

Bondcare (London) Limited

Clarendon Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Clarendon Nursing Home is a care home which can support up to 51 people in one adapted building. At the time of this inspection, the service was providing personal and nursing care to 50 people.

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

The quality and safety of the service had improved for people since our last inspection. Medicines storage facilities had been improved to make sure these were now kept safely. People were supported to take their prescribed medicines when they needed these.

There were now enough staff to support people safely. Staffing levels had increased since our last inspection. The provider checked that staffing levels met people's needs at all times.

Staff now had regular opportunities to have one to one meetings with their line manager, to support them in their role. Staff had been provided relevant training to help them meet the range of people's needs. The provider carried out checks on staff, prior to them starting work, to make sure they were suitable to support people.

People said they were safe at the service. Staff had been trained to safeguard people from abuse. Staff knew how to manage and minimise identified risks to people. The provider carried out health and safety checks of the premises and equipment to make sure they were safe.

The premises were generally clean and tidy. The provider took action after our inspection to improve this further. Staff followed good practice when providing personal care and when preparing and handling food which reduced hygiene risks.

People's care records gave staff the information they needed about people and the care they required to help them deliver support which met their needs. Staff knew people well and understood how their needs should be met. Staff were warm and kind with people. They supported people in a dignified way which maintained their privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to stay healthy and well and helped to eat and drink enough to meet their needs. Recommendations from healthcare professionals were acted on so that people received the relevant care and support they needed in relation to their healthcare needs. When people became unwell, staff sought assistance for them promptly.

The provider had improved activities provision and there were now a range of activities for people to take part in, every day of the week. People were supported to maintain relationships that were important to

them. People were regularly visited by local faith groups who engaged with people in a range of activities and events. People had a choice of spaces to spend time in when at home. The provider had been redecorating and refurbishing the premises to make this a more accessible and pleasant place for people to live. Some areas still required redecoration and refurbishment and the provider was acting to make these improvements immediately after this inspection.

People knew how to make a complaint if needed. The provider had arrangements in place to make sure any accidents, incidents and complaints were fully investigated which included keeping people involved and informed of the outcome. Learning from complaints and investigations was acted on and shared with staff to help them improve the quality and safety of the support they provided.

People, visitors and staff spoke positively about the management of the service, particularly the new manager. The manager made sure staff were well supported, motivated and clear about their duties and responsibilities, to help people achieve positive outcomes in relation to their care needs.

People and staff were encouraged to have their say about how the service could improve. The manager had used their feedback along with other checks, to monitor, review and improve the quality and safety of the support provided.

The provider worked proactively with other agencies to make improvements. They acted on recommendations made by others and saw this as an opportunity to continually improve the quality and safety of the service for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 August 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Clarendon Nursing 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

This inspection was undertaken by one inspector, an inspection manager 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

Clarendon Nursing Home 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.

A new manager was appointed in May 2019 and had submitted their application to CQC at the time of this inspection to become the registered manager for the service. The service is required to have 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 and took place on the 7 and 8 August 2019.

What we did before the inspection

Before the inspection we reviewed information the provider is required by law to send us about events and incidents involving people. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care and support provided. We also spoke with nine members of staff including the manager, the deputy manager, the regional support manager, two registered nurses, three care support workers and the chef.

We reviewed a range of records. This included five people's care records, medicines administration records (MARs), three staff recruitment files, training and supervision information and other records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection we found some medicines had not been stored at safe temperatures which meant people's medicines may not have worked as intended. After the inspection the provider took immediate action to reduce this risk.
- At this inspection we found this improvement had been maintained. Medicines were stored within recommended safe temperature ranges. We noted that storage facilities were cramped. This could increase the risk of a mistake being made with a person's medicines by staff unfamiliar with how medicines were arranged and stored.
- We discussed the above with the manager and regional support manager. The manager wrote to us after the inspection to tell us they had taken action to improve storage arrangements further, which would help reduce potential risks of an error being made.
- People's medicines records contained important information about them such as allergies, a recent photograph of them and guidance for when to administer 'as required' medicines. Our checks of stocks and balances of medicines and records showed people consistently received the medicines prescribed to them.
- Staff had been trained to manage and administer medicines. Their working practice in relation to medicines administration was regularly assessed to help the provider check staff were working in a consistently safe way.

