

Nightingale Hammerson

# Hammerson House

## 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

Hammerson House is a residential and nursing home providing personal and nursing care for up to 116 people. The service provides support to people from the Jewish community, most of whom are over age 65. At the time of our inspection visit there were 50 older people using the service, with a range of disabilities.

### People's experience of using this service

People praised the care and support they received because they felt safe and all their needs were met by kind and caring staff, who treated them with dignity and respect. Relatives and health professionals praised the service, and told us the management team were proactive, responsive and the service was well-led.

Risks to people were assessed and detailed guidance was in place for staff to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

The management team and staff were committed to providing a high-quality service. Staff had undertaken training and received good management support, so that they were skilled and knowledgeable to effectively meet people's needs.

Care plans highlighted people's abilities and needs in a person-centred way. Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. People told us that staff were able to meet their needs and were respectful of their individual preferences.

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

The service was working hard to recruit a full permanent staff team. They used regular agency staff to supplement when needed. Recruitment practices were safe and relevant checks had been completed before staff worked at the service. There were enough staff to meet people's needs.

Medicines were safely managed at the service.

The management team actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised. They were involved in a range of initiatives and projects to improve the quality of care at the service, and to raise awareness on a wider level of best practice in the care of older people.

The management team and provider had effective systems in place to monitor and improve the quality and safety of the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 26 March 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Hammerson 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. We planned this inspection 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

The inspection was undertaken by two inspectors, a nurse specialist and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

#### Service and service type

Hammerson House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hammerson House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. □

#### Notice of inspection

We carried out the inspection visit on 4 May 2022. It was unannounced.

#### What we did before the inspection

We reviewed the information we held about the home which included statutory notifications and safeguarding alerts. The service was not asked to complete the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and

improvements they plan to make.

During the inspection

We spoke with the director of care as well as the registered manager. We also spoke with six staff, three of whom were registered nurses.

We spoke with six people who lived at the service and four relatives. We looked at seven care records and three staff recruitment records. We also looked at various documents including training, medicines management and quality assurance checks carried out by the management team.

After the inspection visit, we received feedback from six relatives, two of whom had experience of end of life care for their family, and three health and social care professionals.

# Is the service safe?

## Our findings

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

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management.

- The service had systems in place to protect people from abuse and avoidable harm, and staff understood what to do and to whom to report to, if they had any concerns about people's safety.
- People told us "The staff care for us so well and I never feel in any danger" and "Yes I feel safe here. I am looked after well."
- A member of staff told us, "We keep people safe from all abuse and manage all signs of distress."
- We saw care documents provided detail on potential risks to people and guidance was in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life. A wide range of risk assessments were in place and covered areas such as personal care, mobility, skin integrity and mental health.
- Personal emergency evacuation plans were in place for people. These were readily available in the event of an emergency evacuation of the building.
- Effective maintenance and servicing schedules were in place to ensure the new building remained safe, well presented and fit for purpose as a care home.

### Staffing and recruitment

- Staff recruitment was safely managed and there were enough staff to meet people's needs.
- The service took up references and carried out criminal records checks so that they were as sure as possible that staff were suitable to work with vulnerable people.
- The service was working to recruit permanent staff and had successfully recruited a full quota of registered nurses. Of care staff, although a significant percentage of agency staff worked at the service, the majority worked solely and regularly at the service. The management team were aware of the importance of continuity of care and were focusing on minimising the disruption to people.
- People gave us a range of views on the use of agency staff. Comments included "The agency carers are not a problem for me" and "The care is very good all round and even the agency staff do a decent job." We were also told "There's occasionally an issue with non-permanent staff" as they did not understand fully a person's needs. A relative said "I have no issues with the care team, and I couldn't pick out agency staff."
- One member of staff told us "No issues with staffing, we are usually overstaffed, we are never rushed."

### Using medicines safely

- Medicines were managed safely at the service, although we noted documentation for 'as needed' PRN protocols would benefit from additional information to guide staff in their usage. Following the inspection all PRN protocols were reviewed and updated as necessary.

- The Medication Administration Records (MAR) charts were electronic and the nursing staff signed the MAR electronically via the hand-held device. Time critical drugs were given in a timely manner.
- Medicines were stored in locked cupboard on the wall of each person's room. A thermometer was in place to ensure that the medicines are kept at the correct temperature. In the event of hot weather, the medicine can be stored in a cooled, treatment room.
- Controlled drugs were safely managed and there was a safe method of disposal for unwanted medicines.
- Staff had received appropriate medication training and had their competency assessed to ensure they were skilled to undertake this task safely. One staff member said, "If someone refused medicines, we tell the manager." Medicines care plans were in place which set out the best way to support people with their medicines, in a personalised way. One person told us "I self-medicate."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The service had a system in place to monitor accidents and incidents and understood how to use the system to learn and to identify opportunities to try and prevent future occurrences.
- The registered manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any future re-occurrences. Records evidenced actions taken, and how this information was shared across relevant staff groups.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's preferences and care needs had been recorded and those who used the service and their families were given the opportunity to be involved in the care planning process. Input from people, professionals and their families contributed to care planning at the outset, at a six week review and at yearly review.
- The registered manager considered protected characteristics under the Equality Act 2000. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed.
- Staff were aware of equality and diversity issues.

