Heathlands Care Home (Chingford) Ltd

Heathlands Care Home

Inspection report

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21 July 2023

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Heathlands is a care home providing personal and nursing care for up to 84 older people who may be living with dementia. The care home accommodates people in a single adapted building spread over three floors. There were 72 people using the service at the time of this inspection.

People's experience of using this service and what we found
People were safeguarded from the risk of harm or abuse. Staff were recruited safely and there were enough staff on duty to meet people's needs. People had risk assessments to reduce the risk of harm they may face. Building safety checks were carried out as required. People were protected from the risks associated from the spread of infection. The provider had a system in place to learn lessons from accidents, incidents and complaints.

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. People had their care needs assessed prior to admission. Staff were supported with regular training opportunities, supervision and appraisals. People's nutritional, hydration and healthcare needs were met. The service had an ongoing maintenance and refurbishment programme in place.

We observed caring interactions between staff and people using the service. People's cultural and religious needs were met. Staff understood how to form positive relationships with the people they supported. People and relatives were involved in decision making about their care. Staff promoted people's privacy, dignity and independence.

Care records were detailed and personalised. There were a variety of activities offered to people and plans in place to enhance what was offered. People's communication needs were met. The provider had a complaints procedure and complaints were dealt with appropriately. People's end of life care wishes were documented.

People, relatives and staff spoke positively about the leadership in the service. The provider had meetings with people, relatives and staff where they could be updated on the service development. The provider worked jointly with healthcare professionals to improve outcomes for people.

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

Rating at last inspection
The last rating for this service was good (published 12 September 2018).

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

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

Recommendations
We have made 3 recommendations in relation to medicines management, the dining experience and communication.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our 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.

Heathlands 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 Health and Social Care Act 2008.

Inspection team
The inspection team consisted of an inspector, 2 pharmacy inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager
This provider is required to have a registered manager to oversee 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.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and had submitted an application to register. We are currently assessing this application.

Notice of Inspection
This inspection was unannounced. Inspection activity started on 29 June 2023 and ended on 21 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 5 people who used the service and 5 relatives. We spoke with 14 staff including the operations manager, manager, clinical manager, clinical support officer, administrator, maintenance person, chef, activities coordinator, head of housekeeping, 4 nurses, an assistant nurse and 3 healthcare assistants. We looked at a range of management records including, medicines, quality audits and building safety certificates. We reviewed 7 people's care records including risk assessments and 7 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● The provider had a detailed medicines management system in place which meant overall medicines were managed safely. For example, regular audits were carried out for medicines administration, management of controlled drugs and how fridge items were stored. Issues identified were discussed in the daily clinical meeting.

● We found there some issues with medicine administration records where there were some recent gaps and entries stating a person had been sleeping when medicines were being administered. The manager took immediate action and carried out an investigation.

● The manager found a newly trained staff member was responsible, so they were taken off medicine duties and transferred to another service to undertake retraining and be supervised until deemed competent again. We were assured the issues would have been identified during the medicines audit and appropriate action taken.

Whilst the issues identified at inspection may been picked up by the provider's auditing system, we recommend the provider seek guidance around the management of medicines and take action to update their practice accordingly.

● The provider was carrying out regular stock counts including for controlled drugs. Controlled drugs are medicines that are subject to strict legal controls and legislation to prevent them being misused or causing harm to people. We checked the stock balances for a sample of controlled drugs and these reconciled with expected totals.

● Medicines were stored appropriately and safely on each floor including controlled drugs. Opening dates were written on medicines in use so staff would know they were still effective. Unused medicines were returned to the community pharmacy for disposal.

● People prescribed 'as needed' medicines had guidelines in place. This meant staff knew when these were needed and how to administer them correctly and safely. Transdermal patch application charts were in place to guide administration.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of harm or abuse. People told us they felt safe at the service. Comments included, "Everyone is so nice, so I feel secure and safe. They will do anything I ask" and "I don't feel in any danger here."

● Relatives confirmed people were safe at the service. A relative told us, "I feel confident that [relative] is well cared for." We observed staff moved and handled people safely and gently.

