Bupa Care Homes (GL) Limited

The Highgate Care Home

Inspection report

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Highgate
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Highgate Care home is a residential care home providing personal and nursing care to 36 people with complex physical and cognitive support needs at the time of the inspection. The service can support up to 52 people in four separate units with their own communal areas and facilities.
People's experience of using this service and what we found

The home environment was clean and well presented with ample space and lighting to enable easy movement. However, at our last inspection the provider advised that installation of a second, larger lift was planned. At this inspection we found people with complex physical needs continued to use a lift situated in a service adjoining the home. We have made a recommendation that the provider continues to improve accessibility and the quality of the environment to better meet people's needs in relation to their disabilities.

People's care plans had improved since our last inspection of the home. They were person-centred and included guidance for staff on ensuring that people's individual needs were met. Where people's needs had changed this had led to an immediate update of their care plans. Individual risk assessments for people had been regularly reviewed and updated where required.

People's medicines were stored and administered safely. The records of medicines administration had been completed appropriately. Some people who were unable to swallow received medicines via a tube feed. Their records showed that such medicines were administered following individualised professional guidance.

People were protected from the risk of harm or abuse. Staff members had received safeguarding training and knew what to do if they had concerns about a person's safety. The home maintained records of safeguarding concerns. These showed that appropriate actions had been taken to reduce the possibility of similar concerns arising in the future.

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.

Staff were recruited safely and received the training and support they needed to do their job well and to effectively meet people's needs.

During the COVID-19 pandemic a regular programme of socially distanced activities had taken place at the home. These were delivered via video links where the activities providers were unable to personally attend the home. Improvements had been made to the records of 'in-room' activities for people unable to attend group activities. We saw that regular one-to-one activities and staff engagement had taken place. Arrangements had been put in place to enable family members and friends to safely visit people living at the

home.

Improvements had been made to the home's quality monitoring systems. These were now designed to be more effective in identifying concerns and making improvements when required.

Suitable infection prevention and control measures and practices were in place to keep people safe and prevent people, staff and visitors catching and spreading infection.

The registered manager was supported by a team of managers and nurses. Staff, people and their family members told us they were satisfied with the management of the home.

Staff engaged proactively with external health and social care professionals to ensure people's needs were met. They had regular meetings with a multi-disciplinary team of professionals to discuss and address people's immediate and ongoing needs.

People and relatives spoke positively about the care and support provided by staff.

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

Rating at last inspection
The last rating for this service was Requires Improvement (published 1 November 2019).

Why we inspected
We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led.

The rating from the previous comprehensive inspection for the key question not looked at on this occasion was used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Highgate Care Home on our website at www.cqc.org.uk.

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 coronavirus and other infection outbreaks effectively.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
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**

The Highgate Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by two inspectors.

Service and service type
The Highgate Care 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.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We 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 this information to plan our inspection.

During the inspection
We spoke with two people who live at the home and one visiting family member about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, client experience manager, three nurses, two care workers, the administration officer and the maintenance officer. We also observed staff engaging with people who live at the home.

We reviewed a range of records. This included nine people's care records. We looked at six staff files in relation to recruitment and staff supervision and training. A variety of records relating to the management of the service including policies and procedures and quality monitoring audits were reviewed.

After the inspection
We spoke with three family members and one staff member. We reviewed quality assurance records and activity plans sent to us by the registered manager and the client experience manager.

Good

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.

Assessing risk, safety monitoring and management

- At our last inspection of the home we found that some people's risk assessments had not always been updated to reflect risks associated with people's needs identified in other areas of their care records. At this inspection we found that risk assessments were regularly reviewed and updated when there were changes in people's needs.
- People's risk assessments were person centred. They included guidance for staff on managing risks associated with, for example, mobility, moving and handling, personal care, behaviour and nutrition.
- Staff had reviewed people's risk assessments on a regular basis and updated these when there were any changes in needs. Staff members understood individual risks to people and how to manage them.
- Risks associated with the environment of the home were audited on a regular basis. Actions had been taken to address concerns arising from these audits.
- Regular monitoring of fire alarms and equipment, hot water temperatures and emergency call alarms had taken place. Servicing of fire systems, gas and electricity systems and testing of individual electrical items were carried out within appropriate timescales.
- People had individual personal emergency evacuation plans (PEEPs). These described the support that people required should there be a need to evacuate the home.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure that people were safeguarded from the risk of abuse or other harm.
- Recent safeguarding concerns had been managed appropriately. There was a clear record of actions taken by the home and their engagement with the local authority's safeguarding team. Safeguarding concerns had been reported appropriately.
- Staff had received training in safeguarding adults. Staff we spoke with understood their roles in ensuring that people were protected from abuse or harm. They knew how to report any suspicions or concerns.
- Some people were unable to manage their monies independently. Systems were in place to ensure that people's individual finances were managed appropriately in order to reduce the risk of financial abuse.

