Astoria Healthcare Limited

The Mayfair

Inspection report

139 Vicarage Farm Road
Hounslow
Middlesex
TW5 0AA

Date of inspection visit:
25 March 2021

Date of publication:
16 April 2021

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
The Mayfair is a nursing home providing care to 18 adults aged 18 and over. People living at the service had a range of needs including mental health, physical disabilities and dementia. There were 17 people using the service at the time of our inspection.

People's experience of using this service and what we found
People were supported to maintain their independence, and some had successfully moved to more independent living. However, there were no clear long-term plans in place for individuals about how to make this happen. Following our feedback, the provider sent us evidence they were working with people to address this shortfall.

There were systems in place for the safe management of people's medicines. Staff received training in this, and their competencies were assessed to help ensure they could support people with their medicines safely.

People using the service were happy with the care they received. They told us staff were kind and met their needs. Feedback from relatives was positive, and indicated they were happy with the care their family members received.

People's needs were assessed before using the service, and their care and support had been planned in line with their needs and wishes. Staff knew people's needs well and had assessed risks to their safety and well-being. There were guidelines in place to help minimise these risks. People had access to healthcare services when needed and the staff communicated well with healthcare professionals to meet people's needs.

There was a range of social activities offered, and people were consulted in relation to activities they wanted to take part in. People were supported to undertake daily tasks and be involved in the running of the home. The home was clean and hazard-free. There were robust procedures for preventing and controlling infection, and the staff followed these.

There was enough suitable staff at any one time who were trained and supported so they knew how to care for people. The registered manager regularly assessed staff competencies and skills. Staff received regular supervision and a yearly appraisal.

There were systems for identifying, investigating and responding to complaints, accidents, incidents and safeguarding alerts. We saw the provider learnt from these to make improvements to the service.

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 provider had systems for monitoring and improving the quality of the service, and these operated effectively.

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

Rating at last inspection
This service was registered with us on 4 September 2019 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about the management of people who presented with behaviours that may be seen as challenging. 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.

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?

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.

The Mayfair

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 CQC's medicines team, a specialist advisor 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
The Mayfair 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 its registration. 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 two relatives about their experience of the care provided. We spoke with 10 members of staff including the nominated individual, registered manager, deputy manager, quality assurance manager, activity coordinator, nurse and care workers.

We reviewed a range of records. This included eight 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed six professionals who were regularly involved in the service and received feedback from two.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. Medicines including controlled drugs were stored securely and at appropriate temperature.
- We observed staff give medicines to people. They were polite and gained permission before giving these to people. They signed for each medicine on the medicines administration record (MAR) after giving it.
- Some people were prescribed medicines to be given on a when required basis. There was guidance in the form of protocols in place to help staff give these medicines consistently as prescribed.
- Some people were given medicines covertly. The staff had carried out best interests decision meetings involving the GP to ensure medicines could to be given covertly. The pharmacist was consulted to seek advice about how to safely do this. Covert medicines are given in a disguised format, for example in food or in a drink, without the knowledge of the person receiving them in cases where a person has been assessed as not having the mental capacity to consent to take their medicines.
- There was a medicines policy in place to support medicines management. Staff's competency was assessed and they received training to handle medicines. There was a process to receive and act on medicine alerts.

Assessing risk, safety monitoring and management

- The provider had completed COVID-19 risk assessments for staff and people who used the service, which identified when they were at greater risk of serious illness from the disease and ways to help prevent infection.
- Risks to people's safety and well-being had been assessed, monitored and managed. The staff carried out assessments of risks relating to people's care, including their physical and mental health, skin integrity, use of equipment, risk of falls and nutritional risks. These assessments were regularly reviewed and updated. They included plans to reduce the risk of harm and to support people to be independent where they could be.
- Risk assessments were detailed and contained guidelines for staff to follow to mitigate risks. Where a person had a bruise or mark on their body, there were body maps in place clearly indicating the area affected. There was evidence this was monitored closely, and staff recorded its progress until it was healed.
- One person was at high risk of falls. We saw their risk assessment was thorough and stated the potential hazard, and measures in place to reduce the risk. For example, referral to the falls clinic for specialist advice and support.
- The provider carried out checks on the environment to help make sure it was safe. These included checks on electrical, gas and water safety as well as a fire risk assessment and checks on fire safety. People had

