Sisters of the Sacred Hearts of Jesus and Mary CIO

Marian House Care Home

Inspection report

100 Kingston Lane
Uxbridge
Middlesex
UB8 3PW

Tel: 01895253299
Website: www.sacredheartsjm.org

Date of inspection visit:
22 July 2019

Date of publication:
13 August 2019

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

Marian House Care Home is a residential care home providing personal care to up to 20 older people and is run by a Roman Catholic religious order. At the time of our inspection, 18 people were using the service, most of whom were Catholic nuns.

People's experience of using this service and what we found
People were fully engaged in meaningful activities of their choice. They were consulted about what they wanted to do and were listened to.

Staff were responsive to people's individual needs and knew them well. They supported each person to achieve their wishes by spending time with them and listening to them. They ensured that each person felt included and valued as an individual.

The registered manager led a hardworking and dedicated team. Together, they met people's individual needs and improved their quality of life.

People who used the service and their relatives were happy with the service they received. Their needs were met in a personalised way and they had been involved in planning and reviewing their care. People said that the staff were kind, caring and respectful and they had developed good relationships with them.

The provider worked closely with other professionals to make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing care plans. Risks to their safety and wellbeing were appropriately assessed and mitigated.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

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

Rating at last inspection
Marian House Care Home has recently been re-registered under a new entity. This is the first inspection of the service under the new provider. Previously it was registered under a different legal entity and the last rating for this service was good (published 1 February 2017).

Why we inspected
This was a planned inspection for a newly registered service and also based on the previous rating of the existing care home.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marian House Care Home 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.

Marian House Care Home

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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Marian House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. Due to technical problems on our part, the provider was not able to complete a Provider Information Return. 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 nine people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, two care workers and the chef. We had a telephone conversation with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and several medicines records. We looked at three 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 five professionals who regularly visit the service and received feedback from one. We contacted several members of staff who were on training during the inspection to obtain their feedback about the service and received feedback from seven staff.

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 the service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. One person stated, "I'm very happy here and yes I feel safe." A relative echoed this and said, "Yes, our [family member] is very safe there." There were systems in place to help safeguard people who used the service from the risk of abuse. The provider had a policy and procedures regarding safeguarding adults and staff were aware of these. Staff had received training in safeguarding and knew how to protect people from harm.

Assessing risk, safety monitoring and management

● Where there were risks to people's health and wellbeing, these had been assessed and rated in terms of severity. There were support plans to minimise each assessed risk according to the severity. For example, where a person was at medium risk of pressure sores, they had been provided with pressure relieving equipment such as an air mattress. Their skin was regularly monitored, and records showed this was intact. Where people sustained any skin marks or bruising, we saw there were body maps in place clearly recording these.

● There were also risk assessments of the environment and these were detailed and thorough. The registered manager told us these had been useful in identifying that the home had not had an asbestos survey so this had been completed recently.

● Health and safety checks were carried out regularly and a maintenance person was employed to undertake day to day repairs. We saw these were undertaken in a timely manner when concerns were reported. They included checks of fire equipment such as fire extinguishers.

● The provider had a fire emergency plan which had been communicated to all staff and people who used the service. There were regular fire safety tests which included tests of the fire alarm and fire doors and fire drills which took place at different times of the day and night. People's care records contained up to date Personal Emergency Evacuation Plans (PEEPs). These took into account each person's abilities and needs and what assistance they required to safely evacuate the building in the event of a fire. We saw a recent inspection by London Fire Brigade which did not identify any shortfalls.

Staffing and recruitment

● There were enough staff deployed to meet people's needs. The registered manager told us they rarely required the use of agency staff. They said, "If a person is in hospital, staff stay with them all the time and an agency is employed as an exception."

● There was a low turnover of staff and staff told us they liked working at Marian House Care Home. One staff member told us, "One of our staff members left and then came back because she missed it" and another said, "It's very calm here. It's a good working environment."

● The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction, before they were able to work independently.

Using medicines safely

● People received their medicines, including controlled drugs, safely and as prescribed. There were procedures for the safe handling of medicines. All staff had received training in these and the registered manager regularly assessed their skills and competencies to manage medicines in a safe way.

● Most prescribed medicines were supplied in dossett boxes. These listed the medicines and included a description of each tablet to help staff identify if one was refused or not taken. However, where there were similar tablets in a section, there was a risk staff would be unable to identify individual tablets. We discussed this with the deputy manager who said they would speak with the pharmacist about changing this system, so each tablet would be separated.

