Care UK Community Partnerships Ltd

Muriel Street Resource Centre

Inspection report

37 Muriel Street
Islington
London
N1 0TH

Tel: 02078332249
Website: www.murielstreetislington.co.uk

Date of inspection visit:
09 March 2021

Date of publication:
27 April 2021

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
About the service: Muriel Street Resource Centre provides nursing care to men and women with a range of needs including physical disabilities, dementia and mental illness. The home is able to accommodate a maximum of 63 people over three floors. There were 45 people using the service on the day of the inspection.

People's experience of using this service and what we found
Since our last inspection, the service had changed. There was a stable management team that with the help of the staff introduced improvements across all the areas of the service delivery. The five breaches identified during our previous visit related to dignity and respect, safeguarding people, nutrition and hydration, staffing and governance of the service had been met. The recommendations about comprehensive risk assessment and risk management planning and the Mental Capacity Act had been followed. Despite the adversities of the COVID-19 pandemic during the last 12 months, the service had managed well and received positive feedback from people using the service, their relatives and external health and social care professionals.

People were protected from the risk of harm and abuse. There was an effective safeguarding procedure in place and staff followed it. Risks to people's health and wellbeing had been assessed and reviewed. There was a safe recruitment procedure and the managers effectively used the initial probation period and performance management procedures to ensure staff employed were suitable for their role. Medicines were administered safely.

The environment was safe and clean. The service followed safe infection prevention and control measures to ensure people were protected from risks of the COVID-19 pandemic. Accidents and incident as well and any safeguarding concerns had been analysed regularly and action was taken to ensure these had not happened again.

Staff received appropriate induction, training and supervision to help them to provide the most suitable care to people. Staff felt supported by their managers. They told us managers were appreciative of their work and were keen to involve them in the service improvement process.

The service provided effective care to people. People received food and nutrition that was appropriate for their health needs and personal dietary preferences. People's health and wellbeing had been monitored. Staff took supportive action when people's health had changed and they needed further attention from external health professionals.

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

People and their visitors described staff as kind and caring. During our visit we observed staff engaging positively with people in a caring and respectful manner. We saw staff sitting with people and engaging them in discussions and activities. Staff offered people choices so people could make decisions about their care.

People received person-centred care. Each person had personalised care plans which included information about people's life, their communication and their care needs and preferences. People and relatives were involved in care planning and reviewing.

The home's lifestyle coordinator, with contribution from other staff involved people in meaningful activities. These were tailor-made for each person and had taken into consideration the drawbacks and benefits of living during the COVID-19 pandemic. People and their relatives had all told us that staff supported them to stay in contact throughout the pandemic.

The home was tastefully decorated in a way that met the sensory needs of people living with dementia. The atmosphere was pleasant, peaceful and everyone (people and staff) appeared settled and relaxed.

The management team together with the provider had introduced a range of effective quality monitoring and assurance systems. These included a mixture of managerial audits and feedback gathered from staff, people living at the home and their relatives. The systems helped to thoughtfully link various aspects of the service delivery, allowing its contemporaneous and seamless review. As a result, any shortfalls in the service delivery were highlighted and actions on improvements were introduced where needed.

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 08 May 2019) and there were multiple breaches 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 regulations.

Why we inspected
We undertook this inspection to check if the service had followed their action plan and to confirm they now met legal requirements. This inspection has initially started as a focused inspection on the safe, and the well-led domain we were also planning to review breaches and recommendations in the effective and caring domains. During our visit, we observed significant improvements in the quality of the service delivered. Therefore, we extended this inspection to a five domain, comprehensive inspection to reflect positive changes across all the areas of the service delivery.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Muriel Street Resources Centre on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Muriel Street Resource Centre

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
The inspection was carried out by two adult social care inspectors, a nurse specialist advisor, a pharmacist inspector and one Experts 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. The Experts by Experience had personal experience of mental health and dementia care.

