Eltandia Hall Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (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 CQC. 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 two-day inspection was unannounced on the first day.

What we did
Before our inspection, we reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return (PIR). This provides us with key information about their service, what they do well, and improvements they plan to make, which helps us plan our inspection.

During the inspection we spoke with five people who used the service, five visiting relatives and a 'Best Interest' Assessor about their experiences of this care home. We also talked in-person with various managers and staff who worked for the provider including the registered manager, deputy/clinical lead nurse, the care

workers' manager, two registered nurses, eight care workers and an activities coordinator.

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.

In addition, we looked at a range of records that included eight people's care plans, multiple medicine administration record sheets and five staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

Good

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 remained the same. This meant people continued to be kept safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- The provider had clear safeguarding and staff whistle blowing policies and procedures in place. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse. One member of staff told us, "I would talk to the nurse in charge straight away if I ever saw anyone being abused in the home."
- Staff were supported to understand how to keep people safe and to raise concerns if abuse or neglect occurred. One person told us, "Yes, I do feel safe here."
- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused. At the time of our inspection no safeguarding incidents were under investigation.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, care plans we looked at included risk assessments associated with people's mobility, their environment, pain management, use of bed rails, eating and drinking, skin integrity, management of medicines and behaviours that might challenge the service.
- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. For example, staff were aware of the signs to look out for and the action they needed to take to prevent or minimise the risk of people with mobility needs falling. One person told us, "Due to my stability issues they always make sure two staff help me move about."
- There was clear guidance for staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills of the premises.

Using medicines safely

- Medicines systems were well-organised and people received their prescribed medicines when they should.

- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff followed clear protocols for the safe receipt, storage, administration and disposal of medicines. Records showed staff received on-going safe management of medicines training and had their competency to continue doing so safely was routinely assessed by senior nurses.

● Managers and nurses routinely carried out checks and audits on staffs' medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly. We found no recording errors or omissions were found on completed medicines records we looked at.

Staffing and recruitment
● People were kept safe by receiving care and support from adequate numbers of staff whose 'suitability' and 'fitness' to work with older people with nursing and/or personal care needs had been properly assessed.

● Staff were visibly present throughout the care home during our two-day inspection. For example, we observed throughout our inspection staff respond quickly to people's requests for assistance or to answer their questions. One person told us, "It would be great if we had more staff, but to be fair I think we have got just the right amount who do the best they can for us."
● The provider used a dependency tool to calculate the number of staff that needed to be on duty at any one time in order to meet people's needs.
● Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Preventing and controlling infection
● People were protected against the risk of cross contamination as the provider had clear infection control procedures in place to keep people safe.
● The service looked and smelt clean. One person told us, "It's definitely clean here and the staff make sure I have clean sheets on my bed every day." Several people also told us staff always wore the appropriate protective gloves when they were providing them with personal care.
● Records showed staff received on-going infection control and food hygiene training. The provider had been awarded the top rating of five stars in January 2019 by the Food Standards Agency for their food hygiene practices.

Learning lessons when things go wrong
● The provider learnt lessons when things went wrong.
● The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. For example, following a number of medicines errors in the last 12 months the provider had reduced the risk of similar incidents occurring by improving the way they monitored staff medicines handling practices.

Good

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.

Staff support: induction, training, skills and experience
At our last inspection we found the provider had failed to ensure staff had the right knowledge, skills and support they required to effectively carry out their work roles and responsibilities.

This was a breach of regulation 18 (Staffing) 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 in breach of regulation 18.