● Staff knew what action to take if they suspected somebody was being abused including what and who to

escalate any concerns they may have. A staff member said, "I would report to the manager and the nurse on duty. I could go to head office or the police and CQC."
● The provider notified the appropriate authorities about any safeguarding concerns.

Assessing risk, safety monitoring and management
● People had risk assessments in place to minimise the risk of harm they may face which included, medicines, mobility, moving and handling, skin integrity, choking and nutritional intake.
● Care records included guidance for staff in relation to managing people's anxiety or distress. A person's care plan stated to reduce their anxiety, "[Person] would like staff to speak to them in a calm manner and in short clear sentences so they can understand better."
● People had a personal emergency evacuation plan which showed the support they would need in the event they needed to leave the building in an emergency.
● The provider carried out fire safety checks including fire safety equipment which had been serviced on 18 July 2022. Emergency lighting and fire detection equipment and panel were checked in February 2022.
● During the inspection there was an unplanned fire alarm which required staff and visitors to evacuate the building. We observed this was dealt with appropriately, the cause was quickly identified and everyone could safely return to the building.
● The provider carried out required building safety checks. For example, a gas safety check was carried out on 28 February 2023 and portable electrical appliances were tested by the maintenance person between January and March 2023.

Staffing and recruitment
● The provider recruited staff safely and carried out relevant recruitment checks before employing new staff. These included proof of identification, references and right to work in the UK. The provider supported nursing staff to maintain their competencies and checked their registration with the Nursing and Midwifery Council was kept up to date.
●The provider carried out Disclosure and Barring Service (DBS) checks for new staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was a system in place to get an annual declaration from staff about their criminal record status and the provider was in the process of reapplying for new DBS checks for staff.
● The provider had a system in place to get an annual declaration from staff to confirm they had not been involved in criminal activity. However, due to a recent monitoring check, the provider was in the process of getting updates from the Disclosure and Barring Service for staff.
● There were enough staff on duty to meet people's needs. Records and staff confirmed this. We observed during the inspection there were enough staff on duty and nobody had to wait long for assistance.
● People and relatives overall felt there were enough staff to meet their needs. A person told us, "Sometimes a carer will pop in and talk to me." A relative said, "I would say there are enough staff." However, a few people and relatives felt staff were a bit rushed at times. A person told us, "The carers are definitely too busy to find the time to talk to us unless they are actually undertaking a task for us." A relative said, "'Although generally I see staff around there are moments when help is needed and you have to go and find someone."

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 supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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.

Visiting in care homes
The provider's approach to visiting was in line with government guidance and there were no restriction to visitors at the time of inspection. A staff member told us, "Yes, [people] can have visitors when they want to." We observed relatives were acknowledged and welcomed by staff when they visited.

Learning lessons when things go wrong
● The provider had a system of recording incidents and accidents. Records showed these were analysed to identify ways of preventing reoccurrence. Staff confirmed lessons learnt from these were shared with them.
● The electronic incident and accident reporting system linked in with the care notes. Lessons learnt from these were discussed during the daily clinical meetings and a protection plan put in place to prevent reoccurrence.
● The manager explained the previous week there was a power cut which impacted many systems in the home including food and drink preparation. The situation was well managed and reflections on the event were shared with the provider's other services.

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 good. The rating for this key question has remained 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 a nutritionally balanced diet and to stay hydrated. The menu was varied, nutritious and pictorial. People could choose from 2 meat options or a vegetarian option from the menu and cultural meals were offered weekly.
- People and relatives told us there was enough food and drink offered and choices were given. Comments included, "The food is okay. [Staff] give good sized portions" and "[Relative] is happy with food and it looks good. They have nice sauces with the food and nice roast meals."
- Staff told us how they ensured people ate and drank enough. A staff member told us, "If I see a plate empty, I ask 'Do you want more?' [Person] can give an expression with their body like shake their head or shut their mouth to show they don't want to eat."
- Care records contained details of people's dietary requirements including if they were on supplements or had any allergies. People who were at risk of dehydration or malnutrition had food and fluid charts completed. We observed snacks and drinks were given out at regular intervals.
- We observed food was stored safely and appropriately in the kitchen. Fridge and freezer temperatures were recorded and were within the recommended range. Opened food was sealed and labelled appropriately.
- We observed lunch being served and the food looked appetizing. People were served their lunch in a timely and dignified manner. Those that required support with eating were appropriately supported. However, we noted there was no background music playing while people ate and condiments were not offered. A few people commented the food was a little too spicy.

