

R.M.D. Enterprises Limited

Manor Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Manor Lodge is a care home that provides accommodation and personal care for sixteen older people some of whom are living with dementia. People's bedrooms are single occupancy. At the time of the inspection there were sixteen people using the service.

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

We saw positive engagement between staff and people. People told us that staff were kind and looked after them well.

Medicines were overall managed safely. We have made one recommendation about the management of some medicines.

Risks to people's safety in a range of areas including the COVID-19 pandemic were assessed and understood by staff. Systems were in place to ensure people were protected from abuse and treated with respect and dignity.

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

Appropriate recruitment procedures helped to ensure only suitable staff were employed to provide people with personalised care and support.

Staffing levels and skill mix were determined by people's dependency needs. People had the opportunity to take part in a range of social activities.

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

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.

There were systems in place to effectively monitor and improve the service for people. People were asked for their feedback and action was taken to address issues raised.

The registered manager was approachable and provided staff with leadership, support and direction.

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 01 May 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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 Manor Lodge on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Manor Lodge

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 visit was carried out by two inspectors, one of whom is a pharmacist inspector. One Expert by Experience spoke with people's relatives by telephone. 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

Manor Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. 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

The first day of the inspection was unannounced. We announced the second day of the inspection.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed the last

inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people using the service, the registered manager, quality assurance officer, the nominated individual, three care staff, the cook and activities coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed engagement between staff and people using the service. We reviewed a variety of records which related to people's individual care and the management and running of the service. These records included four people's care files, nine medicine administration records, four staff files in relation to recruitment and staff supervision, policies and quality monitoring audits.

After the inspection

The registered manager provided us with some medicines' information and documentation. We spoke with ten relatives and one social care professional who had regular contact with the service.

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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were overall managed safely. There was a medicine policy in place.
- Medicines including controlled drugs were stored securely and at appropriate temperature.
- Medicine Administration Records (MAR) were in place for prescribed medicines. There were no gaps in the MARs. This provided evidence people were given their medicines as prescribed.
- There was a process in place to report and investigate medicine incidents.
- The registered manager received and acted upon medicine alerts.
- There was adequate stock of prescribed medicines.
- The staff were competency assessed for safe handling of medicines.
- Some people were prescribed medicines to be taken on when required (PRN) basis. Guidance in the form of PRN protocols (gives staff directions about how to administer an as needed medication) were in place apart from one medicine that had recently been prescribed for one person. One person receiving respite care had a medicines administration record but did not have a specific medicines' care plan in place for the medicine they were prescribed. Two people who were prescribed medicines at specific times did not have this detailed in their medicine care plan. This information could help ensure staff administered the medicines consistently and on time. The registered manager promptly addressed these issues following the inspection.

We recommend that the provider consider current guidance on medicines' care plans and administering PRN medicines and update their practice accordingly to ensure these were reviewed and always person-centred.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. Staff were knowledgeable about the procedures for responding to and reporting abuse. They knew they needed to report all allegations or suspicions of abuse without delay.
- There had been no safeguarding concerns during the last twelve months.
- Staff knew about the provider's whistleblowing procedures. They told us that they would not hesitate to raise any concerns including poor practice from other staff and were confident these would be addressed quickly and appropriately.
- Systems were in place to ensure people had access to cash for purchases they wanted to make. Policies and procedures ensured that people's finances were managed safely. To minimise the risk of financial abuse, regular checks were carried out by the registered manager and quality assurance officer.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. We saw risks associated with falls, choking, people's finances, and incontinence had been assessed and they included detailed guidance for staff to follow to keep people safe. These were personalised and regularly reviewed. People told us they felt safe living in the care home.
- Regular health and safety checks of the premises were carried out to make sure people and staff were safe. Maintenance issues were addressed promptly.
- The home carried out as required checks on electric, gas, water services and fire safety systems. Regular fire evacuation drills took place and each person had a personal evacuation plan.
- Relatives told us they felt their loved ones were safe in the home and well cared for.

Staffing and recruitment

- Staff records indicated an appropriate staff recruitment procedure was being followed so that only suitable staff were employed to care for people.
- Staffing levels were determined by people's assessed dependency needs. Staff told us that although they were busy at times there were sufficient staff to spend time engaging with people and meeting their care needs. We saw staff spending time talking with people.
- People told us they did not have to wait for care and assistance. We observed staff being attentive and available when people needed them. During the inspection call bells were answered promptly. The registered manager confirmed that staffing levels were flexible and based on people's dependency needs. Recently an extra care staff had been deployed to work during the afternoons to ensure people received the care they needed and wanted. People relatives told us they thought there was enough staff. One relative told us, "They seem to have plenty of staff around."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (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.
- We were assured that the provider was facilitating visits for people living in the home in accordance with the current guidance.

