

Ms Mary Mundy

Towerhouse Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Towerhouse Residential Home is a care home providing care and support to people aged 65 and over. The home can accommodate up to eight people in one adapted building. When we inspected eight people were living at the home.

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

At our last inspection we rated the home inadequate. At this inspection we found the provider had made a number of improvements. However, we were not fully assured these improvements could be sustained over time.

The provider had improved their staff recruitment records. However, there was only one reference for a staff member, and for another we found a reference had not been verified to ensure it was genuine. Staff had received regular training and supervision to ensure they were equipped for their roles. However, some induction training records had not been 'signed-off' by a manager to verify that induction had been completed.

People's medicines were safely stored and managed. Records of people's medicines were up to date, and stocks were regularly monitored. People had personalised risk assessments that included guidance for staff to manage and reduce identified risks. The home and its garden were clean and tidy and free from trip hazards or other environmental risks. Bathrooms, fire doors, and garden paving had been renovated to a high standard.

People told us they enjoyed the meals provided

by the home and were offered choices about their food and drink. Support had been sought to ensure people with identified risk of choking when eating were safely supported. People had received support from health professionals where there were concerns about their health and well-being.

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 supported people in a caring and friendly manner, taking their needs and preferences into consideration. People spoke positively about the support they received from staff and management at the home.

People's care plans were up to date. These included guidance for staff about how to support people in accordance with their needs and preferences. However, the care plan for one person contained conflicting information about their communication needs. Some activities took place at the home, but these were not always recorded in people's records. The registered manager told us they were seeking to improve the range of activities available to people.

The provider had updated their quality assurance monitoring procedures. These covered a range of care and safety issues. A range of monitoring audits had taken place. However, these had been recently introduced, and were not yet embedded in the home's practices.

People and staff spoke positively about the management of the home. Regular meetings had taken place with staff and people.

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

Rating at last inspection and update

This service has been in Special Measures since 15 February 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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.

Enforcement

We have identified one breach in relation to staff recruitment at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Towerhouse Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Towerhouse Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. dependent on their registration with us. Towerhouse Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information we had received from the provider in relation to the home. We spoke to a professional from a commissioning local authority. 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. We used all this information to plan our inspection.

During the inspection

We spoke with four people who lived at the home and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, the deputy manager, a care worker and the provider. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at six staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we found failures in the home's staff recruitment systems. References had not been verified to ensure they were genuine. Some criminal record checks were more than six years old and there was no system for checking if these were still correct. Two staff files did not include evidence of current visa status identifying eligibility to work in the UK. This meant there was a risk that people were supported by staff who were unfit to carry out their roles. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made some improvements. Although we found no immediate or significant risk to people, there was a need for further improvement.

- The recruitment records for most staff showed two references had been obtained prior to staff commencing work. These had been verified as genuine by the provider. However, the recruitment record for one staff member contained only one reference. A reference for another staff member was incomplete and it was unclear who had written the reference. This reference had not been verified by the provider.

This demonstrates a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had taken action to ensure other checks had been carried out to ensure staff were suitable for their roles in supporting people at the home.
- New criminal record checks from the Disclosure and Barring Service had been sought for all staff. The Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider now had a procedure for ensuring DBS checks were updated every three years.
- The files of staff who were non-UK citizens included copies of visas showing they were eligible to work in the UK.

Using medicines safely

At our last inspection we found stock counts of people's medicines had not been carried out and the number of medicines stored did not correspond with people's medicines administration records (MARs). The medicines profiles contained within two people's care records had not been updated to reflect changes in their prescribed medicines. This meant there was a risk that people were not always receiving their prescribed medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements. People were

receiving their prescribed medicines and the provider had systems in place to ensure this.