We recommend the provider seek advice and guidance in relation to giving people the best dining experience and take action to review their practice accordingly.

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

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- Assessments were detailed and included the support people needed with mobility, personal care, communication, mental health, physical health and night-time care.
- People's life history was captured during the assessment process which included, relationships, sexuality, interests, culture, spirituality, work life, likes and dislikes.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. People and relatives told us

permanent staff had the right skills to support them. A person said, "I don't like being hoisted, but they do it carefully and reassure me." A relative told us, "I feel [relative] is in good hands."
● However, a few people and relatives told us they did not feel as confident about the skills of agency staff. A person said, "The agency staff are not aware of what I need help with." A relative said, "I feel agency staff do not have a good knowledge of [relative]."
● The manager explained to us, they were now using agency staff less often since they had taken up position due to the recruitment of new staff and gaps in the rota being filled by permanent staff.
● Staff confirmed they received regular training opportunities. Comments included, "Yes it is useful. I love study" and "We let [new staff] shadow us and we support each other."
● The manager told us new staff completed a 2 day corporate induction which included core topics such as adult safeguarding and face to face training in moving and handling and first aid. They explained new staff completed 13 e-learning modules and 3 days shadowing more experienced staff.
● Records showed staff were up to date with training and dates had been booked for refresher courses. The manager told us when staff did not complete their training by the required date, they were prevented from working as a last resort until it was completed.
● Staff were supported with regular supervision and an annual appraisal. Staff confirmed they received regular supervision and found this useful. A staff member told us, "Under the previous manager I was feeling [supervision] is for nothing. With [new manager], at the moment [supervision] is brilliant."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us they were supported to access healthcare services when needed. They described how they were supported to maintain their health. Comments included, "I'm in bed a lot so they do check my skin and if a rash appears they take a photo of the area and treat it" and "I am diabetic and they are careful to ensure I eat the right things."
● Staff told us how they supported people with their healthcare needs. Comments included, "I have to report to the nurse on duty if someone says they don't feel well" and "We feed [people] regularly and use good vegetables. We communicate with the nurse and check everything; blood pressure, sugar in the blood."
● People's oral healthcare needs and preferences were documented in their care plans. The manager explained people had access to emergency dentists and they were in the process of referring people for routine dental check-ups.
● Care plans contained information about people's healthcare appointments, the outcome of these and any changes in healthcare support needs. People with specific health needs had a care plan in place to give guidance to staff about how to manage this, such as stoma care, catheter care and gastronomy tube care.

Adapting service, design, decoration to meet people's needs
● Heathlands Care Home is a purpose built care home with communal lounges and dining rooms. The building was spread across three floors accessible by a lift. There was an additional floor where the main kitchen and laundry facilities were situated.
● People had access to an outside garden area on the ground floor and were using it on the days of our visit. At the time of inspection, the manager was in the process of renovating and furnishing the roof garden where it was planned to hold summer events
● People's rooms were personalised to their taste and everyone had an ensuite bathroom. The corridors had pictures on the walls and handrails for people to hold onto.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● At the time of inspection, there were 33 people who had appropriately authorised deprivation of liberty safeguards (DoLS) in place and conditions around this were being met. There were 15 people who were awaiting the outcome of their DoLS application.
● People had mental capacity assessments in place where appropriate to check their capacity to make decisions. For example, people had capacity assessments carried out for them to live in a locked unit. Where people did not have capacity, records showed decisions were made appropriately using the best interests decision making process.
● People confirmed that staff asked their consent before delivering care. A person told us, "[Staff] ask permission before doing things."
● Staff had received training in mental capacity and DoLS. Staff demonstrated they know how to obtain consent before delivering care. A staff member told us, "You have to speak to [person] first; tell them what you are going to do and offer choices by asking them or showing them [the choices]."