Service and service type
Muriel Street Resource Centre is a care home. People in care homes receive accommodation and nursing or personal care. 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 the information we held about the service. These included notifications of significant events affecting the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with fifteen members of staff including the Regional Director, the registered manager, the deputy manager, the business manager, two team leaders, two nurses, one senior health care assistant the lifestyle coordinator, three health care assistances, the maintenance officer.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two new staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including a range of audits, policies and procedures.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with further 16 family members of people who used the service.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
At our last inspection, we found that the lack of robust safeguarding systems put people at risk of possible harm and abuse from others. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Family members thought their relatives were safe at the home. They told us, "I feel he's safe and being well looked after; the staff know what he wants," and, "I feel at ease knowing my Mum is safe and being well looked after."
- At this inspection, we found no evidence to suggest that safeguarding concerns had been raised but were not acted on. Safeguarding concerns had been appropriately addressed by the registered manager. This included working alongside the local authority and the CQC on the investigation of concerns and analysing the outcomes of these investigations. The learning points were then cascaded down to the staff team, through team meetings and supervision process, to ensure similar concerns did not happen again.
- Staff said they received the training they needed to understand safeguarding processes. The staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice.

Assessing risk, safety monitoring and management
At our last inspection we recommended the provider consider current guidance about comprehensive risk assessment and risk management planning. The provider had made improvements.
- Before this inspection, we received a concern regarding fire safety arrangements at the service. There were concerns that in the event of a fire, the premises were not safe to be vacated as quickly, safely and efficiently as possible. At this visit, we found that although fire safety improvements were ongoing, safety measures were put in place to ensure people could be safely evacuated in case of fire. The measures included reducing the number of people occupying the top floor of the building, increasing staffing level and undertaking more frequent fire drills during the day and at night to ensure staff were well informed about evacuation procedures.
- Other fire safety checks (i.e. emergency lighting and fire alarm tests) had been completed.
- There were other health and safety checks undertaken to ensure people lived in a safe environment. These included checks of lifts and other equipment, gas and electrical equipment checks. Regular maintenance of the building was taking place and the premises looked in good order.
- Risks to people's health and wellbeing had been assessed and reviewed regularly. We saw risk assessments associated with nutrition, moving and handling, falls, pressure ulcer prevention and choking. Additional documentation was completed, including MUST Score (assessing risk of malnutrition) and

Waterlow score (assessing the risk of developing bedsores) to further ascertain the level of identified risks for individual people.
● Risk management plans guided staff on how to support people safely. These included information on how to prevent possible harm to people and what action to take (for example consult with an external health professional) if the risk of harm increased.

Staffing and recruitment
● There were enough staff on each shift and people did not need to wait long for staff to respond to their needs. One person told us that when they needed stuff support, staff responded immediately. In another example, we saw a person being worried as they needed staff attention for longer. The staff member gently reassured the person and encouraged them to take the time they needed to complete their task.
● We observed staffing levels throughout the day and we could see that staff were busy but had time to engage with people. One staff said: "It can be very busy in a care home, but we try our best to spend as much quality time with the residents as we can".
● The provider had a safe recruitment procedure, and people were supported by suitable staff. The registered manager made effective use of the interview process and the staff probation period to establish if newly employed staff were suitable for their role at the home. We reviewed recruitment records for two out of six staff employed since our last visit. Appropriate checks such as enhanced criminal checks and full employment history had been completed.

Using medicines safely
● People's care plans included information about their medicines to support and monitor them safely. Fire risk assessments were completed for people prescribed emollients that could be flammable.
● Staff completed medicines administration records and followed guidance for medicines prescribed on a 'when required' basis.
● People were assessed appropriately where it was necessary to administer medicines covertly (disguised in food or drink). Decisions were made in people's best interest.
● Staff attended monthly online meetings with other healthcare professionals, including a pharmacist to review people's medicines. Staff actively looked for alternative solutions to support people without the use of medicines where possible.
● Staff were trained and assessed to ensure they were competent in the safe handling and administration of medicines.
● Staff carried out monthly medicine's audits and acted when issues were identified.
● There was a medicines policy in place and staff described how medicines incidents were reported, although there were no recent errors.

Preventing and controlling infection
● Relatives spoke positively about the cleanliness at the home. One relative said, "Whenever I've visited previously her room has always been immaculate and the communal areas have always been really clean"
● 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

● Since our last visit, the service had implemented a new system for learning when things went wrong. The registered manager had carried out a monthly in-depth analysis of accidents, incidents and safeguarding concerns at the service. The outcomes formed the basis for the improvement of already existing safety systems, introducing new systems and updating people' scare plans and risk assessments to ensure they were receiving safe support.