Staffing and recruitment

- Staff were recruited safely. Checks had been carried out to ensure that they were suitable for their roles. These included references and criminal records checks.
- Staffing levels were determined by people's assessed dependency needs. Staff told us that there were enough staff at the home to meet people's needs. Relatives we spoke with said they had no concerns about staffing levels. One relative said, "They seem to be doing more now than they were before."

● The staffing we observed at inspection reflected the home's rotas.
● Nurses working at the home had up to date registration with the Nursing and Midwifery Council.
● The senior staff team had arranged their hours to ensure there was a manager on site from early morning until late evening. Unannounced monitoring of the activities of night staff had taken place. This ensured night staff received the supervision and support they required.

Using medicines safely
● People's medicines were safely stored and administered in accordance with their individual prescriptions.
● People's medicines administration records (MARs) were completed appropriately with no gaps.
● We observed that nurses administering medicines explained to people what the medicines were for and offered drinks to support people to swallow tablets. MARs were completed immediately people had taken their medicines.
● Some people were unable to take medicines by mouth and these were administered via a PEG (percutaneous endoscopic gastrostomy) PEGs are used to support nutrition and medicines for people who are unable to swallow due to complex physical or medical needs. People's individual PEG records also showed where medicines were administered in this way.
● Some people had been prescribed PRN (as required) medicines, for example to provide pain relief or to reduce anxiety. Person centred PRN protocols were in place. These provided guidance for staff on when and how to administer as required medicines.

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 provider had reacted responsively to past concerns identified by local health and social care professionals and had taken action to improve the support people received.
● Where accidents or incidents had occurred, the staff teams were encouraged to learn from these and make improvements. We observed a problem-solving session taking place at a meeting during our inspection.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

● At our last inspection we found that people with complex physical impairments were unable to access other floors at the home as the lift was too small to accommodate some specialist wheelchairs or stretchers. The provider had an arrangement to use the lift of the next-door service, which could be accessed through adjoining doors. At our last inspection the provider told us that works had been commissioned to provide another more accessible lift at the home. During this inspection we found that there had been no further action to provide a new lift. This meant that people were potentially at risk of infection should they need to use the lift in the next-door service. The registered manager advised that. although the lift installation had been postponed, the provider had plans to complete this action in the future.

We recommend the provider takes action in line with national guidance to make the premises more accessible to people with a physical disability so as to meet their diverse needs and promote their independence.

● The home was clean, well-lit and well decorated. The corridors were wide, and handrails were provided for people who required them.

● The home's communal areas were spacious and provided ample room for people who use wheelchairs to manoeuvre. Seating had been arranged to ensure that people could socially distance during the COVID-19 pandemic.

● During the COVID-19 pandemic the provider had made arrangements to enable family members to visit people through the provision of a safe, screened area for indoor visits that was accessible to visitors from outside the home.

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

● At our last inspection of the home we found that some people's assessments and care plans contained limited information about their personal histories and likes and dislikes. At this inspection the care records we viewed showed that improvements had been made. Information about people's histories, wishes and preferences was included in their individual assessments and care plans. For example, they included information about religious, cultural and communication needs and preferences.

● People's care records showed that assessments of their needs had been carried out. People's care assessments had been regularly reviewed and updated where there were changes in their needs.

● Where people did not have capacity to contribute to reviews of their care, their family members or other professionals had been involved where appropriate. A family member told us, "The staff have been really

good about letting me know if there are any issues with my [relative]. I feel she is well looked after here."
● People's care plans were person centred. They included detailed guidance for staff on how care should be delivered in accordance with people's needs and wishes.