- People's medicines were safely stored in a locked medicines trolley within the home's clinical room.
- We observed medicines being administered to people. Staff administering prescribed medicines to people explained what the medicines were and offered a drink when providing tablets. People's individual MARs were updated as soon as they had taken their medicines.
- Staff administering medicines had received suitable training.
- People had individual protocols in place for medicines prescribed as required (PRN), for example for pain relief. These included guidance for staff on when to administer PRN medicines.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to adequately assess risk and ensure safety was monitored and managed. The provider had not acted to address recommendations contained in an independently commissioned fire risk assessment in relation to fire doors. People's Covid-19 There were no risk assessments in relation to COVID-19, fire safety and environmental risks in relation to building works being carried out at the home. The provider had commissioned an independent fire risk assessment but had not carried out recommendations. This meant people were at an increased risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements. Risks to people had been identified and actions were in place to mitigate these.

- At our last inspection we found gaps below fire doors at the home. This was despite a recent fire risk assessment identifying the need for repair or replacement of several fire doors. At this inspection we found the provider had replaced fire doors. A recent inspection of the home by the London Fire Brigade confirmed that fire safety issues had been addressed.
- At our last inspection we found that people's Covid-19 risk assessments were identical and did not reflect individual risks to people, for example, in relation to leaving the home independently. At this inspection we found people's care records did not contain any Covid-19 risk assessments. We discussed this with the registered manager, who sent copies people's individual risk assessments immediately after our inspection. These were person-centred and provided guidance in relation to reducing individual risk to people.
- At our last inspection, we found the risk management plan for a person who was identified as being at risk of choking was not being followed by staff. At this inspection we saw the person's risk assessment had been updated and staff were following their risk management plan at mealtimes.
- At our last inspection we found uneven paving in the home's garden created a potential trip hazard which had not been identified during the home's environmental audits. At this inspection we saw work had taken place to address this and we found no trip hazards in the garden.
- People's individual risk assessments were person centred and included guidance for staff on managing identified risks. These had recently been updated using a new assessment format and were easy to read and understand.

Preventing and controlling infection

At our last inspection we found failures in the provider's infection control systems. The home had not maintained an accurate record of temperature checks of people, staff and visitors. Shower and bathrooms had exposed grouting, cracked tiles and peeling paint. Records of staff testing for Covid-19 were not being maintained. Out of date food was found in the home's refrigerator and there was no system for checking the use by dates of stored food to prevent the risk of bacterial infection. People did not have personalised risk assessments in relation to COVID-19. The home did not have separate disposal bins for use in case of an outbreak of infection. This meant people were not always protected from the risk of infection. This was a

breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements. The provider had improved their systems to ensure people were protected as far as possible from the risk of infection.

- We were assured that the provider was acting to mitigate the risk of staff and visitors catching and spreading infections. The home was accurately recording the temperatures of people, staff and visitors.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider had renovated the home's bathroom and wet rooms to a high standard. Staff were checking stored food on a daily basis and disposing of any food items that had reached a use by date.
- We were assured that the provider was accessing Covid-19 testing for people using the service and staff. The provider had recorded details testing of people and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. People had recent COVID-19 risk assessments. These were person-centred and reflected individual risks to people. The provider had ensured separate disposal arrangements were in place in case of an outbreak of Covid-19 or other infection at the home.
- We were assured that the provider was meeting shielding and social distancing rules. The home's communal areas are small, but seating was arranged to increase social distancing as far as possible. Staff remained socially distanced except when physically supporting people.
- 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's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

The provider supported people to receive visitors. Some people told us their relatives visited the home regularly. A faith representative visited on a regular basis to provide people with pastoral support.

Learning lessons when things go wrong

- Following our last inspection, the provider had obtained support from a local authority service improvement officer and an independent consultancy. They had worked with the provider to address and improve the failures we had found. We noted that a range of improvements had been made as a result of this support. However, these improvements were recently introduced, and it remains to be seen if they can be sustained over time.
- The provider, who had previously managed the home as a sole provider, had recruited a new registered manager, along with a new deputy manager. The registered manager had worked to improve the quality of record keeping at the home and we saw improvements in this area.
- The home's incident forms had been updated to show clearly what actions had been taken in response to incidents and concerns.