Staff skills, knowledge and experience

- Staff had good access to training and support in a range of topics so that they could do their job well.
- People told us "They really do know me well and understand my needs. It's so reassuring to know that they try to do everything I ask for" and "I require help in many areas including the use of a hoist. They all know how to use the equipment, and the agency staff always have a regular [staff member] with them."
- A staff member told us "Training good, it's online we get alerted when training is due."
- Regular supervision took place and staff felt very well supported. Comments included "Also, the management is good, [registered manager] is very approachable, supportive, and always guiding us." Another said it was a "Good place to work, rewarding work, and there's good teamwork."
- Staff received an induction and newly employed staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained.
- All new staff were supported to complete the 'Heroes in Care' framework. This is a framework with stages of improvement outlining standards that social care and health workers should adhere to in their daily working life.

Supporting people to eat and drink enough with choice of a balanced diet

- People were provided with a range of options of food that met the cultural needs of people using the service and were encouraged to get involved in decisions about what they wanted to eat and drink.
- Food forums took place regularly, and the management team were working with the contractors to continuously improve the food offered. We saw that the management team were canvassing people's views on a monthly basis to get timely feedback on the food offered, and comments from residents' showed improvements in the recent months.
- People gave us mixed reviews of the food on offer. Comments included "To me the food is the same sort

that I had at home so I'm fine with it, "The food is acceptable" and "They offer an alternative if you don't like what's on the menu. We decide in the morning but can change our minds." "You get good and bad days with the food."

- Staff demonstrated a good understanding of how to ensure people had adequate nutrition and dietary preferences were set out in people's care plans.
- For people at risk of malnutrition or hydration, effective systems were in place to monitor their food and fluid intake, and people were weighed regularly. Records confirmed advice was sought from speech and language therapists and dieticians appropriately and in a timely manner.

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

- The service worked effectively and proactively to support people to live healthier lives and access appropriate healthcare and support.
- People told us "They'll always get a doctor in if I feel unwell."
- The service documented people's health conditions in the care plan and carried out regular observations to monitor and review people's health and well-being. Changes in health prompted multi-disciplinary meetings and decisions were then made regarding referrals to associated professionals.
- The provider employed therapists within the organisation to support people with physiotherapy, occupational therapy and dietetic services. We received very positive feedback from health and social care professionals regarding the partnership working with allied professionals. Comments included "The staff are very supportive of our patient's health and wellbeing and work in partnership with us to ensure good care."
- The care planning system was effective in analysing information input by staff to help understand trends. For example, people's weight was calculated in relation to 'Body Mass Index' and the provider dieticians routinely reviewed records and focused on those at risk, providing staff with remedial action to take.
- The service worked proactively to promote good outcomes for people. As well as day to day care being of good quality, we were shown examples in which the holistic approach involving the person and a range of therapists and strategies to improve mobility, had resulted in significant improvements for six people.
- The management and staff team were working proactively with the Jewish Deaf Association to promote better understanding of the challenges of living with hearing loss; better care in the use and maintenance of hearing aids and the establishment of regular clinics at the service to support staff in their role and people with hearing loss.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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).

- People told us "They ask my permission before doing things to help me" and "Carers always ask permission before they do anything for me."
- The service had mental capacity care plans in place to cover all significant areas where people needed support, and we could see best interest meetings were recorded for important issues such as the giving of medicines covertly.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.

- Staff confirmed that they had undertaken training in relation to the MCA.

# Is the service caring?

## Our findings

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

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

- People were well treated by staff who were caring and who respected their privacy and dignity.
- People praised the care and told us staff were kind and respectful. Comments included "Yes they are kind and caring here," "If I call them, they will come. They treat me well and they are kind." "Here they are friendly and will say good morning and ask me how I am. They are respectful."
- Family members told us "The staff are brilliant with everyone and they are kind and polite to me too. They know my first name. They are so patient and watch over the residents. They create a friendly atmosphere."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- People told us their individual needs and wishes in respect of their values, culture and religion were respected. "Most of the staff are kind and decent and they absolutely understand what my religion means to me and respect that" and "They totally respect my religious beliefs."
- The service had a number of facilities that promoted people's independence and were evidence of providing a caring service. There was access to a hairdresser, and a small shop which sold toiletries, with a post box for people to use.
- There was a café for both residents and their friends and family to use. The entrance area was large, airy and very welcoming for people and their visitors to sit comfortably.