● The new system helped to improve people's safety. For example, after analysis of increased falls in the evening and consultation with people, the service changed the type of food served during mealtimes. They introduced lighter lunches and the main meal was served in the evening. This resulted in the reduction of falls in the evening as people often chose to relax during that time in ways that involved less physical activity. People's engagement in the afternoon activities increased as they had more energy to participate. Staff were freed to spend more time with people in the afternoon as they were not involved in the lengthy meal serving process.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
At our last inspection we identified shortfalls in relation to staff one to one supervision and effective performance management process. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager told us that during the pandemic supervisions were less frequent and they focused on specific topics. The records we reviewed confirmed this. Individual and group clinical supervisions for nurses and team leaders focused on clinical and managerial aspects of the service delivery including monitoring people's nutrition, care records and general management duties. Topics discussed in the group and individual supervisions for care staff included aspects of direct care delivery like support during meals, offering choice and learning from safeguarding concerns.
- The registered manager used the performance management process effectively to ensure staff promoted standards required by the service and that staff individual skills and interests were recognised. Poor performance could lead to the termination of employment. Exceptional performance could lead to the career progression within the service. The example of the latter was seven staff members successfully moving to more senior positions, two staff moving across to roles that suited their skills and talents better. Two members of the care team were supported by the provider in obtaining their UK nurse qualifications.
- New staff received training and induction to the service. We saw that new staff members were working alongside their more experience colleagues. This helped them to get better understanding of what their roles and related to it tasks were.
- All staff were required to undertake mandatory training. Training records showed that over 98% of staff completed their required training. The remaining 2% were booked to complete the training shortly. The training included safeguarding of vulnerable adults, infection prevention and control, diabetes awareness, dysphasia (speech deficiency) awareness and others.
- Family members thought staff were well prepared to care for their relatives, "They've now got some staff who've worked in mental health and understand that mental health is more than just dementia which is a really good thing to see" and "I'm pleased with the care my relative is getting. The staff are very attentive and know her well. She's much less anxious than before and she's very comfortable."

Supporting people to eat and drink enough to maintain a balanced diet
At our last inspection we identified a range of shortfalls related to recording information about people's nutrition needs and supporting people during meals. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this

inspection and the provider was no longer in breach of regulation 14.
● Family members thought their relatives received food they needed. They said, "Staff help my relative to eat and she's doing very well" and "They feed my relative very well; they give her what she wants."
● People's care plans had sufficient and current information on people's dietary requirements and what support they needed during meals.
● People's food likes, dislikes and preferences were reflected in their care plans.
● When people were diagnosed with diabetes (and other nutrition-related illnesses), this was described in their care plans. The information included the type of diabetes, medicines prescribed, the type of diet as well as symptoms of a diabetic emergency and advise on actions for staff in case an emergency happened.
● Food and fluids charts were completed to ensure people were receiving appropriate nutrition. The charts included the recommended daily dosage of fluids and there was a plan for staff to discuss with healthcare professionals should the recommended levels dropped noticeably. One family member told us, their relative had not been drinking enough fluid and their health deteriorated. This was discussed with the registered manager and the way food and fluids were served to the person was changed. The outcome was that the person's health improved.
● Weight was monitored weekly or monthly depending on individual needs. People's weight was analysed over the six months for patterns to people's weight change. Appropriate action was taken when people's weight needed attention. For example, when people were under-weight additional food supplements and more calorific diet was provided to help them to gain weight. One person's weight needed reducing and this was achieved. This positively affected the person's wellbeing and the level of care that could be provided to them.
● We observed lunchtime service on all three floors at the home. We saw people being served appropriate food following their care needs. Staff served lunch in a dignified manner, with good interaction and support for those that needed it. The atmosphere was calm, people did not seem to wait long for their meals. There were enough staff present to attend people when needed. We saw one person complementing the food they just ate. They said, "The food is really good here."
● Additional safety measures were introduced to ensure people were safe during mealtimes. For example, people who had a purée diet were dining together at separate tables from people who had a normal diet. Staff told us that this arrangement helped to ensure that people on a purée diet did not consume by accident or through curiosity food that could be unsafe for them and cause choking.

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.

At our last visit we recommended that the provider sought further guidance and training from a reputable source on the principles of the Mental Capacity Act. The provider had made improvements.