Systems and processes to safeguard people from the risk of abuse

- The home's systems and procedures for ensuring people were safe from the risk of abuse were up to date and reflected good practice.
- We reviewed the home's safeguarding records. There had been no safeguarding concerns identified since our last inspection. This corresponded with the information held by the CQC.
- Staff working at the home had received safeguarding training. A staff member we spoke with described her role in ensuring people were safe from abuse or harm.

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 changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to eat and drink enough to maintain a healthy and balanced diet.
- At our last inspection we found out of date food in the home's refrigerator. At this inspection we found the provider had implemented a daily check of stored food items and out of date foods were disposed of immediately.
- People's eating and drinking care plans and risk assessments were detailed and up to date. Peoples likes and dislikes were described in their care plans. The care plans and risk assessments for two people identified as at risk of choking had been reviewed and updated since our last inspection, and staff were following guidance on supporting them to eat safely.
- People were offered a choice of food and drink at each meal. We saw that if they did not want what was on the menu, alternative food items were offered. Drinks and snacks were provided to people throughout the day. Fresh fruit and chilled drinks were available for people to take whenever they wished. We observed two mealtimes and saw people ate well and were offered second helpings if they wished.
- People told us they enjoyed the food provided by the home. One person said, "[Cook] is fantastic. I eat so well."
- The provider told us no one currently living at the home required a cultural or special diet. She said that, should this be a requirement or request in the future, the home could provide this.

Staff support: induction, training, skills and experience

- Staff had received the training and support they required to carry out their roles in supporting people.
- Staff members received an induction when they first started work to learn about the home, the people who lived there, policies and procedures and their roles and responsibilities. However, we noted for three induction records tasks had been ticked but had not been 'signed-off' by a manager. The registered manager told us they would ensure staff induction records were approved by a manager in future.
- Staff members spoke positively about the support they received to do their jobs. Staff received regular supervision and appraisal of their development and performance. The registered manager told us she had set up a supervision matrix to ensure staff supervisions were not missed.
- Staff had received the training and support that they needed to carry out their roles. There was evidence of on-going staff training. which covered a range of areas, including medicines management, safeguarding, health and safety, equality and diversity and infection prevention and control. We saw that all staff had recently received 'refresher' training. A staff member said, "The training is very good."
- Staff members demonstrated a good understanding of people's needs. They were knowledgeable about the people they supported, and demonstrated they knew their preferences and communication needs.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared appropriately with other professionals to help ensure people received consistent and effective care and support.
- People's care records showed that health professionals had been contacted immediately where there were any concerns about people's physical or mental health. Notes of health appointments and their outcomes were recorded in people's care records. The manager told us these would be used to update people's care plans where appropriate.

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

- The layout of the home was suitable for people's needs. The premises were well lit and decorated. There were two ground floor bedrooms for people with mobility needs
- People shared shower rooms with one other person with direct access from their bedrooms. There was a bathroom for people who preferred to bathe. At our last inspection we found exposed grouting, cracked tiles and peeling paint in shower and bathrooms. The provider had carried out a full refurbishment of these and we saw they were clean, well-decorated and hygienic.
- People's bedrooms were well decorated and personalised with items of their choice. One person showed us their room and said they were very happy with it.
- Outdoor space with seating was accessible to people and their visitors. Two people were using the garden during our inspection.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were regularly reviewed. A local GP visited the home on a regular basis. The provider had made referrals for speech and language therapy assessments for two people who were identified as being at risk of choking.
- People's weights were regularly monitored. The manager told us that if they had any concerns about weight loss or gain, they would immediately inform the GP.
- People were supported by staff to keep as mobile as possible. Regular exercise activities took place. We observed a staff member encouraging a person to go for a walk.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care plans included information about their capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety. People were supported by staff who had received MCA/DoLS training and understood their responsibilities around ensuring consent.
- Staff members told us that they always asked for people's agreement before supporting them with personal care and other tasks. We observed staff members seeking consent from people when offering care and support.