● Where people were prescribed medicines as required (PRN), there were protocols in place. Staff kept a running count of each tablet and recorded this on the MAR charts. However, not all staff recorded the amount at each administration. We discussed this with the deputy manager who said they had addressed this with staff during meetings but will address this with individual staff. We checked a number of boxed medicines and found the stock corresponded to the running count recorded. This indicated people received their PRN medicines correctly.

● People's medicines were recorded on Medicines Administration Record (MAR) charts. These were signed appropriately and there were no gaps in signature. However, we saw that one person's medicines had not been signed on the morning of our inspection. We raised this with the deputy manager who acknowledged they had missed this page and showed us evidence that the medicines were given appropriately.

● Staff recorded the temperature of the medicines room and cabinet and we saw these were within range. However, on the day of our inspection, the temperature was rising due to hot weather. The deputy manager identified this and ventilated the room and put the air conditioning unit on to further cool the room. The temperature reduced rapidly to safer levels.

Preventing and controlling infection

● The provider had systems in place to prevent cross contamination and the risk of infection. Staff received training in infection control. They were supplied with adequate protective equipment such as gloves and aprons. The home was clean, hygienic and odour free. There were hand gel dispensers around different areas of the home.

● The laundry and sluice rooms were clean and tidy. There were systems to ensure soiled or contaminated items were appropriately segregated and washed to minimise the risk of the spread infection.

Learning lessons when things go wrong

● Lessons were learned when things went wrong. Incidents, accidents and near misses were recorded and included all actions taken, and how to prevent further risk of incidents.

● Where a person was at risk of falls, the registered manager had met with relevant healthcare professionals to eliminate any medical reasons and put in place one to one support with the person to provide company and monitoring. They told us, "Since having one to one support, there has been a lot of progress. [Person] is a lot happier now, really likes the company as [they] were lonely." We saw evidence the person had not had any falls recently.

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 good. At this inspection this key question has remained the same.

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

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

● The registered manager met with people before they started using the service to assess their needs. Assessments were thorough and included information about each person's needs and choices and how they should be cared for. They were used to develop care plans and risk assessments which were regularly reviewed and updated.

Staff support: induction, training, skills and experience

● People were supported by staff who were well trained, supervised and appraised. Staff received training the provider identified as mandatory, such as health and safety, safeguarding, medicines, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and moving and handling. They also received training according to people's individual needs such as pressure area care, dementia awareness and end of life care.

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 maintain good health and to access healthcare professionals as needed, such as the GP, district nurse, optician and speech and language therapy service. Staff supported people to maintain good oral hygiene and attend dental appointments. The registered manager told us, "We know how important oral care is. Poor dental hygiene can lead to all sorts of diseases. We are aware of this." Training in oral care was taking place on the day of our inspection.

● Where people had specific healthcare needs, we saw they were monitored by the relevant healthcare professionals, and there were support plans available, so staff knew how to care for people. For example, a person who lived with diabetes was supported to attend regular appointments at the diabetic clinic and was visited regularly by the district nurse. Their care plan included information about how to recognise the symptoms of hypo/hyperglycaemia (Too little or too much sugar in the bloodstream) so these issues can be addressed as they carry a health risk.

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

● The provider had continued to develop the environment for the benefit of people living with dementia. People's bedroom doors were personalised with their birth name, religious name, photograph and artwork created by them. One person told us, "The environment is wonderful."

● There were memory boxes outside people's bedrooms which contained meaningful objects or photographs. The registered manager told us this often helped people find their bedrooms. There was also

colourful signage to help people find their way to different rooms.
● There were photographs of events and activities displayed around the home, so people could reminisce about these. The home was nicely decorated with prints and posters, some which were enlarged photographs of the garden's flowers.
● Bathrooms and toilets were large enough to accommodate wheelchairs and hoists and were equipped with specialist baths and handrails for people to use. People's bedrooms had been personalised with their own possessions and looked homely.

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.