personal emergency evacuation plans (PEEPs) in place and these were reviewed regularly. They were detailed and included how the person needed to be supported in the event of a fire, taking into consideration their physical and mental health needs, any visual or hearing impairment and their mobility.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe living at the home. Relatives were happy with the care their family members received and thought they were safe. Their comments included, "[They are] being well looked after, [they are] being protected" and "I need [family member] to be protected and I think by not allowing visitors to the service, they have done this."

● There were systems and processes designed to protect people from the risk of abuse. The provider had safeguarding and whistle blowing procedures and the staff received training in these. Most staff were able to explain what they would do if they suspected someone was being abused. However, two staff members were vague and unsure what they would do. We fed this back to the registered manager who told us they would address this with them without delay.

● The provider had responded appropriately to safeguarding alerts. They had worked with the local authority, and other external organisations, to investigate these and help protect people from further abuse.

● The registered manager kept a log of safeguarding alerts and used this to help identify any trends or themes where improvements were needed.

Staffing and recruitment

● There were enough staff on duty at any one time to meet people's needs and keep them safe. On the day of our inspection, we saw people's needs were being met and they did not have to wait for support. People confirmed this, telling us the staff supported them if they needed assistance. There were times where staff who usually worked at the provider's other service nearby were called upon to provide support at short notice, for example when staff had called in sick. This meant people using the service were supported by familiar staff who had a consistent approach.

● People using the service and their relatives told us staff were skilled and knew how to care for them. The provider had systems to help ensure they recruited suitable staff. These included carrying out checks on their identity, seek references and criminal records. Following successful recruitment, all new staff undertook an induction which included an introduction to the service, training and assessments. This helped the provider to make sure staff had the skills and competencies needed to care for people safely and meet their needs.

Preventing and controlling infection

● The provider had robust systems and processes to help prevent and control infection. They had appropriate procedures, which had been reviewed and updated to include the risks associated with COVID-19. There was a "Coronavirus policy and procedure" and all staff were expected to read and sign this to evidence they understood and were adhering to the guidelines.

● People using the service, visitors and staff confirmed the staff wore masks, gloves, aprons and other personal protective equipment (PPE). People who used the service were reassured by this and said, "I don't mind staff wearing masks", "Yes staff wear PPE, I don't mind them wearing masks" and "The staff are very clean. I feel absolutely fantastic about staff wearing masks." PPE was easily accessible for staff, so they could change this when needed. There was information displayed to remind people, staff and visitors about hand hygiene, PPE and social distancing.

● The service was clean and there were robust schedules to make sure this was maintained. These included regular checks and audits of the environment and equipment being used and systems for waste disposal.

● People using the service, staff and visitors were regularly tested for COVID-19 and there were appropriate

systems for responding to any positive test results and managing outbreaks at the service. People using the service and staff had also been offered vaccinations against COVID-19 and flu. The service had not had any positive cases of COVID-19.

Learning lessons when things go wrong

● The provider had processes for learning when things went wrong. The staff recorded all incidents and accidents which occurred at the service. These contained details about what happened and when and what actions were taken. Incidents and accidents were reviewed by the registered manager, and an investigation was carried out.

● We reviewed a sample of recent incidents and saw that appropriate actions had been taken to ensure people were safe and to reduce the risk of reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider assessed people's needs prior to them moving into the home to ensure their needs could be met. Pre-admission assessments were detailed and included all aspects of people's care and support according to their choices and wishes. These were used to write people's care and support plans.
● People who used the service had been referred and were funded by their local authority. Assessments were detailed and thorough and included every aspect of the person's care and support, their choices and wishes. We saw people had signed their records, indicating they were involved and took part in the assessments.