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 our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People appeared relaxed and comfortable at the home and told us staff were kind and treated them well. Staff were respectful to people and provided them with assistance in a friendly and caring manner. People spoke positively about the staff and the support they received. A person said, "The staff are fine, It's not the same as living at home but it's OK here." Another person said, "The staff are very kind to me." A relative told us, "I think this is a very good place for [relative] to be."
- People's diversity needs were recognised and supported by the service. Information about people's personal relationships, beliefs, likes and dislikes was recorded in their care plans. People's cultural choices were respected. People who practiced a religious faith received visits from a faith representative.

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

- People told us that they made everyday decisions and choices including when they wanted to get up, what to eat and what they wanted to wear.
- Resident's meetings took place where people were consulted about changes to the home, menus and activities.
- A person's relative told us they had been involved in supporting decision making for their family member.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy. Staff supported people with their personal care in a manner that maintained their privacy and dignity.
- People told us they were treated respectfully and provided with privacy and dignity. Staff described how they supported people with dignity and respect.
- People's independence was supported. People told us that they were encouraged to be independent and to ask for help if required. Although most people did not leave the home often, a person said, "I like it here and I don't want to go out." One person went to local shops independently. We observed staff encouraging people to do as much as they could for themselves and being offered choices about the support they required.
- People's private and personal information was stored securely, and staff understood the importance of confidentiality.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant people's needs were not always met.

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

At our last inspection we found the provider had not always ensured personalised care was planned to meet people's needs and preferences. People's risk care plans and risk assessments had not been updated to reflect changes in need. Individual COVID-19 were identical and did not cover specific risks to people. Outcomes of people's health appointments had not always been recorded. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements. However, the provider needs to demonstrate these improvements can be sustained over time.

- People's care records contained person-centred care plans and risk assessments. These had recently been updated, and contained detailed guidance for staff on how to meet people's needs in accordance with their wishes and preferences.
- People's health appointments and outcomes were now being recorded. We saw that information in people's care plans corresponded with their health records.
- Staff demonstrated knowledge about people's individual needs and how to provide them with the care and support that they needed and wanted.

End of life care and support

At our last inspection we found the provider had not maintained records showing discussions had taken place with people or family members regarding end of life wishes and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made some improvements. At this inspection we found the provider had made efforts to ensure end of life wishes were discussed with people.

- Although some people's care records contained end of life care plans, the provider had failed to record where people or their family members were unwilling to discuss this.
- One person had a DNACPR (do not attempt cardio-pulmonary resuscitation) form. This had been developed by the person's GP in consultation with their family.
- The provider said that people would be supported to remain at the service at the end of life if they so wished, in familiar surroundings, supported by their family and staff who knew them well.
- Some staff members had received end of life care training provided by local palliative care team professionals.

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

- People told us that friends and family members were welcome to visit them at the home. A family member said, "I visit [relative] often and I always feel welcomed by the staff."
- We did not see arranged activities with people taking place during this inspection, although we observed a member of staff facilitating a discussion with three people in the garden. One person went out independently to a local shop. However, a visiting provider attended regularly to facilitate seated exercise sessions. The manager told us of plans for art and craft sessions in a garden room that we saw was being equipped for activities. Staff discussed activities with people at monthly meetings. The records of these meetings showed people had recently been offered the opportunity to go on outings outside the home. However, there were no records indicating whether any new activities had been arranged for people following the meetings. The registered manager told us they were looking at improving the range of activities provided for people.
- We noted that records of people's activities had not been consistently recorded by staff. The registered manager told us she would discuss this with the staff team and remind them of the importance of recording all activities.

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.