● The registered manager 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. A social care professional told us they found that, "The notes were in very good order and, where relevant and applicable, mental capacity assessments and best interests decisions had been carried out."
● Staff were observed to ask people for consent when supporting them. For example, prior to administering medicines and before putting clothes protectors on people. Additionally, we saw staff offering people choices regarding their daily routine.
● Staff we spoke with demonstrated they understood the implications of the MCA for their day to day work. People signed their care records when they were able to. They told us they were consulted in all aspects of their care and felt involved.
● Some people who used the service had a Do Not Attempt Resuscitation (DNAR) order in place. This is a legal order to withhold resuscitation or life support in case the person's heart was to stop or if they were to stop breathing. We saw these documents were appropriately completed and signed by the relevant people, such as the GP and the person's representative.

Supporting people to eat and drink enough to maintain a balanced diet
● People who used the service and relatives were positive about the choice of meals offered. Their comments included, "It's delicious and there is plenty of it. Yes, we get plenty of fresh fruit and vegetables", "Very good, no, delicious. We all tuck in at meal times" and "The food is really good, and we get a choice."
● One relative told us they regularly visited and there was a good choice of food. The chef knew people's dietary requirements. They told us they took part in meetings with people who used the service to find out their likes and dislikes and devised menus accordingly.
● We observed lunch in both dining rooms and saw positive interactions between staff and people who used the service during meal time. Staff consulted people about what they wanted to eat and drink and their choices were respected.

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 outstanding. At this inspection this key question has now changed 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

- People told us staff were kind and caring and treated them with respect. One person stated, "They are always kind" and another said, "The carers are very respectful." One relative echoed this and said, "Anytime we have visited we have seen really good care." A priest visited the home daily to take mass and holy communion. A nun who was a pastoral presence for the congregation visited people who were too frail or unwell to go to the chapel and took communion with them in their rooms.
- We observed staff interact with people, for example, during lunch time and saw plenty of examples where people were showing enjoyment. A social care professional told us, "I observed positive interaction between the staff and residents and it was clear that the staff knew the residents well and had a good understanding of their needs." There was a sense of calm around the home, and we saw staff speaking softly to people. We witnessed them supporting people in a person-centred way, noticing when a person was on their own and offering a chat or a touch of the hand.
- Relatives told us they could visit anytime they wished and always felt welcome. One person stated, "Visitors are always welcome, thank god for that." One relative told us they came regularly and said, "When we visit our [family member], we are always welcome. We have even been offered accommodation." Relatives added that they were kept informed and included in the wellbeing of their family members.
- All the people who used the service were from the Catholic community and shared the same beliefs and way of life. One person told us, "It's always been the most wonderful of places." People told us they liked to spent time in the chapel situated within the home and felt able to do this anytime they liked. There was a small room called 'Sacred space' where people went for private moments. One person told us, "It's holy and welcoming."

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

- People were consulted and involved in decisions about their care. One person told us, "They discuss with me things that I need regarding health issues" and another said, "The manager is always available to chat to if I have any concerns." A relative echoed this and said, "They involve us with [family member's] care and always keep us up to date with anything we might need to know, but my [family member] is able to make [their] own decisions."
- Each care record included a resident profile, which highlighted the person's likes, dislikes and personal wishes. We saw that people were asked whether they had a preference about the gender of the staff who cared for them and this was recorded.

● People were encouraged to express their views through regular meetings. These included discussions about any staffing updates, planned events and activities, healthcare appointments and any other important and relevant information. The registered manager told us people were consulted and involved in the service and its development and we saw evidence of this.

Respecting and promoting people's privacy, dignity and independence

● People told us their privacy and dignity were respected and we saw evidence of this. We saw staff knocking on people's doors and waiting for an answer before entering. Staff spoke with people in a respectful manner and gave them time to respond. People had a key to their room if they wanted this.

● The staff promoted people's independence. The registered manager told us they had worked with people who used the service to encourage them to take responsibilities and maintain their independence as much as they could.

● The registered manager gave us examples where people who previously did not do anything independently were now able to manage their appointments and shop for themselves. They added, "It has made such a difference to them. They have better self-esteem, are more self-sufficient and not so lonely."

● People were supported to choose a suitable car for the home, so staff could take them out to local shops or hair appointments whenever they wanted to. The registered manager told us, "They are happy with the car, and are a little more independent."