- Staff now received the right levels of up to date and relevant training they required to effectively meet the diverse needs of everyone who lived in the care home. For example, records showed in the last 12 months all staff had completed learning disability and mental health awareness, positive behavioural support and equality and diversity training. Several people told us staff were well-trained. One relative said, "I think staff are being trained and learning every day from their experiences of working here."
- It was mandatory for all new staff to complete an induction which was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. The induction was followed by a period of shadowing experienced care staff.
- Staff demonstrated a good understanding of their working roles and responsibilities. Staff told us the training they received was always relevant to their role. Several staff confirmed they had completed up to date dementia awareness training, which was mandatory for all staff to complete. One member of staff told us, "The training has certainly got a lot better since the new owners took over…There's a lot more of it these days."
- Staff continued to have opportunities to reflect on their working practices and professional development through regular individual supervision and work performance appraisal meetings with their line managers. One member of staff told us, "I feel very supported by the nurses on the units and the managers from the office." The registered manager told us since our last inspection the providers have introduced a new personal development and learning programme which gives staff greater opportunities for self-appraisal and reflection of their working practices.

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

- People lived in a suitably adapted and reasonably well decorated care home that met their needs.
- We saw the premises were kept free of obstacles and hazards which enabled people to move freely

around the care home and the surrounding gardens. Several people told us the care home was a "comfortable" place to live. One person said, "I've got everything I need in my room, which I chose how it should be decorated. I think the home is kept in a pretty good state of repair."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.
● People consented to the care and support they received from staff at the service. One person told us, "I can do a lot of things on my own, but when I need some assistance having a wash or dressing the staff are very good at asking me how I want them to help me."
● Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, staff understood who they supported lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
● People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity and recorded any other individuals with Lasting Powers of Attorney (LPA) for the person's finances or welfare.
● There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests. An IMCA told us the service routinely invited them to attend best interest meetings for DoLS assessments for people who did not have any family members to represent them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
● Staff were also aware of people's individual support needs and preferences. Staff told us people's care plans and risk assessments were easy to follow and included sufficiently detailed guidance about how to meet an individual's needs and wishes.
●This helped ensure people continued to receive care and support that was planned and delivered in line with their identified needs and wishes.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to access food and drink that met their dietary needs and requirements.
● Most people told us they were happy with the quality and choice of the meals they were offered at the service. One person said, "The food isn't bad here and you can normally get what you want." A second person remarked, "You can tell the staff what you want and the chef will try and cook it for you."
● Staff demonstrated a good understanding of people's dietary needs and preferences. For example, we saw

at lunchtime on both days of our inspection the catering staff had prepared a range of soft, pureed and fortified (high calorie) meals for people with specific nutritional needs.

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

- People were supported to stay healthy and well. A GP remarked, "I appreciate the referrals I receive from this service…They are always relevant, timely and succinct."
- People's care plans detailed their health care needs and conditions, and how staff should manage them.
- Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with a range of external health care professionals.

Good

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 now improved to good. 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
At our last inspection we found the provider had failed to ensure all staff always treated people using the service with dignity and respect.

This was a breach of regulation 10 (Dignity and Respect) 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 in breach of regulation 10.

● At this inspection the registered manager confirmed staff had completed dignity and person-centred care training. Furthermore, four staff had received specialist training to become dignity champions who were now responsible for routinely monitoring and sharing best dignity in care practice with all staff who worked in the home. One member of staff told us, "We're all taught to knock on people's bedroom doors and wait to be invited in before entering." Another member of staff remarked, "I would always put a towel over someone to cover their modesty when providing them with any intimate personal care."
● People looked at ease and comfortable in the presence of staff. For example, we saw staff were able to gently reassure and persuade a person who initially seemed unsure about sitting at a dining room table to eventually join her fellow peers for lunch. In addition, we observed staff sit next to people, make good eye contact with them and engage in meaningful conversations with individuals they were assisting to eat their lunchtime meal. People told us staff treated them respectfully and always upheld their rights to privacy and dignity. One person said, "Staff treat us well…They're very good to me", while a second person remarked, "They [staff] are very kind to me. I can't fault their caring attitude."
● People were supported to be as independent as they could and wanted to be. Several staff gave us examples of how they encouraged people to maintain their independent living skills. One person told us, "I often go out on my own and use public transport to get around, which staff are fine about."
● Care plans we looked at reflected this enabling approach and clearly set out people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.