There were COVID-19 risk assessments for staff and people, that included details of underlying medical conditions that may put them at higher risk of being very unwell if they caught the infections. During the inspection the registered manager provided us with documentation that showed these risk assessments had been further developed to include details of characteristics that could put people and staff more at risk from COVID-19.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Accident and incident records were well maintained and showed that appropriate actions to address concerns had been put in place.
- Incident and accidents were reviewed and any learning was identified. Processes were put in place to minimise the risk of similar incidents happening again and to keep people safe.

- The provider had suitable systems to learn when things went wrong. Learning was shared with staff through supervision, handovers and staff meetings. Additional training and support were provided to staff when found to be needed.

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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an initial assessment of their needs before they moved into the home. This enabled staff to determine the best possible ways to provide them with personalised care and support. One person told us they had been asked a variety of questions before and after they moved into the care home.
- People's care plans included very detailed information about people's background, life story and experiences. This helped staff get to know and understand people so they could deliver better person-centred care. One person's interests included railways. Staff were aware of this and spoke with him about this. The registered manager told us that they were planning with the person a trip to visit a local railway station.
- The care plans included guidance for staff to follow to ensure people's individual needs were met. For example, clear, step by step guidance provided staff with the information they needed to support one person with their personal care. The guidance included details about what the person could do independently and when they needed help.
- Care plans and risk assessments were updated when there were changes in people's needs. We noted that monthly review records of people's care plans did not indicate that people had been asked about their care. The registered manager told us that they would ensure that people were spoken with during the monthly reviews.

Staff support: induction, training, skills and experience

- Staff had completed a range of training and learning appropriate for their job roles and responsibilities. Staff also received training specific to the needs of the people they supported. For example, training on diabetes (a condition that causes a person's blood sugar level to become too high) which meant they were equipped with the right knowledge to support people with this condition. They spoke positively about their training and told us they were reminded when refresher training was due.
- Staff received an induction when they started working in the home. They told us they had found it helpful and they had been provided with the information and support they needed. Staff told us they had been given time to get to know people and become familiar with the care and support each person needed.
- Staff informed us and records showed that they were provided with regular supervision and appraisal of their development and performance. They told us they felt very well supported by the registered manager, provider and staff team.

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

- People received the support they needed to eat and drink enough and maintain a balanced diet.

- People's care plans included information about their dietary requirements and preferences and any support they required with eating and drinking.
- People's nutritional needs and weight were assessed and monitored. If they were identified as being at risk of malnutrition or dehydration, appropriate action was taken to address this including informing the person's GP.
- Relatives told us that they thought the food was good and people's dietary needs and preferences were met. Comments included, "[Person] is very fussy about their food but they accommodate [person]" and "[Person] likes curries so they do them for her, they do a good variety of what we call multicultural foods."
- The home supported people to maintain a healthy lifestyle by providing a variety of food choices. People were offered a choice of meals, and snacks were available at any time. People told us the food was good. One person told us, "Food is fine. They ask us what we want to eat."
- We spoke with the cook, who told us that she received feedback about the meals. There were no records to show whether they had been responsive to any criticism. The cook told us that she would ensure people's comments and any action taken to address issues to do with the meals was documented. This would show they had been responsive to people's feedback.
- We saw that when people needed assistance with their meal, staff provided it in a sensitive, unhurried manner.

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

- People were supported to access healthcare services and support.
- People's care plans contained information and guidance in relation to their healthcare needs and guidance provided by specialist healthcare professionals.
- During the COVID-19 pandemic few healthcare and social care professionals had visited the service. However, GPs and a pharmacist communicated regularly with staff about people's care and treatment. Visits by healthcare professionals including chiropodists and opticians had recently recommenced. A GP had visited the home to administer COVID-19 vaccines to people.
- People's care records showed that they attended hospital appointments.
- People had personalised oral health care plans. A dentist had recently visited the home and provided people with a dental check-up.
- Relatives told us when people were unwell, they were provided with the care and medical treatment they needed. One relative told us, "We know if [person] is poorly [they] will be seen by a doctor or a nurse." Another relative told us, "The home is very good at keeping me informed about what's happening to [person] and they phone often."

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

- Since the last inspection, there have been improvements made to the premises. A ramp had been installed at the front entrance to improve accessibility for wheelchair users and those with other mobility needs. The lounge/dining area had been redecorated and refurbished, which had contributed to a more pleasing and attractive environment for people. However, there were some areas including corridors and some bathroom facilities that were 'tired' looking and lacked colour. The registered manager and nominated individual informed us that these issues would be addressed.
- There was an on-going redecoration plan of people's bedrooms. Relatives told us they felt the home was homely and clean.
- There is an enclosed accessible garden, with seating. Staff told us that it had been well used by people during the warmer weather particularly when receiving visitors.
- Picture signage identified the purpose of communal rooms and bathroom facilities.
- A cabin located in the garden had been constructed to facilitate visiting during the pandemic. Feedback

from relatives was very positive about this facility. One relative commented, "The COVID visiting area is really good, we get teas and coffees in there, its heated and cosy."