Staff support: induction, training, skills and experience
● Staff had completed a range of training courses relevant to their job roles. Core training was 'refreshed' regularly. During the COVID-19 pandemic staff had received training and learning in relation to infection prevention and control and changes in government guidance for care homes.
● Health and social care professionals had provided virtual learning opportunities for staff during the COVID-19 pandemic. The registered manager and staff told us they valued the learning support they had received.
● Staff members had received regular supervision and appraisal. Regular team meetings took place. The daily meetings for senior and clinical staff provided opportunities to share information about changes in people's needs. New information, for example, in relation to COVID-19 guidance or local authority commissioning requirements was shared at the daily meetings so that it could be cascaded to team members.
● The records of staff supervision and team meetings showed opportunities were provided to enable discussion of current practice issues and staff development.
● People and family members told us they found the staff to be well-informed. A person said, "They know what they need to help me." A family member told us, "They know what they are doing. They seem very well trained to me."

Supporting people to eat and drink enough to maintain a balanced diet
● Several people living at the home were supported to receive nutrition, fluids and medicines through a PEG (percutaneous endoscopic gastrostomy). This is a form of tube feeding used where peoples' conditions mean they are unable to swallow. At our last inspection we found a person's most recent PEG guidance had not led to an update of their care plan. At this inspection we found that care plans had been updated to include the most recent guidance. Records of nutrition, fluids and medicines delivered through people's PEGs were appropriately recorded.
● People were offered a choice of food at each mealtime. Where they requested an alternative, we saw that this was provided. Soft or pureed diets were provided for people who experienced difficulties swallowing. These were produced for people following guidance provided by speech and language therapists and dieticians.
● We observed staff sitting with people who required support to eat. Staff spoke with people when supporting them and ensured they had enough time to swallow their food.
● Some people who were unable to take adequate nutrition had been prescribed thickeners where they had difficulties swallowing, or nutritional drinks in order to provide additional nutrition and calories through their fluid intake. We saw that these were safely stored, given to the people they were prescribed for and records were maintained of their use.
● People's weights were regularly monitored to ensure they maintained healthy body weights.. Staff made referrals to relevant health professionals where there were significant fluctuations in peoples' weights.

Staff working with other agencies to provide consistent, effective, timely care
● People's care records showed that staff had worked closely with other health and social care professionals to ensure that people's needs were met in a timely way.
● During the COVID-19 pandemic some external support had been provided through video calls. Regular multi-disciplinary meetings with healthcare professionals took place via video call where people's ongoing needs were discussed and addressed.
● People's care records showed that appropriate health and social care professionals had been

immediately consulted where there were concerns about their needs.
● We received positive feedback from other professionals about the home and the improvements that had been made.

Supporting people to live healthier lives, access healthcare services and support
● Although the COVID-19 pandemic had led to fewer visits to the home from healthcare professionals, the registered manager told us that necessary visits had always taken place. People had been supported to attend important healthcare appointments and their healthcare needs were monitored closely. The local GP was visiting people when we inspected the home. Records confirmed that, for example, chiropodists, physiotherapists and dentists had visited people who required their support.
● The registered manager told us that she worked closely with the local multi-disciplinary health are team (MDT) An on-line MDT meeting was taking place when we inspected.
● People had personalised oral healthcare plans. Staff had received training on oral health. Records showed that dentistry and oral hygiene services had been accessed when people required this.
● People had been referred to opticians and audiology services where required.
● The majority of people living at the home were unable to go out due to their complex physical and health impairments. During the inspection we saw that people who were able to do so moved freely within the home and had been provided with mobility aids such as walking frames when needed. We observed staff supporting people to do seated exercise. A person we spoke with said, "I do go outside when I want, usually for a smoke. I can ask staff to help me if I want to go further."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

● People's care records showed that assessments of capacity to make decisions had been undertaken. For example, capacity assessments had been carried out in relation to consent or refusal to medical treatment.
● DoLS applications had been made for people assessed as lacking capacity to make significant decisions about their care and welfare.
● Best interest assessments had been carried out in relation to any restrictions for people regarding decisions that they did not understand. These had involved other professionals or family members where appropriate.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection we found that some people's care plans did not include information contained elsewhere in their care records. Changes in people's needs had been recorded but had not always led to care plans being updated. At this inspection we found that the provider had made improvements. Changes in people's needs had been clearly recorded in their care plans.
- People's care plans were reviewed regularly. Details of people's specific medical conditions and personalised guidance to support and manage them were included in their plans.
- People and family members told us they were involved in reviews of care. A family member said, "They keep me up to date about [relative] and I feel involved. We did it over the internet when I wasn't able to visit."
- Improvements had been made to people's daily care records. Records of individual activities and engagement with people were now being maintained.
- The registered manager and deputy manager advised that they were providing ongoing support and guidance to staff to ensure that there was consistency in the quality of record keeping.