Staff support: induction, training, skills and experience
● People were supported by staff who were suitably trained, supervised and appraised. New staff completed an induction which included training and an introduction to their roles and responsibilities.
● Staff received training the provider considered mandatory such as health and safety, safeguarding, moving and handling and infection control. They also received training specific to the needs of the people who used the service. This included dementia awareness, behaviours that challenge and management of violence and aggression.
● Staff's competencies were assessed regularly to help ensure they retained their knowledge and skills. Competency assessments we viewed included manual handling, COVID-19 infection control, and medicines. Staff we spoke with told us they were well supported and trained.
● Records confirmed staff received regular supervision meetings where they had the opportunity to discuss their work and help them improve their practice. They also received a yearly appraisal to review their progress and identify any plans for the coming year.

Supporting people to eat and drink enough to maintain a balanced diet
● People were consulted about the food they wanted to eat and told us they were happy with this. The chef was provided with a list of people, their dietary needs, healthcare conditions and food consistency. For example, one person needed their food pureed and another soft and bite sized. We saw this was provided in line with their care plans.
● We saw evidence people were consulted about their food preferences and menus were prepared according to this. People were given choice including vegetarian options. Food was prepared in the kitchen of the adjacent nursing home and brought to the service on a heated trolley. We saw people sat at tables and were served by staff.
● We did not see people being supported to prepare or cook food, although a senior member of staff

confirmed at least two people often prepared their own snacks and drinks under staff supervision. Their care records confirmed this.

● Where people were at risk of malnutrition, the provider used a Malnutrition Universal Screening Tool (MUST). These recorded the person's weight and body mass index (BMI) and determine the level of risk. Based on this, the staff took appropriate action, such as close monitoring, or referral to the relevant healthcare professional, for example, the speech and language therapist.

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

● People were supported to access healthcare professionals as needed. We saw evidence people who lived with specific healthcare conditions were closely monitored and received appropriate treatment. For example, one person living with diabetes had a detailed risk assessment in place, and there were control measures to reduce the risk of them becoming unwell. This included measuring the person's glucose levels, ensuring they received their medicines as prescribed and offering a healthy and well-balanced diet.

● The person's care plan included a protocol explaining to staff how to recognise the signs and symptoms of hypo glycaemia (low blood sugar) and hyper glycaemia (high blood sugar), and what action to take to prevent the person from becoming unwell.

● The provider kept a record of all healthcare professionals' visits, and the outcome of these, including any instructions. We saw these were communicated during handover meetings and followed by staff. A healthcare professional thought people who used the service were well cared for. They told us, "Generally we have been happy with this service which we have been using since it first opened and impressed with the quality of care provided to our clients, all have whom have complex needs."

● Where required, the staff used a 'depression screening tool', to help determine if a person's mental health was deteriorating and they required support. Based on the level of risk, appropriate action was taken, for example, referring the person to the relevant healthcare professional.

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

● The building was designed to meet people's needs. The home was clean and tidy. Bedrooms and communal rooms were large and light and all the rooms were en-suite.

● People's bedrooms were homely and had been personalised to reflect their tastes and interests.

● Bathrooms were large enabling the use of moving and handling equipment if this was required. There was a gymnasium which people were supported to use. On the day of our inspection, this was being used for storage whilst maintenance work was being undertaken elsewhere in the home. However, photographs evidenced people did use this regularly.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's mental capacity was assessed before they began to use the service, and we saw evidence of mental capacity assessments in people's files. The provider understood their responsibilities under the MCA. Where necessary, they had made applications to the local authority for authorisations to deprive people of their liberty in order to keep them safe. They kept a log of all applications and when these were due to expire so they could re-apply in good time. This meant nobody at the service were being deprived of their liberty unlawfully.
● People were consulted in all aspects of their life and consent was obtained. Where possible, people signed their records to show they had been consulted and agreed with these.
● Staff told us they gave people choice in all aspects of their daily life and people and relatives confirmed this.