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 services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The registered manager was passionate about meeting each person's individual needs and led a team who shared this passion. They told us, "It's the little things that make such a difference to a person. It's about knowing each person and what they need to make them happy."
- One person had been very ill and had lost their mobility as a result. This meant they could no longer sit in a regular armchair or a wheelchair and needed additional support with eating. The provider purchased a riser recliner chair which meant the person was more comfortable, able to sit at the table, feed themselves and enjoy mass in comfort. Staff were able to assist them to access the areas of the garden they enjoyed before their illness. This had made a marked difference to this person's quality of life.
- Another person who had always been involved in their mission work and was part of the chaplaincy service at the local hospital had decided to give this up as the walk had become too tiring. Staff encouraged them to continue by providing transport for them. This meant the person was able to continue with what was an important part of their life.
- The provider encouraged people to remain as independent as they could be. They had obtained freedom passes for all the people who wanted one, so they had the choice to use public transport if they wished. One person whose physical condition had improved after a period of stay in the home had expressed the wish to try and use the underground again. A staff member arranged to travel with them until the person felt confident to do this alone.
- A person who used the service had found it difficult to get around the home on their own as they were often getting lost. The person agreed to move room, and with additional signage and memory boxes, they were now managing their way around independently.
- The provider had extended the religious aspect of the home to the garden, which now included a 'Prayer garden'. This was designed to reflect the mission of the congregation and all they held dear in several themed areas. These included a shrine of Our Lady and a waterfall in the fishpond. People told us they enjoyed spending time in the garden, praying and having quiet time.
- Care plans were developed from the initial assessments. They were kept electronically, and regularly reviewed and updated. Care plans were clear and detailed and stated how people wanted their care and support in all areas of their daily life. These included, personal care, night care, end of life care and nutrition, as well as people's preferred interests and routine.

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 who used the service were supported to enjoy activities of their choice. Members of the religious community and people who used the service spent part of each morning in the chapel for morning prayer and mass. People who were unwell or wished to remain in their room were able to participate in the service via a TV link to the chapel.

● People told us they had plenty to do and were never bored. Their comments included, "I really like art, you are free to join in anything you want", "I do the exercises and sometimes the chess" and "Plenty for me to do."

● People's individual interests and hobbies were recorded in their care plans. For example, one person enjoyed drawing and painting and watching birds and nature. Recently, they had been supported to purchase a canary bird which was kept in the activity room for all to care for and enjoy.

● People were able to participate in exercise class and art therapy and there was a hair salon where people could go and have their hair done. The registered manager told us, "People don't really want big outings anymore, so we have small ones, and individual shopping trips. They go to Chigwell to the mother house. Some people don't celebrate their birthdays but celebrate the day they became sisters and there is a big celebration."

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.

Meeting people's communication needs

● People's communication needs were assessed, recorded and met. All the people who used the service were English spoken and were able to communicate verbally. Some people had a vision or hearing impairment, and we saw they had access to the relevant services to support them with this. For example, some people wore prescription glasses, and some had hearing aids. Information was provided in large print where necessary.

Improving care quality in response to complaints or concerns

● People told us they knew how to make a complaint, although they did not have any concerns. Their comments included, "I would know how to complain if there was something", "I have no need to complain, if there was something we would mention it" and "The manager is very nice, I would talk to her."

● People had access to the complaints procedure and had a copy of this in their bedroom. We saw evidence that complaints were taken seriously and responded to in a timely manner. All complaints were recorded and included the nature of the complaint, date, details of investigation and outcome.

● The provider kept a log of all compliments and card received from people and relatives. Comments included, "We are so grateful to you all. No words can really express that" and "Thank you for everything you have all given me."

End of life care and support

● People were consulted about their end of life wishes, and these were recorded in their care plans. All the people who used the service were Catholic and had expressed their wishes clearly in line with their religious beliefs. For example, one person expressed they wanted a burial and a small service in the chapel of the home, with their family present.

● There was a large 'Tree of Remembrance' at the entrance of the chapel, where people could pay their respects to those who had died. Staff received training in end of life care, so they could provide appropriate support to people when they reached this stage.

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 has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● People who used the service thought the service was well-led and spoke highly of the registered manager. Their comments included, "[They] are excellent and will listen to you", "[They] are a beautiful [person], very good at [their] job and nice to the staff and carers" and "[They are] amazing, once [they] came back from [their] home to deal with an issue, [they are] really good."

● Most of the staff we spoke with told us they were happy and felt supported by the registered manager. Their comments included, "Our manager is very approachable" and "We can go to her for any problems we might have." However, one staff member believed that relationships between some staff were broken. They said, "We don't have general staff meetings, only departmental meetings, and I feel that different messages/information are being given."