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

- People and their relatives confirmed care was provided in a way that suited them. One family member told us "They have got to know [relative] well and understand him, for example he likes to sleep in, so they save him some breakfast and the same at lunchtime if necessary if he's snoozing." Another said, "My sister deals with dad's care plan."
- People and their families were involved in care planning from the point of initial assessment, prior to admission. Six weekly reviews and then annual reviews enabled people and their relatives to comment on the care provided and feedback on what worked and what did not.
- We were told "I went through the care plan when I was admitted," and "I always get a female carer which I like."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values.
- People told us "They totally respect my privacy and dignity" and "The carers are always busy but they won't

just rush and leave me. They are very respectful."

- Relatives told us "His needs are respected. In the living area they have given him his own area so he feels comfortable and secure," and "The experienced staff are good, in fact excellent and support dad very well and they are respectful for sure."
- A staff member told us "We make sure curtains are closed, people are covered, and we always tell them what we are doing." The service was promoting a 'relationship centred' approach to care, which focused on not only the person, but their broader network, so the person was understood in a holistic way. Care and staff were trained and supported to understand the challenges of aging and living with serious health conditions and for some people, dementia.
- People confirmed they were supported by staff to be as independent as possible and were actively encouraged to do as much as they could for themselves according to their individual abilities and strengths. We saw this on the day of the inspection and care records highlighted what people could do for themselves.
- Comments included "Yes they encourage me to do things for myself," "They help me to stay independent and so I look after myself mostly" and "Although I have severe mobility issues, I move the wheelchair around the room and dust the surfaces. I like some independence."
- People's personal histories were known and encouraged. We saw that the service encouraged people using the service to share their knowledge and skills with other people. People had a range of experiences, knowledge and hobbies, developed over a lifetime of work and leisure, they could share with other people. For example, on the day of the inspection one person was running a discussion group, and was showing others artefacts they had, from work and travels in different African countries.
- Family members said "They help him to be independent." Another told us they found Hammerson House to be "very progressive" and that their experience of care for their relative was that it was "proactive, engaging and extremely sensitive." • There were memory boxes outside of each person's room with photos or other personalised information to help people locate their room. These also acted as reminders for staff of the importance of understanding individual personal histories and work lives.
- Access to skilled therapists meant regular exercise classes took place for people to join in, as well as a therapy room for one to one treatment. These encouraged people to remain as active as possible.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

# Is the service responsive?

## Our findings

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

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The electronic care system provided one page summaries of people's needs as well as care plans which detailed clearly how the person wanted their needs and preferences met. This was helpful for staff who may not be as familiar with all the people at the service.
- Staff were complimentary about the care plans. They told us the "Care plan is good, detailed and individualised" and another said, "Care plans have lots of information." We saw detailed care plans covering a broad range of needs including health, personal care, memory, behaviours, mobility and requirements with medicines.
- People told us they were happy with the care and support provided.
- Each person's plan was regularly reviewed and updated to reflect their changing needs. People confirmed that staff either knew how they liked things to be done or they felt very able to guide staff in how they wanted things. Comments included "I get a shower when I want".
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. For example, there was a set criteria which could prompt a review such as if a person had two falls. This showed that the service was responsive to people's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and this was recorded in care plans, so staff knew the preferred way to communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a wide range of activities at the service. These varied from 'Knit and natter' to a bridge group; exercises with the therapies team; art and opportunities to go out in the minibus. Recent trips out had included a local garden centre, Kenwood café and grounds and Hampstead Garden Suburb United Synagogue for an afternoon social with their youth group. The service planned to visit Kew gardens, Camden Arts Centre, RAF Museum and Holland Park Opera this summer.
- The service had a regular group of volunteers who were able to provide one to one befriending to people as well as supporting the service with big events and outings. The management team told us "The growing body of befrienders and volunteers can spontaneously respond to residents' needs and they generate a

vibrancy and warmth for the home."

- People told us "I enjoy the bridge and art clubs," and "There's lots going on and often that's in the lounge such as crochet work and in fact I help teach others. Alternatively, I have TV to watch and I read."
- A relative told us "The activities here are phenomenal. I've watched a music session and I've seen [relative] and others engaged. They're given instruments. They try handling tactile things."
- Religious holidays were celebrated and those who wanted to were supported with their cultural and religious practices .,

Improving care quality in response to complaints or concerns

- The service had a complaints policy and we saw that complaints were dealt with in a timely manner by either the registered manager or other heads of departments.
- People told us "If I had to complain I would go to the desk up here and I'd feel comfortable doing that" and "I've never complained but I'd speak to someone in the office on this floor."
- People told us they knew how to complain if they needed to and felt confident that they would be listened to.
- Relatives confirmed that the manager and the management team responded to issues raised. Comments included "Any comments we have made regarding my [relative's] care are acted upon" and "Very (responsive). When I have brought concerns to managers , we have discussed them and they have led to change."