Staffing and recruitment

- At our last inspection we found there were not always enough staff on duty to meet people's needs. After the inspection the provider took immediate action to increase staffing numbers. The provider told us they would introduce a system to regularly review staffing levels at the service to check these were adequate.
- At this inspection we found the increases in staffing numbers made after the last inspection had been consistently maintained. In addition, an extra staff member had been added to the night shift.
- The manager used a dependency tool monthly to review staffing levels to make sure these were meeting people's needs safely at all times.
- People and relatives did not share with us any concerns about staffing levels. A staff member told us, "Before it used to be a struggle with staffing levels. Now it's not a struggle...I think I have enough time now to spend with residents."
- The manager told us short notice absence could leave the service short-handed at times. However, they and the regional support manager had been taking proactive steps to reduce the instances of this which included taking disciplinary procedures when appropriate to address staff conduct.
- Staff answered call bells promptly and responded quickly to people's requests for help. One person told us staff checked on them regularly to make sure they were ok.

- The provider carried out appropriate checks on staff that applied to work at the service. These checks helped them make sure only suitable staff were employed to support people.

Assessing risk, safety monitoring and management

- One person told us before moving to Clarendon Nursing Home they had struggled to live alone at home. They said they felt much safer and looked after by staff after they moved in to the service.
- People's records contained comprehensive information about risks to their health, safety and wellbeing. Staff were given detailed guidance about how to manage these risks to reduce the risk of people being harmed or injured.
- Staff understood the risks posed to people and how they should support people to keep them safe. We saw staff did not rush people when supporting them which helped reduce the risk of people falling or sustaining an injury from poor moving and handling practices.
- Senior staff reviewed information about people monthly to check that plans to reduce identified risks were effective and for any new issues or concerns about a person's health, safety and wellbeing.
- Staff on each shift had been trained to deal with emergency situations and events to reduce the risk of harm to people and to themselves.
- The provider undertook regular health and safety checks of the premises. Safety systems and equipment were regularly serviced to make sure these remained in good order and safe for use.
- The provider had acted on the majority of recommendations made by the London Fire Brigade, following their inspection of the service, to make the premises safer for people. At the time of this inspection we saw one recommendation was outstanding but the provider was in the process of completing this.

Systems and processes to safeguard people from the risk of abuse

- People had no concerns about their safety at the service. Staff were trained to safeguard people from abuse.
- Information was displayed for people, visitors and staff about how they could confidentially report any concerns they had about a person's safety and wellbeing. Senior managers encouraged staff to report any poor working practices they saw which may be affecting the safety of people.
- When safeguarding concerns about people had been raised, the provider assisted the local authority with their investigations. This helped the local authority identify any actions needed to ensure people's ongoing safety.

Preventing and controlling infection

- Staff had been trained to reduce infection risks associated with poor cleanliness and hygiene. Staff had access to cleaning supplies, materials and personal protective equipment (PPE) to help them do this.
- Most communal areas and people's rooms were clean and tidy. Toilets and bathrooms had soap and hand drying facilities. However, the carpet in the stairwell would have benefited from more thorough cleaning. The carpet on the ground floor smelt unpleasant in some places. The manager was already aware of this issue and showed us evidence this was being replaced by more suitable, hygienic flooring in the week following this inspection. The light cord and flooring in the ground floor visitors' toilet needed to be replaced. The manager wrote to us after the inspection to advise us the stairwell carpet had been deep cleaned and the visitors' toilet had been refurbished.
- Kitchen staff were trained in basic food hygiene and followed food safety procedures when preparing, serving and storing food to reduce risks to people of acquiring foodborne illnesses.

Learning lessons when things go wrong

- Staff recorded all events and incidents involving people which were then investigated by the manager. Learning from investigations was shared with staff to help them improve the quality and safety of the

support they provided.

- At the time of this inspection there was one open safeguarding concern being investigated by the local authority. Senior staff were assisting the local authority but had already identified and taken action to make improvements that would have an immediate positive impact on the safety and quality of care provided to people.
- At our last inspection we saw the provider had acted to improve support for people who needed extra help when they became unwell due to changes in their mental health. At this inspection we saw the provider had improved their systems further to reduce risks to people's safety when they became unwell due to their mental health. We saw a recent example of this where a person became unwell and the manager immediately arranged one to one staff support for them and sought urgent assistance from relevant healthcare professionals to help the service understand what level of ongoing support the person would need to keep them safe.