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.

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
- Although the staff promoted people's independence, and gave examples of this, we did not see evidence that this was actively in place. Some of the people who used the service were young, and we did not see any long-term plan in place, to enable them to move to a more independent style of living.
- We discussed this with the senior managers who acknowledged a long-term plan would be good and assured us they would work with people to put these in place without delay. However, they showed us evidence of a person who had been supported appropriately and had been able to successfully move back to their flat.
- People were able to maintain their privacy by going to their room when they needed time alone. We saw staff respected this. They were able to choose when and where they wanted to eat, and what they wanted to do, and the staff respected this.

Ensuring people are well treated and supported; respecting equality and diversity
- People told us the staff treated them kindly and respectfully. Their comments included, "The staff are nice", "The staff are really friendly and caring, I get along with them" and "I would like to put a good word for [staff member] because [they are] a fantastic worker."
- Relatives told us they believed the staff's caring attitude and support had made a positive impact of their family members' quality of life and wellbeing. Their comments included, "I think the staff are great", "Since [family member] has been at the home, [they are] saying a lot more words and I think this is because [they are] receiving a lot of attention" and "I can't ask for more, I can tell [family member] really likes it here."
- The provider had an 'Equality and diversity' policy and understood how to support people according to their individual characteristics. The provider told us they were not currently supporting people from the Lesbian Gay Bisexual and Transgender (LGBT+) community. However, they told us they were supporting people from different cultures and religions and supported them with their individual needs. The care plans we viewed confirmed this.

Supporting people to express their views and be involved in making decisions about their care
- People's views were obtained during meetings, surveys and one to one conversation. Discussions included COVID-19, where the registered manager provided information about the virus, PPE and relevant guidelines. Other subjects discussed included activities and meals.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were detailed and person-centred. They included a one-page profile of the person detailing their individual likes and dislikes. Care plans were audited monthly or more often if necessary.
- People had 'life story books' in place. These detailed an introduction of the person, their background, likes and dislikes and how they wanted to be supported.
- Care plans were divided into sections which covered all areas of the person's care and support and how they wanted this. Each section was highlighted in either red, amber or green to indicate the level of risk. Areas included falls, communication, eating and drinking, personal care, end of life, mental health and physical health.
- Each section of the care plan included short-term, medium-term and long-term goals. For example, one person was at medium risk of gaining too much weight. Their long-term goal was to maintain a healthy weight and have improved mental and physical health. Their short-term goal was to ensure they had adequate daily food and fluid intake. We saw their weight was monitored closely and a healthy diet was encouraged.

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 plan and the staff used a range of methods to communicate with them according to their individual needs. For example, where people's first language was not English, the staff used a translating application to enable conversation, or in some cases, staff who spoke the same language were able to communicate with them.
- For some people who were unable to express themselves verbally, the staff used pictures to help communicate with them.

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

- There was an activity coordinator working at the service. They liaised with each person to put together an activity plan taking into account the person's interests and hobbies, and their likes and dislikes. Individual activities included walking exercises, using the gym, technology-based activities, gardening and cooking.
- People's activity plans indicated they were consulted about what they wanted to do and supported to do

this. For example, one person expressed an interest in the second world war, and we saw the activity coordinator had obtained information for them to gain some knowledge about this. The person's records indicated they were pleased with this and had communicated this with other people.

● People were supported to undertake a range of activities either as a group or individually. There was a pictorial activity plan displayed for people, and the activity coordinator told us they ensure they carried out these activities or communicated and consulted people where there might be a change. Activities included yoga sessions, outings, exercises and artwork.

● People who used the service were supported to use positive behaviour techniques where they had difficulties communicating their feelings, fears or worries. Staff received training in this and were able to support people when they needed.

● Some people were younger and were supported to maintain their independence as much as possible. For example, one person was supported to use the kitchen and prepare snacks and drinks for themselves and clean their room. They were also supported to remain fit and healthy by undertaking regular exercises an using the gym situated in the home.