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.

- At our last inspection we found information about communication needs for people who were unable to communicated verbally was limited. At this inspection we found that care plans for people with complex communication needs had improved. Information about people's non-verbal responses was included in their plans along with guidance for staff on how to support communication.
- The provider had a policy on the AIS which included information about providing accessible information to people who required it.
- People were provided with some information in accessible formats, for example, menus, complaints procedures and activities plans. Where people's fist language was not English, simple information about key words in people's first languages was provided to staff. Staff used pictorial information, gestures and objects of reference where this could assist with communication. A staff member said, "If I show [person] something I can tell from how they respond if they are happy with it. If not, I show them something else until we work it out."

● The registered manager said that some information was provided in large print for people with visual impairments. The home had access to translation services should people require written information in a language other than English.
● At our last inspection we found that people's care plans were written by hand and were not always easy to read. We were told the provider was piloting an online recording system which would mean care plans and care records could be provided to people in more accessible formats according to their individual needs. The registered manager told us the provider was in the process of developing this system prior to 'roll-out' to the relevant care homes.

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
● Activities at the home were had been more limited during the COVID-19 pandemic. At our last inspection we observed group sessions facilitated by a visiting music therapist and physiotherapist. These sessions were now provided via video link and to smaller groups to reduce the risk of infection. Visits from local schools had been replaced by video sessions, for example, a Christmas carol concert provided by local children.
● Activities had been organised by an activity co-ordinator were available each day. These activities included arts and crafts, baking, discussions, tea parties and one-off events, such as celebrations of festivals and birthdays. At this inspection, we found that the activities co-ordinator had left, and a new activities co-ordinator was just about to start. The client engagement manager told us that this had led to a reduction in some group activities, but that care staff were providing day-to-day activities according to people's interests.

● Some people at the home were unable to participate in group activities due to the complex nature of their disabilities. We saw records of one-to-one activities maintained by staff. One-to-one activities had included listening to preferred music, watching movies, sensory activities such as hand massages and use of sensory lights. People who were unable to take food by mouth were provided with flavoured lip gloss to enable them to use their sense of taste.
● Some people had been supported to obtain and use tablets to enable them to do their own shopping and to keep in touch with family members and friends. One person said they had been able to keep in touch with family over the internet.
● During the COVID-19 pandemic visits from family members had been reduced. However, when we visited the home, we found that a safe space for visits had been provided with external access for visitors. Where people were unable to move from their rooms due to the complex nature of their disabilities, family members were able to visit following a negative COVID-19 test and using personal protective equipment provided at entry to the home. A family member said, "I'm grateful to be able to visit my [relative]. I'm assured they are getting good care and it makes a difference for us to see each other."
● People's care plans included information about their individual cultural, religious and relationship needs and preferences. Staff had received equality and diversity training. The registered manager said they would access local services if people required further support, for example, cultural organisations and the local LGBT (Lesbian, gay, bisexual and transgender) network.

Improving care quality in response to complaints or concerns
● The provider had policies and procedures on raising complaints, concerns and compliments. A complaints procedure was available in an easy to read format and information about this was displayed in the home.
● People told us that they would speak to a member of staff if they had any complaints or concerns. A person said, "No complaints at all. I quite enjoy living here." A family member said, "I don't really feel the need to complain. I get the information I need when I ask for it and they keep in touch to let me know what's

going on with [relative]." Another said, "I did make a complaint, but they sorted it out quickly."
● A record of complaints was maintained at the home. This showed actions had been taken to address any comments or complaints and that people were asked for their feedback about their satisfaction with how complaints were managed.