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.

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

- Since our last inspection the provider had made improvements to the home to make this a more accessible and pleasant place for people to live. Parts of the home had been repainted. The home manager told us they had referred to best practice when choosing colour schemes for walls that would support people living with dementia to move around more easily. Flooring had been replaced in some areas and some people's rooms had been refreshed and redecorated.
- Other parts of the home still needed redecoration. For example, the first floor looked in need of repainting, the floor was scuffed in places and some of the furniture looked tired and needed to be replaced.
- We discussed the above with the manager and regional support manager who told us they would look at making the necessary improvements in these areas. The manager wrote to us after the inspection to tell us they had taken action to improve the first floor of the home based on our feedback.
- People were able to personalise their own rooms. There were a range of comfortable spaces where people could spend time in. In addition to their own room, people had access to communal lounges, dining rooms and the garden.

Staff support: induction, training, skills and experience

- At our last inspection we found staff were not being given consistent opportunities to discuss their work and any concerns they had about this. The provider made arrangements after our inspection to bring all outstanding supervision (one to one meetings) and yearly appraisals up to date.
- At this inspection staff said they now had regular supervision with their line manager. The manager told us since coming into post they made sure all staff had met with their line manager to discuss their work and any training or learning needs they had to help them provide effective support to people.
- Staff received training to help them meet the range of people's needs. This included refresher training and updates to keep up to date with current best practice in relation to the support provided to people. A registered nurse told us they had been recently supported by the provider to do training as part of their continuing professional development to help them revalidate their registration with the professional body for nursing.

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

- Assessments were carried out with people and their representatives prior to moving in to Clarendon Nursing Home. This helped the provider obtain the information they needed to plan and deliver the care and support people required.
- Assessments took account of people's current healthcare conditions, their care needs, and the outcomes people wished to achieve from the support provided.

- Information from these assessments, along with information from healthcare professionals involved in people's care was used to develop care plans for people which set out the support they needed. This included information about people's choices about how, when and from whom they received their support so that staff knew how this should be provided.

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

- People were offered choice and different options at mealtimes. People's cultural and religious needs were catered for and the chef prepared meals that reflected people's ethnic background.
- The chef had a good understanding of people's dietary needs and took account of people's specific requirements when planning and preparing meals. They told us they were kept up to date and informed about changes in people's dietary needs by care staff.
- We observed the lunchtime meal service and saw people were served their meals promptly. Meals were hot and generous in size and people appeared to enjoy their food. Throughout the day people were continually offered drinks to make sure they stayed well hydrated.
- Staff monitored what people were eating and drinking. They used this information along with other checks, such as people's weights, to look for any issues that people might be having with food and drink. Specialist advice and support was sought from healthcare professionals when people needed extra help to eat and drink so that staff could make sure they had enough to meet their needs.

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

- People's records contained detailed information about the support they needed from staff to manage their health and medical conditions. Staff worked well with healthcare professionals and followed their recommendations about the care and support people needed, to help them achieve effective outcomes in relation to their health and wellbeing.
- Some records would have benefited from being better organised and clearer about what information staff needed to record about the support people received. For example, we saw for one person being nursed with a pressure ulcer there were two different sets of information about what staff needed to record when dressings were changed. This was not having a significant impact on people at the time of this inspection but may present a risk in future.
- Information about people's current health and wellbeing was shared and discussed by the nurses each day and was then shared with care staff at handovers. This helped keep all staff informed and updated about any specific concerns about people and how these were being managed.
- People were able to see healthcare professionals when they needed to. Outcomes from healthcare and medical appointments were reviewed by staff to check for any changes to the support people required.
- Staff reported any concerns they had about people's health and wellbeing promptly so that people received appropriate support in these instances. When people needed to go to hospital, staff made sure information was sent with them about their current health, existing medical conditions and their medicines. This helped to inform ambulance and hospital staff about the person and their needs when they had to make decisions about the person's treatment.

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 provider had arrangements in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, the provider involved people's representatives and healthcare professionals, to make sure decisions were made in people's best interests.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. The manager reviewed authorisations regularly to check that they were still appropriate.