End of life care and support

- The service was proud of the quality of end of life care they offered. We saw several complimentary emails from recently bereaved relatives who praised the care provided. One noted their family member was "Treated with dignity, compassion and respect." Another relative told us "Yes, the team worked very well together. Towards the end of my mother [name's] life I was very moved by the empathy of all the staff at all levels." This relative told us they were also impressed with the way the service supported them following the passing of their family member.
- The service's sister home, also in London, was awarded last year with the Gold Standards Framework (GSF) Platinum status, the highest standard provided for palliative care. As Hammerson House has only recently opened, it has not yet been included in the award, but they have been working under that framework since the opening of the home.
- The service's palliative care lead nurse supports both homes equally, and the home has focused on working with local health professionals to ensure anticipatory prescribing, advance care planning and communication is prioritised for end of life care.
- The service has provided training to staff on palliative and end of life care protocols, syringe driver training, verification of death training and culturally specific last offices training.
- Hammerson House intends to seek accreditation of the GSF award in the near future.

# 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.

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 wider management team understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good quality, dignified care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- CQC and the local authority were notified of significant events, and the management team liaised closely with all appropriate organisations during the COVID-19 pandemic. We have found the management team to be very open and transparent, both prior to, and during the inspection. Health and social care professionals confirmed the management team were always available and the "staff communicate very well with our team."
- Audits took place in key areas to ensure the standard of care, record keeping and the environment were good and safe. We reviewed care plan audits, infection control and medicines audits. We saw that where actions were identified these were followed up on.
- The provider was keen to gradually increase the number of people using the service, to move to full capacity when systems were fully established, and the staff team were well established.
- Trustees provided effective scrutiny of the service by holding regular meetings with the management team and reviewing key performance indicators. The trustees' professional skills were varied. This meant they understood their legal obligations covering the provision of care, health and safety, building maintenance and financial accountability.

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

- The service could clearly evidence their commitment to continuous learning and improvements. As well as an action plan that focused on the provision of care, the provider and management team involved themselves in broader strategic and developmental projects.
- For example, the service facilitated the first meeting of the Care Home Research Forum in November 2021. This event aimed to improve the communication between care home staff and researchers. This was a hybrid event attended by staff, relatives and residents at Hammerson House, but also by people all over the world (via live streaming). The service is also part of a dementia pilot project on behaviours that challenge and have consistently attended meetings about this project.

- The service supported intergenerational work with a local school. The intention was to connect reception students and dementia care residents in a programme based in music and movement. Also to pair people with year five students working on creating biographies among other things.
- The service also used established 'dementia care mapping' tools to better understand people whose communication was limited due to a cognitive impairment. This work focused on monitoring and evaluating people's behaviours and moods when doing certain activities to see the effects to their well-being. This knowledge was then used in supporting them at the service.
- The service worked to achieve good outcomes for people by providing holistic, person-centred care. For example, the service created personalised engagement plans as part of each person's care plans. We saw a book of photos the service had drawn together of a person and their family members at Hammerson House. The staff team had put together the book for a person who often verbalised that her family did not know where she was and that they had left her. The book, designed with the help of the family, is used to show her with them in familiar places at Hammerson House. When this person is anxious the service share the book with her which lessens her anxiety levels.
- Another family member thanked the service for introducing his relative to poetry, in particular by a person who was living with the experience of dementia. They said this inspired a flood of daily poems that are helping his family member to express his feelings in a constructive way, and his visits from a very well-matched befriender are also helping a lot.
- A professional told us "This is clearly one of the best care homes that I have come to know over many years of research in the field."

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf. Residents' meetings, relatives meetings and surveys took place to get their views about the quality of the service provided.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service
- Staff were very positive about working at the service and the provider had improved salaries recently in a bid to recruit and retain more staff. Staff had the opportunity to develop their careers at the service. For example, one member of the management team had originally undertaken a student nurse placement at the service and from this had progressed.
- Staff confirmed "Training is very good. Lots of training" and the registered manager was viewed positively by staff with one commenting, "I really like her management style, she's firm and supportive."
- The management team understood the importance of engaging and working with the staff team. They worked to support the well-being of the staff team in a number of ways. For example, a prayer room was made available to staff during Ramadan and a free mini-bus took staff to the underground tube station, at the end of night and early shifts.

Working in partnership with others

- We received very positive feedback on the organisation's partnership working with other professionals. Comments included "The team are very responsive to communication with us and we have regular meetings and opportunities for feedback which is taken on board." Another professional told us "They do everything they can to support the people in their care to maintain their well-being and identity, and to include their families and friends as an essential part of their lives."
- We were also told "The service is very well-led and it has been a pleasure to work with the staff in this home."