Ensuring people are well treated and supported; respecting equality and diversity
● People were treated equally and had their human rights and diversity respected.
● People looked at ease and comfortable in the presence of staff. Conversations between people and staff were characterised by respect and warmth throughout our inspection. People typically described staff as "caring".

● Records showed staff had received up to date equality and diversity training. Staff demonstrated good awareness of people's diverse cultural heritage and spiritual needs and how to protect them from discriminatory behaviours and practices. People told us staff respected their diverse spiritual and cultural needs and wishes. Typical feedback we received included, "My religion dictates I can only eat Halal meat or vegetarian food, so I'm pleased these dishes are always on the menu", "I'm British Caribbean and they [the catering staff] often make me the food of my childhood, which is great" and "I'm free to practice my faith and often pray in my bedroom. I know the staff don't mind and leave me alone if I'm in the middle of praying."
● People's care plans contained detailed information about their spiritual and cultural needs and wishes. Records showed people representing various denominations of the Christian and Muslim faiths regularly visited the service to conduct religious ceremonies or just social calls.

Supporting people to express their views and be involved in making decisions about their care
● People were encouraged to make decisions about the care and support they received and have their decisions respected. For example, we overheard a person ask staff if they could have a cheese sandwich instead of a hot meal for their lunch, which staff duly arranged for them. We also saw staff support a number of people to transfer to another dining room table after they had requested to move before they started their lunch.
● People told us staff listened to them and acted upon what they had to say. One person said, "Staff will present plates of what the mealtime choices look like every day so it's easier to decide what you might fancy at the time…The curry looked good today, so I'm going to go for that."
● People had regular opportunities to express their views at their care plan reviews and regular residents' meetings. People's care plans clearly identified how people expressed themselves, which enabled staff to support people to make informed decisions.

Good

Is the service responsive?

Our findings

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

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

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 information and communication needs and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the AIS. For example, we saw a range of easy to read large print and pictorial signs displayed throughout the service, which identified where the communal lounges, dining area and toilets were and what social activities people could choose to engage in each day. This ensured people had access to and could understand information they needed to know about the care home.
- We also observed staff on several occasions speaking to people whose first language was not English in a variety of Asian dialects, including Urdu and Gujarati. The registered manager confirmed her staff team spoke over 20 different languages between them, which included all the dialects of everyone using the service whose first language was not English.
- Staff understood the AIS and communicated well with people. For example, we observed staff on several occasions use easy to understand pictures to help people with communication needs make informed choices about what they ate and drank at mealtimes.
- People's communication needs, including people's preferred language or method of communication, were clearly identified in their care plan.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
- People received personalised care that was tailored to their individual needs and wishes. One person said, "Staff are very good at helping me to choose what I wear, eat and do every day."
- People using the service each had their own care plan. These plans were personalised and contained detailed information about people's strengths, likes and dislikes, and how they preferred staff to meet their personal, social and health care needs. This enabled staff to offer people choices in line with their preferences.
- People, and where appropriate their relatives and/or professional health and social care representatives, were encouraged to help develop and review an individual's care plan. If people's needs and wishes changed their care plan was updated to reflect this.
- Staff demonstrated good awareness of people's individual needs and preferences, as recorded in their care plan. For example, during lunch on both days of our inspection we observed staff encourage people to choose what they wanted to eat for their lunch by showing them what the two main meals options that day.

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

● During our two-day inspection we saw people had various opportunities to participate in fulfilling social and leisure activities within the care home and the local community. This included board games, bingo, manicures, painting, physical exercise classes and dancing. On the second day of our inspection the service had organised a garden party which was open to people using the service, their relatives and staff. One person told us, "The activities have got a lot better here in the last year. I like to join in all the ball games and exercise classes, and sometimes I like to draw."

● During our inspection we saw three activities coordinators were always on duty in the care home. An activities coordinator told us, "I think the new providers have been really supportive helping us improve the activities we can offer here, which include regular lunches out at a local pub and day trips to the seaside."

● A manager also gave us several examples of activities the activities coordinators had initiated to help people become involved with their local community. This included weekly coffee mornings and a quiz in a local church hall, pub lunches, shopping trips and regular visits by children from a local school.