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 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 gave us positive feedback about staff. One person told us, "My [relative] was very upset and worried about my [family member] being here. A nurse came in and put an arm around her, reassuring my [relative] that [family member] was being looked after."
- Interactions between people and staff were warm and kind. Staff knew people well and conversations were relaxed, light hearted and full of laughter.
- People looked comfortable with staff and did not hesitate to talk to them or ask for their help and support. Staff were observant to people's needs and provided comfort and reassurance to people when they needed this.
- People, in the most part, were offered choice for example about activities they wanted to do or what they would like to eat. We saw that when people were given drinks, staff handed these out to people but did not always check if this was what people wanted or if they preferred anything else. A staff member told us this was because staff had learned what people's choices and preferences were so they anticipated what people would have. The manager told us they would remind staff to check with people that what they were being offered or provided was what they wanted.
- During activities, staff encouraged people to take part, so that no-one would be excluded. If people chose not to take part, this was respected. Where people chose to spend time in their rooms staff checked on them regularly to make sure their needs had been attended to.
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were noted in their care records so that staff had access to information about how people should be supported with these. Staff understood these needs well. We saw for one person, staff played for them a CD of devotional religious songs which was important to the person as this helped them to celebrate and practice their faith.
- Staff received equality and diversity training as part of their role. This gave staff knowledge and understanding of what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People and their representatives were involved in making decisions about their care. People were asked for their views and choices prior to them using the service and then on a regular basis in review meetings with senior staff. This helped to ensure that the support provided to people was tailored to meet their specific preferences and choices.
- Some people using the service had a learning disability and had complex communication needs. The

provider had brought in their internal head of learning disability services to provide advice and support to staff about how they could build positive relationships with people and learn how to develop information about people's choices and preferences for the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. We did not see staff enter people's rooms without first seeking their permission. They asked people for their consent before they provided any support.
- Personal care was carried out in the privacy of people's rooms or in the bathroom. Staff made sure people were clean and dressed appropriately for the time of the year.
- Staff gave people the space they needed to spend time alone if they wished.
- People's records were kept secure so that information about them remained private and confidential.
- Staff prompted people to do as much as they could and wanted to do for themselves. Adapted cutlery and plates were used to help people eat independently. Staff only took over when people could not manage and complete tasks safely and without their support.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care records contained information about their preferences and choices for how their care and support should be provided. This included information about their likes and dislikes, their preferred routine for how they liked to start the day, how they wished to spend their time and when they preferred to go to bed.
- Senior staff reviewed the care and support provided to people every month to check this was continuing to meet their needs. Staff were promptly informed of any changes to the support people needed when these were identified.
- Where this was appropriate, 'Do not attempt resuscitation' orders (DNARs) were in place and records showed people and their representatives had been consulted.
- At the time of this inspection no one was in receipt of end of life care and support. However, staff had received relevant training in this area and the provider had established relationships with healthcare professionals that would need to be involved when this need was required for a person. This would help make sure that people would be supported at the end of their life to have a comfortable, dignified and pain-free death.

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 provider had made improvements to activities provision at the service. They had appointed a second full time activity co-ordinator which meant activities could be provided seven days a week at the service.
- There was a weekly timetable of group based activities for people to take part in such as games, chair based exercises, quizzes and arts and crafts. On both days we saw a range of activities take place which people appeared to enjoy. When music was played as an activity, staff listened to people's preferences and made sure this was respected. The song choices reflected the age, life experiences and diversity of people that lived in the home. People enjoyed the music that was played and looked happy and content singing along.
- We also saw staff spend time with people on a one to one basis chatting about the day's news events and people's interests.
- Day trips and outings were planned and special occasions and significant events were celebrated at the service. People and their representatives were encouraged to participate in these.
- People were encouraged to maintain relationships with the people that mattered to them. Relatives told us they could visit the service at any time and were welcomed by staff. One relative told us, "I can come in when I want."

- The family of one person staying at the service on respite care had been able to visit the service prior to the person moving in and ask questions so that they could become comfortable and familiar with the environment. This had been important for the family as this was their first experience of a care service and they had some anxieties and fears about what this might be like for their family member.

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 had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Some people using the service had a learning disability which meant they had complex communication needs. We saw for one person a communication plan had been developed to help staff communicate to the person the support they wanted to provide to them in a way the person could understand.