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 good. The rating for this key question has remained 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

- People told us they were supported by caring staff. Comments included, "The carers are kind to me. They talk to me nicely " and "[Named staff] are absolutely delightful. I can laugh with them. There are other regular staff who are kind to me as well."
- Relatives told us they were welcomed and acknowledged by staff when they visited. A relative said, "The carers know me and chat to me and I do feel they listen to me if I have a request. They definitely show respect to my [relative]. They make jokes with [them]."
- We observed caring interactions between staff and people using the service. On a number of occasions, we saw staff showing patience and understanding when supporting people as well as having meaningful conversations with them. A staff member told us, "I have worked here a while and this home has a homely feel . People are cared for with compassion and comfort always in mind."
- Staff described how they got to know and support the people they cared for. A staff member said, "We get the information from the hospital and from the family or doctor. [We have a] nice conversation with the person, smiling and check them all the time. They are at the centre."
- Staff explained how they respected people's different culture and spirituality. A staff member said, "I treat with high respect. It is very interesting and I would study it. If [person] is wearing different clothing, I would also try it."
- The manager explained how the service treated people equally and said, "There is some work happening now around cultural activities. We try to identify people's sexuality at assessment and there is a sexuality care plan."
- Staff described how they delivered an equal service to people to identified as lesbian, gay, bisexual or transgender. A staff member told, "We treat them like other [people using the service]." This staff member gave an example of a person whose same gender partner passed away and the compassionate support staff gave them.

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

- People were supported to express their views and be involved in making decisions about their care. A person told us, "I would say [staff] listen to me." A relative said, "I do feel [staff] listen to me if I have a request."
- Care records detailed contact with relatives, friends and other professionals and captured their views.
- The manager told us people and relatives were involved in the initial assessment and care planning process. Records confirmed this.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was promoted. We observed staff knocked on people's doors before entering the room.

● Staff described how they promoted people's privacy and dignity. A staff member said, "Some women they don't like a male carer. When we come into the room we need to make sure we have the sign [on the outside of the door], 'care in progress'. We close the curtain."

● People's independence was promoted. Comments from staff included, "If the person is able to eat themselves, you have to encourage that" and "I don't need to do it if they are independent. Some may need some help. Start by asking if they want to wear trousers, dress or skirt."

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 good. The rating for this key question has remained 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 were given care according to their wishes. People told us their preferences were met by staff who knew them well. A relative told us, " I would say [staff] are person focused when they are giving care."

● Staff understood how to provide personalised care. A staff member explained to us that a person would be different from another person so care is given in the way the person wants. Another staff member said, "It is about giving the person whatever they want to drink, eat, clothes and activities."

● Care plans were detailed, personalised and stated the outcomes and goals to be achieved for each care intervention. They contained people's likes and dislikes. Records showed care plans were regularly reviewed and included the viewpoints of people and relatives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● The provider met people's communication needs. Care records contained details about people's communication support needs including around hearing and vision.

● The manager understood their responsibilities to meet the accessible information standard. They said to support people with a visual impairment, "Somebody will talk to them. We would work with the family if the person did not have capacity." The manager said for people with a hearing impairment or a learning disability, "We have signage, sign language, Makaton and pictorial."

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 had access to a range of activities and were supported to maintain links with friends and family. We observed people engaged in reminiscence of past times, colouring and line dancers performing for people in the garden.

● People told us about the activities they enjoyed. A person said, "We use the parachute sometimes and that is fun. I'm never bored. The entertainment is good and what is nice is that they bring people from the other floors, sometimes just to chat and that makes us feel all together."

● Relatives told us there were a variety of activities. Comments included, "[Relative] takes part in lots of things. They've had a fit young guy doing exercises with them. Events like Christmas are a big deal here" and