End of life care and support
● At the end of their lives people were supported to remain at the service [when this was what they wanted], in familiar surroundings, supported by their family and staff who knew them well.
● Healthcare professionals including GPs, palliative care nurses and tissue viability nurses provided the service with guidance, and support.
●Staff had received training in supporting people at the end of life.
● People had end of life plans but the quality of these was variable. Some records were detailed but others had little, or no information recorded. The registered manager told us that some people and family members had not wished to discuss end of life preferences. Where this was the case, staff had recorded the reasons why people or their family members had not engaged in the development of end of life plans.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 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

- At our last inspection we found the provider's quality assurance systems had not always identified failures in fully supporting people's needs. Although improvements had been made, further work was required to ensure that quality monitoring was effective. At this inspection we found that the provider had made further improvements to their quality monitoring systems.
- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of regular audits and checks were carried out. These included, for example, audits of care records, medicines, infection control and safety at the home.
- The provider and management team carried out regular unannounced monitoring of care practice at the home.
- Where issues or concerns were identified through the provider's quality monitoring processes, actions had been taken to address these. For example, we found that an observation of poor engagement with a person living at the home had been addressed immediately with the staff member concerned,
- Since our last inspection there had been changes in the senior staff team at the home. A new registered manager, deputy manager and client experience manager had been recruited. The registered manager and senior staff members were clear about their roles and responsibilities and had the skills, experience and qualifications to provide the leadership required.
- Staff were familiar with the aims and objectives of the service, which promoted personalised care, dignity, privacy and anti-discriminatory practice. They were clear about their roles in supporting those goals.

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 described the importance of ensuring that people, family members and other key professionals were always informed when there were any issues or concerns.
- The home's records showed that issues or concerns were immediately reported to the local authority or other key professionals.
- The registered manager acknowledged that there had been concerns about the home in the past and demonstrated how they had taken action to address these. They showed us service improvement plans and other information to demonstrate actions taken and plans to make further improvements.
- The registered manager had provided the CQC relation to the home's with statutory notifications regarding incidents at the home as required by law.

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

● Staff members understood the needs of the people they supported and spoke positively about their roles in delivering quality person-centred care.

● Regular meetings took place to ensure that staff members had the information they required to provide effective care and support to people. A staff member said, "It was all a bit difficult when we had to get used to changes in the management. I've got to know the new management team now and I'm happy I have all the information I need to do my job." Another staff member told us, "I don't have any problems asking for help or information and I always get a good response."

● People and relatives told us that they felt involved and informed about changes at the home. Meetings had taken place for people who were willing and able to get involved where they were consulted about issues relating to the home. During the COVID-19 pandemic the management team had started to engage family members via video meetings. The registered manager said that there had been a positive response to this initiative, especially from family members who would otherwise be unable to attend meetings at the home

● A person said, "I think the staff are great and they always tell me what's happening." A family member told us, "They have done really well. The information I get reassures me that [relative] is safe, especially as I can see them when we do video calls and they take the tablet to their room."

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

● The provider had followed current government guidance to support people's friends and relatives to have contact with them via video calls, telephone calls and visits during the COVID-19 pandemic. Visiting arrangements were kept under review.

● The registered manager spoke of the importance of good communication with people's family members and friends. This approach was confirmed by the people and family members we spoke with.

● Staff had knowledge and understanding of the importance of respecting people's differences. We observed staff engaging with people and saw that they communicated with them in ways that were respectful and appropriate to their individual communication needs. Staff said, "Some people can't tell us what they need. We have to work it out somehow and then we write it down and share it with other staff," and, "It's good to know what people did before they came here. We can use that information to speak with people or show them pictures and things that mean something to them."

● The registered manager told us that staff and people had been provided with information and guidance regarding COVID-19 testing and vaccinations. Best interest meetings involving medical professionals and family members had taken place for people who were unable to understand or communicate decisions about testing and vaccination.

Continuous learning and improving care

● The provider had acted to improve the care provided by staff following our last inspection of the home.

● The provider had developed systems and staff training to reduce the impact of COVID-19 on people and staff. The home had liaised with the local authority and participated in learning opportunities provided by them. A staff member said, "We've learnt a lot about making sure the residents stay safe and about making sure that we don't create a risk for them

."

Working in partnership with others

● The registered manager worked with the host local authority and health service multi-disciplinary team to ensure people's health and care needs were met and they were provided with a good quality service. During our inspection senior staff were engaging in a regular video call with the local multi-disciplinary team.

● When we inspected the local GP was visiting the home to see people and discuss their health needs and treatment plans with staff
● People's care records showed that other professionals had been involved in meeting their needs.