- The home had a policy on the AIS. Information about people's communication needs was included in their care plans.
- One person's care plan contained conflicting information about their communication needs. The care plan stated, "he cannot communicate his needs." However, a review of August 22 2022 records, he "has no capacity but can communicate clearly to make a choice. He still needs assistance from staff." However, we observed staff communicating with this person using words and signs which they were able to understand.
- The registered manager told us they would review the care plans of people with communication needs to ensure information and guidance was consistently recorded.
- Some information was provided in easy to read formats. This included the provider's complaints procedure. Information about the menu of the day was displayed on a large notice board in the dining room. A board in the lounge area displayed the date and day to assist people with orientation about time. The provider said that staff would always explain any information that people did not understand.
- We observed a staff member using signs and gestures to communicate with a person with a hearing impairment who also had access to some written information in braille which they were able to read independently.
- Staff said they also described information verbally to people and checked for understanding.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People knew how to make a complaint. One person told us, "I always tell them when I have a problem and they try to sort it out for me. So far I am happy."
- Care staff knew that they needed to report any complaints about the service that were brought to their attention by people, their relatives or others.
- We looked at the home's complaints log and saw that there had been no formal complaints recorded since our last inspection.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 failures in the provider's quality assurance and monitoring systems. Our concerns in relation to infection control and environmental safety had not been identified through the provider's quality assurance processes. The provider's records showed people's care plans and risk assessments were reviewed monthly, but some had not been updated to reflect changes in their needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- The provider's quality assurance systems were now more robust. They had sought advice and support from external agencies, and we saw that a new monitoring system was now in place. However, this was recently introduced, and there is a need for the provider to demonstrate that improvements to their quality assurance can be maintained over time.
- The provider's quality assurance monitoring covered a range of issues such as infection control, health and safety, environmental safety, food safety, and medicines. Regular audits were taking place and actions as a result of any concerns were recorded where appropriate
- People's care plans and risk assessments had been updated in a new format and monthly reviews were being carried out. The new registered manager told us people's care records would be updated immediately there was any change in needs, and this would be checked at each review.
- The provider had recruited a new registered manager and deputy manager. They were experienced and understood their responsibilities in ensuring quality and safety at the home was maintained. The registered manager told us this was a work in progress and demonstrated enthusiasm about developing the quality of care and support to people living at the home.
- A staff member spoke positively about the recent changes at the home. They said, "I ask a lot of questions and they are always answered."

Working in partnership with others

- People had been supported to attend regular appointments and health professionals had visited the home where required. Information about health appointments was recorded and outcomes were linked to changes to people's care plans where appropriate.
- The provider told us they had regular contact with the local authority and had attended on-line meetings set up for care home providers.

Continuous learning and improving care

At our last inspection we found the provider had not always taken action to address recommendations from a fire risk assessment in relation to the replacement of inadequate fire doors. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- The provider had replaced fire doors throughout the home. Following a recent inspection by the London Fire Brigade these were verified as suitable.
- The provider had sought support from external agencies to improve the quality of care and support following our last inspection.

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

- Staff members spoke positively about their roles in delivering quality person-centred care.
- People told us staff were responsive and supportive. A person spoke positively about the registered manager and provider. Another person said, "It's not the same as being in my own home, but the staff here are fine." A relative who visits the home regularly said, "They look after [relative] very well. She wants for nothing."

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 provider had notified CQC of incidents and concerns required in relation to the home's registration.
- The provider and 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.

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

- Regular monthly meetings had taken place for people living at the home. The records of these meetings showed that people were asked for their views about, for example, changes at the home, activities and meals. People were due to receive a COVID-19 booster vaccination, and this had been discussed at a meeting.
- Details about people's information and communication needs were included in their care plans. Staff understood how to provide people with the information they required. A person with a visual impairment received information verbally and on tape.
- Staff team meetings had also taken place regularly. The records of these showed that staff were provided with opportunities to discuss people's care and support needs and preferences. A staff member told us they valued the meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 (1)(a)(2(a)). The provider had not always ensured suitable references were obtained or verified.