● People's mental capacity had been assessed. The capacity assessments were detailed and linked to

specific decisions ensuring different aspects of people's ability to make a decision were considered.
● The capacity assessments were clear about people's capacity and the support they required to make decisions. One person had declined one type of medical treatment. An assessment was carried out that showed the person had the capacity to make this decision. The person's risk assessment showed staff regularly discussed the decision with them.
● DoLS had been applied for all people assessed as not having the capacity to make significant decisions for themselves. The registered manager used a DoLS application and renewal tracker to ensure all DoLs renewals and applications had been made in good time.
● The service ensured that people had appropriate representatives to help to make the best decisions on people's behalf when they could not do it themselves. Where people did not appoint their legal representatives themselves, independent support was arranged by the service. 13 people had a relevant person's paid representative. This is an independent advocate who provides support for people subject to DoLS who don't have a family member or other person to speak on their behalf.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The staff ensured the care provided to people met their current needs and personal preferences. Each person using the service was invited to participate in the review of their care plan. This was done monthly through a "resident of the day" process. The review included discussion about people's health and well-being, lifestyle and activities, culinary preferences and housekeeping. We saw that care plans had been updated accordingly.
● People and their family members told us they were in for the review of the care provided to their relatives.
● The service introduced several technology solutions and equipment to support the delivery of effective care. These included the introduction of six electronic tablets which people used to contact their families and play games and a six months trial for a magic table used for sensory dementia-friendly interactive activities. Other newly introduced technology aimed to make the home safer and the running of the service easier. This included direct connection with an external fire alarm receiving centre and new computer software allowing a detailed overview of the service including rota and care planning, risk monitoring and complaints and concerns trackers.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to external health professionals and they received the support they needed. We saw evidence of ongoing multidisciplinary team work with external health services. When needed appropriate referrals had been made which included GP, speech and language therapist (SALT), a dentist, tissue viability nurse, district nurse, podiatry specialists and others. One staff member told us, "We always contact specialists to help people if needed."
● Guidelines provided by external health professionals on how to best support people were included in people's care plans. Staff had good knowledge and understanding of these guidelines and what individual people's health needs were.
● There were policies in place, for example, diabetic care and treatment policy and pressure ulcer prevention and wound management policy, which outlined the provider's, the management team and individual staff responsibilities in relation to managing these and other health conditions.

Adapting service, design, decoration to meet people's needs
● There was a modern dementia-friendly artwork on the walls which alongside carefully designed information posters, pictures of various activities taking place at the home and other imaginative wall decorations created tasteful and stimulating environment.
● The home was clean and smelled fresh. We noted that the lighting in the communal corridors could

benefit from brightening to provide more light for people. The registered manager advised us this would be addressed as part of an ongoing fire risk safety work on emergency lighting.

● The home was well adapted to meet people's needs. The décor was dementia-friendly to assist the safe movement of people with dementia and perception problems. Contrasting colours were used for the walls, floors and amenities, such as toilet seats and handrails, across the building.

● There were various communal areas across the building where people could relax with others or on their own. Each communal area was decorated differently adding variety to people's surroundings. We saw all communal areas were used by various people throughout the day.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
At our last inspection we saw that staff were not always kind to people they supported. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People spoke positively about the staff who supported them. One person told us, "The staff here are very good. I feel safe. They help me." Family members spoke very positively about the staff. Their comments included, "The staff seem to be doing a brilliant job; they're always friendly and approachable" and "The people involved in her care are conscientious caring people and are really pleasant and patient."
- We saw staff interactions with people were calm and kind. The atmosphere was peaceful and everyone appeared relaxed. Before our visit, we received information about staff not always attending to people's needs promptly. We asked the registered manager to investigate it and the investigation showed these allegations were not supported. However, to ensure staff provided good care to people the registered manager introduced further improvements. These, for example, included information posters across the home reminding staff where to get personal care items when required.
- Visiting professionals observed positive staff culture at the home. We reviewed some comments forwarded to the registered manager by visiting professionals within the last 12 months. Their experience of the home included, "I found your staff to be incredibly kind and supportive. They are always ready to help assist myself and the team and know the residents very well" and "I hope that you (the registered manager) and your staff will be able to show yourselves the compassion and care that you have shown your residents and their families this year (2020)."

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

- People's care needs were regularly reviewed and people were involved in making decisions about their care. People told us staff always gave them choice before providing day to day care. One person said, "I always get choices about what they are going to do."
- People participated in residents' meetings where they shared their experience of the service and provided suggestion for its improvement. During the COVID-19 pandemic, when large groups meetings could not happen, staff gathered feedback from people individually. Suggestions were listened to and changes were made when possible. The outcomes were announced via "you said we did" posters across the home. The examples included creating an art studio for people and altering the meal change proposal to meet the preferences of different individuals. People confirmed staff frequently ask them if they were happy with the service.

