

Country Court Care Homes 2 Limited

Woodlands House

Inspection report

118 Cavendish Road
London
SW19 2HJ

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09 July 2019
11 July 2019

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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

Woodlands House is a residential home providing nursing and/or personal care to 49 people aged 65 and over at the time of the inspection. The service can accommodate and support up to 64 people in a single building comprising of five separate wings, each with their own separate adapted facilities. The service specialises in providing care and support to mainly older people living with dementia.

People's experience of using this service

At the last inspection the service was rated good overall, but requires improvement for the one key question, 'Is the service responsive?' This was because people were not always supported to take part in social and physical activities that reflected their interests and needs. At this inspection we found the new provider had made improvements to the way the service planned and organised social activities for people living in the care home. The rating for this key question has therefore improved from requires improvement to good.

People lived in a suitably adapted and reasonably well decorated care home that met their needs. However, we found signage to help people identify rooms that were important to them was either missing or inconsistently used throughout the various units. We discussed this communication issue with the senior managers at the time of our inspection who advised us the new provider planned to use easy to understand pictorial signage and dementia friendly memory boxes as part of their agreed programme to completely refurbish the care home by the end of 2019. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

People remained positive about the quality of the care and support they received from this service. People typically described the care home and the staff who worked there as 'good'. This was summed up by one person who told us, "I think this is a lovely place to live. The managers and staff are all fabulous."

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. People received their medicines safely and as prescribed. Sufficient numbers of staff whose suitability to work in a residential care home for people living with dementia had been checked. The premises were clean and staff followed relevant national guidelines regarding the prevention and control of infection.

People continued to receive care and support from well-trained and supported staff. 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 were offered well-balanced meals that meet their dietary needs and wishes, and were supported to stay healthy and well.

People continued to be cared for and supported by staff who were kind and compassionate. People were treated equally and had their human rights and diversity respected. People were encouraged to make decisions about the care and support they received and have their choices respected. People's privacy was

respected and their dignity maintained. People were supported to be as independent as they could and wanted to be.

People received personalised care that was tailored to their individual needs and wishes. People's communication needs and preferences continued to be respected and met. People were aware of the providers' complaints policy and how to raise any concerns or complaints they may have. When people were nearing the end of their life, they continued to receive compassionate and supportive palliative care.

People, their relatives and staff all spoke positively about the leadership approach of the registered manager. The provider involved people and staff in the running of the care home. The provider was keen to continuously improve the service and recognised the importance of learning lessons when things went wrong. The provider worked in close partnership with community professionals and groups.

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 good (published 8 June 2017). Since this rating was awarded the registered provider of the service has changed. This service was reregistered with us on 4 April 2019 and therefore this inspection represents their first. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This inspection was carried out in part to follow up on action we told the provider to take at the last inspection of this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodlands House 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Woodlands House

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

Woodlands House 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. Inspection activity started on 9 July and ended on 11 July 2019.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also received email feedback from a local authority brokerage officer who regularly visited the service. We used all of this information to plan our inspection.

During the inspection we spoke with 12 people who used the service about their experience of the care provided. We also talked with various managers and staff, including, the registered, deputy and area managers, the clinical lead nurse, six support workers, a housekeeper, the regional head chef, the regional maintenance manager and the organisations nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI) during lunch on both days of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at a range of records that included six people's care plans, multiple medication administration record sheets and six 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.

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 tell the nurse in charge if I saw anyone being abused here."
- 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 at the home."
- 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 included risk assessments associated with peoples' mobility, their environment, use of bed rails, eating and drinking, skin integrity, taking their prescribed 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 positively manage people's behaviours that challenged the service.
- There was clear guidance for staff to follow to help staff deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place for everyone who lived in the care home, which set out clearly the support they would need to safely evacuate the building 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.
- Staff followed clear protocols for the safe receipt, storage, administration and disposal of medicines. Records showed staff received on-going management of medicines training and had their competency to continue doing so safely, assessed annually.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. No recording errors or omissions were found on completed medicines administration records [MARs] we looked at. 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.

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, "When I press my bell the staff normally come to my room fairly quickly."
- 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 underwent robust pre-employment checks to ensure their suitability for the role. Records confirmed 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, "The home is always clean...The staff change my bedding and clean my room every day."
- Staff had access to personal protective equipment and knew how to prevent the spread of infection. The provider had been awarded the top rating of five stars in 2019 by the Food Standards Agency for their food hygiene practices.
- Records showed staff received on-going infection control and food hygiene training.