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.

- Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Staff had received MCA and DoLS training. They knew that when a person was unable to make a particular decision, the decision was made in the person's best interests in partnership with key professionals and relatives. For example, relatives of people who were unable to consent to receiving the COVID-19 vaccination told us they had been involved in making the decision for people to receive it.
- We noted that the front door was locked. This could be restrictive for some people. Following the inspection, the registered manager told us that the door was no longer locked and now included an alarm system to keep people safe.

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 good. At this inspection this key question has now 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 told us that staff were kind and caring. Comments included, "They [staff] are nice. They are kind to me" and "Staff are very kind; I couldn't fault them."
- Relatives told us they felt the care staff were exceptionally good, kind, caring and well trained. Comments from friends and relatives included, "The staff are lovely and so is the manager", "The carers are super nice. I can honestly tell you that they're amazing" and "The carers [care staff] are kind and sociable."
- We saw positive respectful engagement between staff and people. Staff showed from their interaction with people that they knew them well and understood their individual needs. When people were anxious or distressed staff provided the emotional and practical support to help them become calmer.
- Staff received equality and diversity training and had a good understanding of the importance of respecting people's differences. People's care plans included information about their background, life history, religious, cultural and other personal needs and preferences. This helped to ensure that people's individual needs were understood and considered by staff when delivering care and support.
- People told us about how important their religion was to them and how they were supported to practice it. During the COVID-19 pandemic staff made sure religious services had been available to people via the television. The registered manager told us that she had recently spoken to a priest who had agreed to recommence visiting the home. One person had regularly attended their place of worship before the pandemic. The registered manager assured us that the person would be supported to start attending it again.
- Significant religious occasions and other events were celebrated in the home. Diwali was celebrated during the inspection. People had recently enjoyed Halloween and told us they were looking forward to Christmas.

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

- The service had systems and processes in place to gather people's views about their experience of the care and the service they received. Residents' meetings took place where people had participated in discussions about a variety of topics. Minutes from residents' meetings people had provided feedback about the meals and activities and action had been taken in response to this. For example, some people mentioned that they would like to do some cooking, and this had commenced. People had also been informed about government visiting guidance and other matters to do with the home.
- People were offered choices. These included day to day choices about what they wanted to wear, eat, drink and what they wanted to do. When people declined to take part in an activity or other event, their decision was respected by staff. People confirmed that they were listened to and their choices

acknowledged and accepted by staff.

- People had the opportunity to complete feedback questionnaires about the service they received. A recent feedback survey showed that people were very satisfied with the care they received. Action was taken by the provider and registered manager to make improvements when needed. For example, some people had indicated they were not aware of who the provider was. The provider had taken this feedback on board and introduced himself to people.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. Staff addressed people politely and knocked on bedroom doors and waited for a response before entering.
- People's personal information was stored securely. Staff understood why people's confidentiality must be respected. Staff knew they must not talk about people and their care without their consent. When people did not have the capacity to consent staff knew that a decision to speak with those involved in their care would need to be made in their best interests.
- People's independence was supported. Staff told us that they encouraged people to do things for themselves as much as they could. This included supporting people to complete tasks and activities that they had done before living in the care home. One person enjoyed laying the tables at mealtimes, another enjoyed cooking. This had been encouraged and supported by staff.
- Staff also spoke of promoting people's independence by supporting them to maintain their ability to walk and encouraging them to take walks within the home and garden with supervision when needed.
- People were provided with the support they needed to manage and keep some money in the home so they could buy things when out and about. This was particularly important to one person who regularly checked that their cash was safe and accessible to them.

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 good. At this inspection this key question has now remained the same. 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 and assessment information were personalised and showed that people and their relatives (when applicable) were involved in the planning of people's care. Relatives told us, "[Staff] are supportive of peoples individual needs" and "They really respond to people well and know their likes and dislikes."
- People were supported to make choices about their lives, these included decisions about when to get up, what to eat, wear and do. Staff spoke about the support they provided people when they had difficulty in deciding or saying what they wanted. For example, staff told us they showed one person two or more items of clothing so they could indicate by pointing or in another way which garment they wanted to wear.
- Relatives told us that they had been involved in decisions about people's care and in care plan reviews.