Respecting and promoting people's privacy, dignity and independence

● One family member told us, "My relative is clean and every time I come to see her, I know that she is well looked after. During the pandemic, the staff were very helpful as it was hard for the family." We observed that during our visit people had clean clothes, they were well presented.

● People were supported to wear weather appropriate clothing. In people's rooms, we saw a pictorial guideline for staff and people to help them to choose clothes that were most appropriate for a person and the weather.

● Staff understood how to protect people's privacy. We observed staff knocking on people's door before entering their rooms and asking for permission to enter. One staff told us, "I ensure people privacy during personal care by closing the door, drawing curtains and using a towel to cover their body so they are not unnecessarily exposed during personal care."

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

- People's care was planned in a way that was considerate of people's diversity. This included supporting people to express their views in the way they were able to communicate and be involved in making decisions about their care.
- Each person had a care plan which was reviewed monthly. Care plans were personalised and provided information about people's lives, including what they did for work and their family background.
- Staff were provided with information on how to support people safely, effectively and in the way people wanted it. We saw care plans associated with elements of care significant for each person, including diabetes, skincare, nutrition and hydration, mental capacity and others.
- Peoples' specific behaviours and the way they liked spending time at the home was considered. People had care plans associated with their routines and behaviours (and how it affected them and others), social needs and types of activities people liked to participate in.

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.

- Staff knew and understood people's communication needs. Staff were able to tell us about different people and how they communicated with them. This included observing people's body language or using single words in people's first language to help them to understand what staff were asking them to do.
- Staff were provided with information and support to communicate with people effectively. For example, in one of the units, we saw a poster with a signed language alphabet. Staff told us this was to help them to communicate with people who used this language. In another example staff described how they used specific language card to talk to a person who could not speak English.

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 were meaningful and interesting activities provided for people using the service. During the COVID-19 pandemic the service reduced group activities to follow the national COVID-19 guidelines. Bespoke activities packs were introduced and people enjoyed them. These included dementia-friendly virtual reality sessions in people's rooms, playing games on electronic tablets and more one to one interaction with staff while families could not attend. One person told us, "I'm not bored. They make time to help me." A relative

said, "My relative's main carer spends a lot of time with her and I've seen there's a connection there."

● Since our last visit, the activities programme at the home had developed. Before the Covid-19, pandemic people were involved in a variety of small group activities. We saw photographic evidence of dance activities, sensory sessions, decorating Cupcakes for National Carers Week 2020 in the cooking club and others. With the COVID-19 pandemic restrictions reducing the service was planning to reintroduce the small group activities adding new ones including Technology Club. It would focus on introducing people to new gadgets, phone applications, and other technology.

● Family members confirmed their relatives were encouraged to participate in a range of events at the home. They told us, "They have an activities coordinator who has an award for supporting residents…they celebrate each festival, Chinese, Italian, the Mediterranean with special food and so on" and "They have an activities coordinator and they're always doing something to try and make them smile. When it was my relatives' anniversary they put up banners and had a celebration."

● Throughout COVID-19 pandemic staff supported people and their families to stay in touch as much as possible. Family members told us they had kept in touch with their relatives over the last 12 months through a combination of garden and visiting pod visits, video and phone calls. Family members said, "I've had video calls and bed visits. When I visited last time, I had a half-hour slot, but went overtime. They said to me "don't worry; hope you had a nice time with your relative" and "We've had visits in the garden during the summer and we've kept in touch by video calls. We could see her by video on her birthday. When we see her during each video call, she looks well and happy."

Improving care quality in response to complaints or concerns

● A complaints policy and procedure was in place, it had been displayed and available for people to see.

● Relatives told us they were happy with how the managers at the home response to their concerns. They said staff and manager listened to them and matters were dealt with promptly. Their comments included, "; I've spoken to them at various times about one aspect of my relatives care. They've sorted out all the issues" and ""If I had any concerns or a complaint I would speak to the manager. Anything we've raised has been dealt with."

● Records showed that formal complains had been dealt with promptly by the registered manager.

End of life care and support

● At the time of our visit there were no people at the end of their life path at the service.

● Staff received training in palliative care to help them to support people at the end of their life and symptoms of other serious illness.