● Care plans reflected people's social interests and needs.

● The service ensured people they supported maintained positive relationships with people that were important to them. People told us their family and friends could visit them at the care home whenever they wished.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place which detailed how people could raise their concerns if they were dissatisfied with the service they received and the process for dealing with it.

● People said they were aware of the provider's complaints policy, which was available in various easy to read formats everyone could understand, and how to raise any concerns or complaints they might have.

● The provider had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result.

● Records showed in the last 12 months people had been satisfied with the way the registered manager had dealt with their concerns or formal complaints they had raised.

End of life care and support

● When people were nearing the end of their life, they received compassionate and supportive care.

● The provider had an end of life policy and procedures in place and people's care plans had a section where they could record their end of life care and support needs and wishes, if they wanted to.

● It was clear from comments we received from relatives they were happy with the way staff provided end of life care at the home. A visiting relative told us, "My family and I are really grateful for the way the staff have cared for our dying [family member] and supported all of us. They invited us to stay overnight, so we could all be with our (family member] as she's nearing the end of her life."

● The registered manager told us they regularly liaised with GP's and other health care professionals, including palliative care nurses, to ensure people experienced dignified and comfortable end of life care in line with their dying wishes.

● Records showed staff had completed up to date end of life care training.

Good

Is the service well-led?

Our findings

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

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

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

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- The provider had a clear vision and person-centred culture that was shared by managers and staff. The registered manager told us they routinely used group team and individual supervision meetings to remind staff about the provider's underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The service continued to have the same manager registered with CQC who had been in operational day-to-day control of the care home for the past two years.
- There were clear management and staffing structures in place. The registered manager was supported by various managers and staff including an area manager, a deputy manager/clinical lead nurse, a care workers' manager and numerous senior nurses and care workers.
- People using the service and staff spoke positively about the way the service was managed and the registered manager's open and approachable leadership style. One person said, "I think the new management team here have done well to sort this place out in a relatively short period of time…The place is so much better run these days."
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and the people using it.
- We saw the service's previous CQC inspection report and ratings, which were clearly displayed in the care home and were easy to access on the new providers website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

● The provider engaged and involved people using the service, their relatives, professional representatives and staff in the running of the service.
● People had opportunities to express their views about the standard of care they received at the home. This could be done through regular individual meetings with their designated keyworker, group house meetings with their fellow peers, and a feedback book left in the dining rooms for people to comment on the food and yearly satisfaction surveys. The results of the most recent satisfaction survey indicated people and their relatives were on the whole happy with the standard of care and support provided at the service.
● The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during individual meetings with their line manager and group meetings with their fellow co-workers. This included daily flash, weekly clinical, two-monthly unit and quarterly health and safety meetings. The registered manager told us the provider operated an employee of the month award and people using the service, their relatives and staff could choose who should be nominated. One member of staff told us, "There's a real sense of stability about the place because we feel the new providers and managers are here to stay, which hasn't always been the case in recent years."

Continuous learning and improving care
● The registered manager was keen to improve the service and they recognised the importance of continuous learning.
● The quality and safety of the service people received was routinely monitored by senior managers and nursing staff at a provider and service level. Audits included; medicines management, care planning, infection control, fire and health and safety, and staff recruitment, training and supervision. For example, we saw representatives from the providers human resources department checked staff files every month to ensure they were being appropriately maintained by the services managers.
● Managers told us they analysed these audits to identify issues, learn lessons and implement action plans to improve the service they provided people. For example, they had used incident reporting to identify trends and develop action plans which had helped them improve staffs recording keeping and the range of community activities people could engage in.

Working in partnership with others
● The provider worked in close partnership with various local authorities, health and social care professionals and community groups. This included local GP's, community nurses, IMCAs, speech and language therapists, social workers, St Raphael's hospice, local Christian and Muslims faith groups and the London Borough of Merton's dignity in care group.
● The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. This helped to ensure people continued to receive the appropriate care and support they required.