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 provided to people. For example, following a number of medicines errors in 2018, the new provider introduced a new monitored dosage system for all the units and safe management of medicines refresher training for staff to minimise the risk of similar incidents reoccurring.

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 remained the same. This meant people's outcomes continued to be consistently good, and people's feedback confirmed this.

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 gardens. Several people told us the care home was a "comfortable" place to live. One person said, "My bedroom has recently been decorated how I like it. I also enjoy going in the garden to prune the flowers when I can."
- However, the way the provider used signage was inconsistent. For example, several bedrooms, toilets, bathrooms and lounges lacked any visual clues to help people find and identify the function of these rooms.

We discussed this communication issue with the senior managers who advised us the new provider planned to completely redecorate and adapt the care home by the end of 2019 to make the environment more suitable for people living with dementia. This would include the consistent use of easy to understand pictorial signage and dementia friendly memory boxes near people's bedrooms to help people orientate themselves and identify rooms that were important to them. A memory box is a container that holds special objects that are important to a person, such as photographs or ornaments, which can help remind people of their past.

Progress made by the provider to achieve these stated aims will be assessed at their next inspection.

Staff support: induction, training, skills and experience

- People received care and support from staff who had on-going training that was relevant to their roles and responsibilities. For example, as most people using the service were living with dementia it was mandatory for all staff to complete up to date dementia awareness training.
- It was also mandatory for all new staff to complete a comprehensive induction programme that 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.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant. One member of staff told us, "The new provider has introduced their own training programme, which is very comprehensive." A second member of staff said, "The new provider is keen for us to complete their training. I'm not actually working today, but I'm here to attend Country Courts fire safety and person centred care training courses."
- Staff had opportunities to reflect on their working practices and professional development through regular individual supervision and work performance appraisal meetings with their line manager. One

member of staff told us, "I feel I get all the support I need from the managers and senior nurses that work here."

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, "They [staff] do ask permission before they act."
- Staff were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS), despite most staff not having up to date MCA and DoLS training. For example, several staff confirmed they always asked for people's consent before commencing any personal care tasks. One member of staff said, "I always ask people I'm about to provide any personal care to is it okay if I assist them to have a wash, get dressed or have a drink, for example."
- Care plans detailed people's capacity to make their own decisions.
- 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 in order to keep them safe.

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. An external social care professional told us, "The manager is very responsive and quick to deal with my referrals ensuring admissions always run smoothly."
- 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.
- People told us they were happy with the quality and choice of the meals they were offered at the service. One person told us, "I like the food... They [staff] ask us what we want before lunch, and if you don't like it you can have something else." A second person remarked, "The food is very good and there's always a choice."
- 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. One person told us, "My doctor often comes around to see us", while another person said, "Staff take me to my hospital appointments when I need to attend".
- 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 their GP, dentist, chiropodist and optician, and where appropriate, their speech and language therapist and consultants overseeing people's specialist physical health care needs.
- A staff member told us, "If I was worried about someone's health, I would tell the nurse in charge of the unit straight away so we could talk about getting the GP in."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people continued to be 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 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. On one occasion we observed staff respond compassionately to a person who had become anxious during lunch by gently reassuring and holding their hand to comfort them. People typically described staff as "caring" and "friendly". One person said, "Staff treat us very nicely and always with respect", while a second person remarked, "They [staff] look after us very well here...I would recommend them to anyone". An external health care professional also told us, "I haven't had any concerns regarding the standard of care my clients have received at this care home."
- 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. One member of staff told us, "I know the chef always prepares a vegetarian and a Halal meat meal option for people who choose not to eat certain types of meat on religious, moral or health reasons."
- People's care plans contained detailed information about their spiritual and cultural needs and wishes. Records showed Holy Communion services were held in a communal lounge twice a month and vicars and priests representing various denominations of the Christian faith regularly visited the care home.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected and were supported to be as independent as they could and wanted to be. People told us staff treated them respectfully and always upheld their rights to privacy and dignity. One person said, "Staff always knock on my bedroom door and never come in unless I invite them."
- Several staff gave us examples of how they encouraged people to maintain their independent living skills. One member of staff told us, "I help people I know can partially wash themselves or clean their teeth by supporting them to hold the flannel or tooth brush so they can do a bit for themselves, but only if they want to."
- Care plans we looked at reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.

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 observed a person eat a very late breakfast one morning, which staff confirmed this individual often did when they chose to have a lie-in.