●People's care plans included end of life information which described people's care preferences. The care plans also included information anticipatory medicines to reduce possible pain and recommended plan of action including people's own ongoing involvement when possible.

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; 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

At our last inspection, we found that the lack of robust quality assurance systems at the home. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● Quality assurance systems at the service were effective. We saw improvements in all the areas of service delivery. The registered manager with the help of the provider introduced a range of new quality assurance systems. The new systems included thoughtful mapping of all the areas of the service delivery. It allowed in-depth monitoring, analysis of identified issues and implementation of required improvements. The service now needs to work towards ensuring these positive changes are sustained.
● The service had met regulatory requirements. The latest inspection rating had been displayed as required and the registered manager had notified the CQC about significant events (i.e. safeguarding concerns or serious incidents) within the service.
● Staff were clear about their roles and what was expected from them. There was a range of meetings taking place to ensure staff were informed about important matters at the home. Topics discussed included care for individual people, aspects of service delivery and updates about the COVID-19 pandemic. Where improvements were needed, required actions were clearly stated and individuals responsible for completing them were identified. This helped to ensure agreed improvements happened.
● Risks related to the service delivery were regularly reviewed and actions were taken to ensure people were receiving safe care.
● The registered manager understood their duty of candour. They told us, "It is about being open and honest about what is happening at the home, sharing lessons learnt and what measures are being put in place to keep people safe."
● Relatives thought the home was well managed. They said, "The manager is a very nice chap and sorts everything out for you. The nurse in charge emails me with updates as well", "We have a very good rapport with the managers. The managers make a really good team" and "I'd give them 5 stars for the last 18 months."

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

outcomes for people

● People and relatives spoke positively about the staff and the care provided at the home. One person told us, "I get my medicines on time and they help me call my family when I want." Relatives comments included, "It's been a very testing time for them, and they've done very well" and "I've no complaints. My relative is being extremely well looked after. If I've got a problem I just ring and they'll come back to me."

● Staff supported people to be in contact with their relatives throughout the COVID-19 pandemic. Family members said that during this difficult time they were well informed about their relatives' wellbeing and how the home was managing COVID-19. They said, "I speak to the nurse in charge whenever I want to and they'll always ring us up if there's a problem" and "I was on an online meeting with the manager and about 20 other people. He was updating us with what was going on, Anything I've raised with them has been dealt with very promptly."

● Relatives felt there was a positive atmosphere in the home. They said, "The home is well organised with good cheerful people. It has a good feel" and "Everything they do seems to be really good. The home's clean and friendly and seems to be well ordered. They seem to be really on it!"

● The care was person-centred. Each person had a personalised care plan that reflected well all aspects of their care. People and their relatives felt involved in the care planning and reviewing process.

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

● People and their relatives were regularly asked about their opinion about the quality of the service provided. People's feedback was gathered during individual conversations with staff and relatives could share their observations and ideas for improvements in regular online meetings. Relatives were also encouraged to share their experience of the service via independent online review platforms. One relative said, "I went to all the residents' meetings before lockdown and now they're having them online. They're open to suggestions and they tell us that they're open to ideas. They do listen to the residents and they do listen to me."

● The managers and staff analysed feedback provided by people and relatives. Actions on improvements were taken where needed and people and relatives were notified about changes. One relative said, "If you suggest something, they'll say "OK we'll have a look at that". I think they're really good and it's one of the best care homes in the area. The staff are very, very good. They keep us in touch, and we have no concerns."

● Staff contribution throughout the year, additional skills and interest were acknowledged and rewarded. This could include a role change to a more suitable role for individual staff or receiving and internal award for contribution. Individual staff efforts had also been recognised externally. In September 2020 the home's Dementia Champion and the Lifestyle coordinator (responsible for meaningful activities for people) competed nationally against eight other homes and won the "Best for sporting, social or leisure activities award" given during Care Homes Awards 2020 ceremony. The Care Home Awards are an annual celebration of excellence and innovation across the care home sector in the UK.

Continuous learning and improving care; Working in partnership with others

●The management team sought advice, information, current guidelines and research on good practice. These had been cascaded to staff and, with staff help, implemented to ensure that people received good care and support.

● The management team had reviewed any accidents, incidents and matters of concern to ensure the service took action to stop them from happening again.

● The managers and staff worked in partnership with other organisations to support care provision. This included a range of health and social care professionals and other support groups to ensure people received support that was needed and meaningful.