Improving care quality in response to complaints or concerns

● There was a complaints policy and procedures in place and these were available in an easy-read format. People and relatives knew how to make a complaint. We saw evidence that complaints were taken seriously and investigated appropriately and in a timely manner.

End of life care and support

● People's end of life wishes were sought and recorded in their care plans where they were able to discuss this. However, most people using the service were younger people who did not wish to express their wishes in this subject and this was recorded in their care plan. This was regularly reviewed so up to date information was obtained.

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.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Social care professionals involved in the referral of people to the service told us they were impressed by the progress people had made whilst using the service. One described how a person who had complex needs had been able to go back to their home. They said, "The recovery was so good that [they] was transitioned back to [their] flat with a robust support system in place which involved multidisciplinary and interagency working."
- They also described how another person who had not settled anywhere previously had made progress since moving to the service. They said, "The Mayfair managed to settle [them] in within two weeks. [They are] receiving all the culturally appropriate support including activities, diet and religion."
- The registered manager kept abreast of developments within the social care sector and undertook learning to improve their knowledge and skills. They attended regular provider forums organised by the local authority and liaised with healthcare and social care professionals as necessary to obtain guidance and advice which helped to improve their practice.
- The registered manager was well supported by their line manager, who was engaged in the day to day running of the home. There was also a dedicated team of senior staff who provided daily support to the registered manager and the staff team.

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

- People and relatives felt there was a positive culture in the home and trusted the management. They told us they felt supported and listened to, and the service was well run.
- Staff told us they felt supported by the registered manager and liked working for the service. One staff member stated, "I enjoy my role and I feel supported by the management."
- The staff told us they got on well and supported each other. On the day of our inspection, we saw positive interactions between staff and people who used the service. There was a calm and happy atmosphere.

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 told us they understood how important it was to be honest and open when mistakes were made, or incidents happened. They told us they ensured they relevant

information as necessary and apologised. Documents we viewed confirmed this.

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

● The provider has systems in place for monitoring the quality of the service. Audit tools were in place and used appropriately. The registered manager, deputy manager and quality assurance manager undertook audits regularly and these were thorough. Where concerns were identified, there was evidence prompt action was taken to make the necessary improvements.

● There were regular quality checks of the building to help ensure all areas of the home were safe and staff were meeting people's needs.

● The staff spoke proudly of the team and their achievements of keeping COVID-19 out of the home. All the staff we spoke with told us they felt supported by the registered manager and the team in general. Staff told us there was an open culture where issues were discussed, and staff felt listened to.

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

● There were regular meetings taking place including managers and staff meetings and meetings with people who used the service. In addition, the provider had put in place meetings with heads of departments such as administration, housekeeping and activity staff. A range of subjects were discussed such as COVID-19, inspection reports, activities, occupancy and staffing.

● People and relatives were provided with a welcome pack upon arrival to give them all the necessary information about the home. This included information about the staff, how to make a complaint, consent to share personal information and other relevant information they may need.

● Staff were consulted via a yearly staff survey. We viewed the most recent survey carried out in September 2020 which showed an overall satisfaction. People and relatives were also consulted, and we saw evidence they were happy with the service, rating every area as outstanding.

● The provider kept a log of all compliments they received. We saw a range of these which included comments such as, "I feel we have developed a good partnership to provide the best for my [family member] in very difficult times with COVID]", "Activities and events are great" and "Excellent care given to my [family member]. [They] always look clean and they look after [their] needs."

Working in partnership with others

● The provider worked in partnership with the local authority and the clinical commissioning group (CCG), who provided them with regular guidance and training resources. We saw they had been issued the London Care Home Resource Pack, which contained information about a range of subjects, such as infection control, COVID-19, supporting people with eating and drinking, managing respiratory symptoms, supporting people with dementia, managing falls and identifying and managing depression. This information was used to inform staff and provide relevant knowledge in order to support people better.