"There's lots of activities. If [relative] does not want to take part, [they] still enjoy watching."
● Staff explained they thought people enjoyed the activities offered. Comments included, "I see from expressions on their faces they are happy" and "[People] do enjoy the activities. You have to make them happy, this is their home."
● We observed some people had tablets which they used to communicate with their families via video calls, and watch films. Staff confirmed they gave people the phone to speak with their family or friend. A staff member explained a family member who travelled far would be given pillows, blankets and snacks if they wanted to stay the night.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy and a system in place to record complaints and compliments. Records showed since 1 January 2023 there had been 56 complaints and 1015 compliments.
● We reviewed a selection of complaints made and saw they were dealt with appropriately. For example, a person was unhappy with the main meal the previous day. The action taken was the catering team met with the person to discuss their preferences and how to avoid this occurring again.
● People knew how to raise a concern if they were not happy with their care. Comments included, "I know the manager, seems nice so I could complain to [them] if I had an issue" and "The place seems to run well enough and I've nothing to complain about."
● Relatives knew how to make a complaint. Comments included, "I feel [managers] would listen if I had a concern" and "We're hoping [manager] will sort our problems out. I can see [manager] wants change."
● We reviewed a selection of compliments and saw these were shared with staff to improve care quality. For example, a family stated, "We would like to mention the following [named staff] who were very kind to me and the family. Please pass on our gratitude to all who took care of [relative] in their final weeks."

End of life care and support
● The provider had an end of life care policy which gave clear guidance to staff about how to provide this type of care.
● People had a 'death and dying' care plan which stated their chosen place to end their life and who to contact. When they were coming to the end of their life an advanced care plan was put in place which gave more details about their end of life wishes.
● Where appropriate, people had an appropriately completed 'Do not resuscitate' agreement form in place.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had systems in place to involve people using the service, relatives and staff in the development of the service. Records confirmed this included regular meetings and feedback surveys.
- The manager told us they had been having individual meetings with families who were not happy with the recent changes to give reassurances and inform them of future plans.
- Staff told us everyone's equality characteristics were considered. A staff member said, "We talk about [people's differences]. I like their traditions and they like my traditions. I want to know because my one is different. The same with the staff, we help each other out."
- However, some people and relatives said communication was not always effective. A person told us, "I seem to miss some things that are going on, because no one tells me." A relative said, "They held a meeting for everyone and relatives, to discuss how things are going and to take suggestions. No one told me it was on and I could have gone to it. That's not very good communication."

We recommend the provider seek advice and guidance about engaging and involving people in service development through effective communication and take action to review their practices accordingly.

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

- The provider promoted a positive culture which was inclusive, open and empowering. This meant people, relatives and staff had a voice and were listened to.
- People spoke positively about the management of the service. Comments included, "Overall, I'm reasonably okay with how the place runs" and "I'm happy here and I put that down to everyone working hard for me and the other people here."
- Relatives gave positive feedback about the management of the service. Comments included, "The unit manager is great. I can talk to [them] about anything" and "I feel [managers] would listen if I had a concern. I always feel confident about the place when I leave."
- Staff told us they were reassured by the management of the service. Comments included, "[Managers are] fantastic, excellent and wonderful", "[Managers have] an open door policy" and "At the moment [manager is] brilliant. They have a lot to do."
- The manager told us, "I like to think that my door is always open."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

● The manager understood their responsibility under duty of candour. They said, "I have the responsibility to make sure if something was to go wrong, I need to write a letter to the families. It's about being open and honest. The whole process is about us saying we did not do that right and we are really sorry."

● The provider had notified the local authority and CQC of safeguarding concerns and serious injury to people as appropriate.

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

● Managers and staff were clear about their roles. The manager was in the process of making changes to improve the efficiency of the service. This included changes to the working patterns of domestic staff so they would be available throughout the whole day and not just the first part.

● Staff told us they were kept updated on changes in people's needs. Comments included, "In the morning we have handover", "We read the handover notes" and "We work well together."

● The provider had a system of carrying out regular checks including quality monitoring walk around, call bell response times, falls, dining experience and observations of staff working. We reviewed examples of all of these. Any improvements identified were noted and addressed with staff as appropriate.

● We reviewed the May dining experience audit and noted no condiments were available on any of the floors. The action identified was for the manager to order condiment sets and records showed this had been done. We noted during the inspection there were again no condiments available to people. We have made a recommendation relating to this in the 'effective' section of this report.

● A clinical specialist from NHS North East London had visited the service on 23 June 2023 for an infection prevention and control inspection. We noted from the report a score of 92 per cent was given.

Working in partnership with others

● The provider worked in partnership with other agencies and care records confirmed this.

● The manager told us, "We have access to specialist teams and meetings with the [multi-disciplinary team] where we pick 6 people to discuss. We meet bi-monthly. We have palliative care team meetings fortnightly."