● We discussed this with the registered manager who agreed there were fewer general staff meetings and said they had found less confident staff communicated better in smaller groups. However, they acknowledged that general meetings gave opportunities for all staff to communicate and said, "I will certainly implement these from today."

● Staff told us they felt they could discuss anything with the registered manager and had been supported to progress professionally. One staff member stated, "I can go and talk to the manager any time. The door is always open. [They] have helped me to complete my team leader course and encourages the staff to do training so we can succeed in our job."

● Most of the staff had been working at the home for many years and told us they would not want to work anywhere else. One staff member said, "Morale in Marian House is very good. All staff get on with each other, and support each over when needed" and another said, "We are supported in every aspect, we have regular staff meetings, training all year, the management are always helpful and understanding."

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 and senior team understood their responsibilities in response to complaints or when things went wrong. The registered manager told us it was important "To be honest, apologise and recognise you have made a mistake, as we all do make mistakes. For example, a medication error, and once we missed an appointment. Nothing major." They also kept others, such as social workers informed of all adverse events, and this had been documented.

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

● There were monthly 'Home development plans' which included all areas of the service such as kitchen, general health and wellness of the people who used the service, staffing and health and safety. Any concerns were recorded with an action plan. We saw actions were taken in a timely manner.

● The registered manager undertook night visits of the home, to ensure the care and support remained high and people's needs were met. Where concerns were identified we saw evidence that timely action was taken. For example, one staff member was not wearing their identity badge because it was broken. Prompt action was taken to ensure a new badge was ordered.

● There were systems in place for the monitoring of all aspects of the service and these were effective. Audits included health and safety, environmental, medicines, accidents and incidents, infection control, workplace welfare and risk assessments.

● The local authority's quality assurance team undertook regular visits of the service and these were recorded. We viewed their last report which was rated good overall apart from medicines, because the provider did not have a protocol to manage PRN medicines at the time of their visit. On the day of our inspection, we saw evidence that these were in place.

● The registered manager told us they also learned from healthcare professionals who shared their knowledge with them. They told us they were also 'very hands on' and demonstrated a sound knowledge of the people who used the service.

● The registered manager worked closely with the community leader for Marian House to meet the needs of people who used the service, especially those who were frail and no longer able to do what they enjoyed. They told us, "[Community leader] organises religious retreats at the home for people who are unable to go on retreat. What people can't do outside, we try to bring here." They added, "[Community leader] organises talks, religious events, bring recordings and they talk together."

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

●There were regular staff meetings which included catering meetings, meetings with keyworkers, care staff and residents' meetings. These included discussions about people, changing needs, health and safety, catering, maintenance and safeguarding. We saw evidence that any issues or concerns were discussed appropriately, and action was taken.

● People's feedback about the service was obtained via satisfaction questionnaires. The outcome of these was analysed and where concerns were identified, an action plan was put in place to address these. We saw that the last feedback had not identified any shortfalls and all areas were rated 100%.

● The provider had an equal opportunity policy which included details about people's protected characteristics. Staff received training in this and were knowledgeable when asked.

Continuous learning and improving care; Working in partnership with others

● The registered manager kept abreast of developments within the social care sector. They told us, "I attend Hillingdon managers forum, skills for care workshops. I went to a study day about health and safety. I have done four level 2 certificates in dementia care, behaviour that challenges, infection control and medicines. I also still belong to the [A nurses' trade union that in addition to supporting nurses in employment matters also supports nurses' development by providing training and learning material], so I can access some learning."

● The registered manager liaised with managers from other services so they could support each other and share important information. Relevant information was shared with staff during meetings to ensure they were kept informed and felt valued.

● The provider took part in a 'red bag' pilot scheme organised by the Hillingdon Social Services in

association with the CCG. This was to avoid documentation and belongings being mislaid when people had to be admitted to hospital. The red bag stayed with the person throughout their stay. The bag contained their personal belongings and a 'This is me' care summary so hospital staff would know what was important to the person and how to support them according to their preferences and needs.

● This initiative aimed to make the admission of people from care homes a more seamless process, to improve the experience of the person in hospital and ultimately to reduce the time of hospital stays.

● Staff were supported to attend training organised by the local authority. For example, training in diabetes which had enabled them to support people who were living with this condition. Four members of staff had undertaken eight training days to become champions in areas such as bladder and bowel management and falls. Their knowledge enabled the champions to analyse in detail the risk for each person and suggest any improvements to the care and support of people.