Improving care quality in response to complaints or concerns

- People's feedback during this inspection indicated no issues or concerns about the quality of care and support provided by staff. One person said, "I have no problem going to staff about any issues." Another person told us they had not needed to make a complaint but, "I would do if I needed to."
- The manager was quick to respond to any concerns raised by people. We saw recent concerns raised by one person had been dealt with in a proactive way and involved the person who raised the concerns meeting with all the staff that supported them so that they could explain how they would like their care and support provided.
- There were arrangements in place to deal with people's formal complaints if they were unhappy with any aspect of the support provided. The manager investigated the complaint, provided appropriate feedback to the person making the complaint and offered an apology, where this was appropriate.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection we found management monitoring and oversight of medicines, staffing levels and staff supervision arrangements had not been effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had taken on board our findings from the previous inspection and used this to make improvements to the quality and safety of the service. Changes had been made to the way medicines were stored at the service to make this safer. A staffing dependency tool was used to check there were enough staff to meet people's needs. Supervision meetings with staff had been brought up to date.
- The provider had appointed a new manager for the service in May 2019. The manager told us systems were now in place to reduce the risk of issues we found at the last inspection happening again.
- The manager made sure that any issues identified through the wide range of quality monitoring checks of the service, were dealt with promptly. For example, they had swiftly dealt with issues they found with staff conduct and behaviours during unannounced spot checks of the service at night.
- The manager understood their responsibility for meeting regulatory requirements. They had submitted their application to CQC to become the new registered manager for the service. They notified us promptly of events or incidents involving people. This helped us to check that the provider took appropriate action to ensure people's safety and welfare in these instances. They also made sure the rating awarded from the last CQC inspection was displayed. This was important as it helped inform people and others about the quality and safety of the service.
- The manager was looking at further ways to improve the quality and safety of the service for people. For example, they were looking at developing the leadership skills of nursing staff to boost their confidence and communication skills to help them manage staff and situations more effectively.

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

- Since being appointed, the manager had had a positive impact at the service. People and visitors told us the manager was accessible and supportive and listened to them.

- Staff told us they felt well supported and motivated by the manager. One staff member said, "[The manager] is approachable and we know she listens to us and tries her best to help us. I feel much more confident in my role...I feel much happier because I have the support of the manager." Another staff member told us, "[The manager] has improved so many things. She listens, she tries to understand and will try and help and solve problems. I can say she's very good. She's good for the home and goes to each resident and talks to them and tries to find solutions to their concerns."
- We observed the manager was often out in communal areas chatting to people, visitors and staff. They knew people well and what was important to them. Their interactions with people were friendly and warm and they were focussed on meeting people's needs and resolving their queries.
- The manager made sure all staff were clear about their responsibilities for providing high quality care and support to people. They used creative ways to highlight poor practice to help staff learn and develop. For example, the manager had recently held a 'walkaround' team meeting where staff were taken to people's rooms and asked to identify potential issues with cleanliness and hygiene and how they would improve this for people.

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

- The manager was open about when things went wrong and proactive about putting things right. They investigated all accidents and incidents that happened and made sure people were kept involved and informed of the outcome.
- Following a serious incident involving a person using the service two years ago, the provider had learnt from this and taken a number of steps to improve systems, processes and staff knowledge and understanding of how to reduce the risk of this happening again. The provider had responded appropriately to external investigations into this incident providing detailed information about the measures put in place since then to reduce future risks to people using the service.

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

- People were provided opportunities to have their say about the service and how it could improve. People's views were sought through 'residents' meetings' and reviews of their care and support needs. The manager had recently used 'residents' meetings' to ask people for their feedback about potential colour schemes they would like to see painted around the environment.
- Staff's views about the service were sought through supervision and team meetings. The recent increase in numbers of staff on duty at night had come about following staff feedback given to the manager in a team meeting.
- There were good links with the local community and people were regularly visited, for example, by local faith groups who engaged with people in a range of activities and events.

Working in partnership with others

- The provider worked proactively with other agencies to make improvements to the quality and safety of the service. The local authority had undertaken a number of quality monitoring visits in the last 12 months and made recommendations to the provider about how the service could improve, which the provider had acted on.
- The London Fire Brigade had also inspected the service in the last year and made recommendations for improvements which the provider had almost completed by the time of this inspection.
- The manager and regional support manager told us, although challenging, they had welcomed the recommendations made from these and our inspections as they saw this as an opportunity to continually improve the quality and safety of the service for people.