- This was confirmed by people we spoke with who told us staff listened to them and acted upon what they had to say. One person said, "Staff show me my clothes in the morning and help me choose what I might like to wear that day."
- A staff member told us, "We ask people every day what they would like to eat and drink, and what activities they might like to do."
- People had regular opportunities to express their views at their care plan reviews and monthly residents meetings. People's care plans clearly identified how people expressed themselves, which enabled staff to support people to make informed decisions.

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 requires improvement. This was because we found the social and physical needs and interests of people using the service were not being met.

At this inspection this key question has an improved rating of good. This was because we found the new provider had taken the necessary action to improve the way the service planned and organised social and leisure activities for people using the service. This meant people's needs were now met through good organisation and delivery.

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

- Since our last inspection the new providers had recruited a full-time activities coordinator and were using the services of a well-known social activities provider for adults, to improve their social activities programme for people living with dementia.
- We saw people had greater opportunities to participate in fulfilling social and leisure activities within the care home and the local community. For example, we observed an external physical education instructor initiate a chair based slow yoga session with a large group of people in a main lounge. We also saw staff throughout our inspection supporting people to engage in a wide range of interesting social activities, which included bingo, painting, singing and watching classic movies shown daily in the cinema room. One person told us, "I do enjoy having a drink in the pub on Friday afternoons and watching old movies in the cinema room, which are both on site here. I'm never bored."
- Weekly activity schedules and daily notes indicated people also had regular opportunities to participate in activities in the wider community. For example, the new providers have purchased a minibus which enabled people to attend various group outings to attractions such as a local city farm, parks and the coast. The customer relations manager also gave us examples of activities they had initiated to help people become involved with their local community, which had included a neighbourhood litter picking day and regular coffee mornings held in the care home that were open to the public.
- 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. One person said, "My visitors can come whenever they want and my family often picks me up to take us out for dinner."

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, "I think the staff know me pretty well and understand what I like and what I don't."
- People using the service each had their own care plan. These plans were personalised and contained detailed information about people's unique 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. One person told us, "I never look at my care plan, but I'm sure I've got one and could see and change it if I wanted to."
- Staff demonstrated good awareness of people's individual needs and preferences, as recorded in their care plan. One member of staff said, "I think we know the people that live here well and their care plans are always available if we need any reminders about a person's personal or health care needs, likes and daily routines."

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 sign written in an Asian language that was spoken by a person who lived on this particular unit. This enabled this individual to identify where their bedroom and important communal areas on their unit were. Managers also told us people using the service who were visually impaired were offered important information about the care home in audio and/or braille versions. This included the service users guide and the providers complaints procedure.
- Staff understood the AIS and communicated well with people. For example, we observed staff on several occasions take their time to speak slowly and clearly and use easy to understand pictures to ensure people could make an informed choice about what they ate at mealtimes.
- People's communication needs, including people's preferred language or method of communication, were clearly identified in their care plan.

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 and how to raise any concerns or complaints they might have. For example, one person told us, "If I had a complaint, he [the registered manager] is there for us", while a second person said, "I know the manager and feel I could talk to him if I had a problem".
- 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 staff they had honoured the dying wishes of people who had recently passed away at the care home. One member of staff told us, "I know a person who died here it said very clearly in their care plan that they wanted to be cremated at the local church followed by a wake back at Woodlands for family and friends, which is exactly what we did...I think they [name of person] would have

approved."

- The registered manager told us they regularly liaised with GPs 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.

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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- 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 providers 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 senior managers and staff including, an area manager, a deputy manager and a clinical lead nurse.
- People using the service, external health and social care professionals and staff all spoke positively about the way the service was managed and the registered manager's open and approachable leadership style. One person said, "I like the manager a lot. He knows what he's doing and he's always good fun and willing to talk to us."
- 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 satisfaction surveys. The results of the most recent satisfaction survey indicated people were happy with the standard of care and support they received at the service.
- People told us their views were sought and acted on by the provider. For example, people confirmed the chef had changed the menu after several people at a residents meeting had expressed a preference to have the option of sometimes having kippers for breakfast.
- The provider also 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. 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, "I've got a lot of time for the manager...He's easy to get along with and really does listen to what we have to say."

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. Audits included; medicines management, care planning, infection control, fire and health and safety, and staff recruitment, training and supervision.
- 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 to help them develop positive behavioural support plans to reduce the occurrence of incidents of challenging behaviour.

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 GPs, community nurses, the local authorities positive behavioural support team, speech and language therapists, social workers, the Alzheimer's Society 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.