Meeting people's communication needs

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

- People's communication and individual sensory needs, such as sight and hearing needs were detailed in their care plans, this information helped staff communicate with people in the way they wanted and needed. Most staff spoke a variety of languages as well as English, so were able to speak with people in their language of birth, such as Gujarati when needed.
- Staff told us they understood people's gestures and facial expressions so they could interpret what people wanted or needed when they had difficulty in speaking.
- Staff were aware of people's sight and hearing impairments and took account of these and other sensory needs when communicating with them.
- There was picture and large font signage throughout the home to help people find their way when moving about within the home.
- A person's friend told us that staff understood the person's sensory and other needs and provided the care and support they needed. They told us, "The carers [care staff] respond so well towards [person] and are lovely." A relative told us, "When we come in now a carer [care staff] usually sits with [person] because [their] hearing is so poor now, [the care staff] really helps us communicate with [person]."

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's interests and preferences were detailed in their care records. The activities worker was familiar with information about people's background, past employment and the leisure activities and hobbies they

enjoyed. She received feedback from people about the things they enjoyed doing and developed programme of activities for people to participate in if they wished. We saw people participating in group and one to one activities, which they told us they had enjoyed.

- Relatives told us, "They let us know what [person] has been doing, we can see the photos of [person] decorating cakes, painting and so on" and "They send loads of photos so we can see what's been going on, like the events. When they had a fête, they had an ice cream van come, things like that, it's better than OK it's a really good home" and "The activity girl is absolutely wonderful, we see the videos of what they do, we know [person] joins in and does the physical exercises too."
- The pandemic had impacted upon people's social lives. It had led to less external entertainers, representatives of places of worship and others coming into the home. However, staff had provided more in house leisure interests and events to help prevent people being socially isolated, and visits from entertainers and others were about to resume.
- People had been supported by staff to keep in contact via, telephone, video calls and email with their friends and loved ones during the pandemic.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately in line with the home's complaints procedure. Staff understood what they needed to do when they received a complaint. Learning from complaints was identified and improvements made when needed.
- People told us they had no complaints about their care but if they had any concerns they would speak with the registered manager and/or care staff. One person told us, "If I have a problem [registered manager] talks with me. She listens and sorts it out."
- Staff told us that they were confident that any concerns that they raised about the service would be listened to and addressed.
- Records, and online reviews showed that the home had received several compliments about the care people had received.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- People had some information about their end of life wishes written in their care records.
- The registered manager told us that when people had received care at the end of their lives staff had engaged with palliative and other healthcare services to ensure people were provided with the care and support that they needed. End of life care plans were developed in partnership with the person and their relatives where appropriate.

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

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

- People received care from a consistent staff team who knew them well, understood their individual needs and were responsive to changes. We saw people and staff interacting in a friendly and caring way. One person spoke highly about her keyworker (member of staff who has a lead role in matters concerning the named person they support). They told us their keyworker was "helpful and kind."
- People knew who the registered manager was and spoke in a positive way about her. Relatives told us the registered manager had a pleasant manner, was easy to get hold of and helpful.
- The registered manager and staff team had a good understanding of how to deliver person centred safe care. People told us they were consulted about their care and other matters to do with the service. People's relatives told us they felt people received personalised care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour and knew the importance of being open, honest, taking responsibility when things went wrong and notifying us of significant events at the service.
- Staff knew their responsibilities in being open and speaking up when needed. They confirmed that they would always report any concerns to do with the service provided to people including any incidents of poor care.
- The rating from the last inspection was displayed within the home and on the provider's website in accordance with legal requirements.

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

- Effective and responsive quality monitoring and improvements systems were in place. There were a range of checks of the service carried out by the registered manager, provider, quality assurance officer and senior care staff. These identified areas for improvement and action was taken to address any deficiencies and deliver learning to improve people's care and safety.
- The registered manager and staff were clear about their roles and responsibilities. Since being in post the registered manager has made and or/initiated several improvements to the service. These included redecoration of several areas of the premises, improving and developing people's care plans, other records, quality assurance systems and staff training.

- All the staff we spoke with were clear about their roles and responsibilities and told us they felt well supported. Staff performance and development was monitored and supported through regular supervision, appraisal and staff meetings.
- Staff told us they were kept well informed about changes to do with the service including COVID-19 guidance.
- People, relatives and staff were supported to give their views about the service. Records showed that the provider had been responsive in addressing issues and making improvements when needed.
- People and relatives told us they would recommend the home.

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

- Staff were knowledgeable about equality and diversity. They spoke about the importance of respecting people's differences. People's religious needs had been supported during the pandemic. A relative told us, "They celebrate most holidays and dress up, like for Halloween they all got dressed up." Diwali was being celebrated during the inspection.
- The provider had followed government guidance to support people's friends and relatives to have contact with them during the pandemic. Visits were currently taking place.
- People had the opportunity to take part in regular residents' meetings. Minutes of these meeting showed people had been involved in discussions about a variety of topics to do with the service.
- Relatives and friends told us they liked the atmosphere within the home and were kept well informed about their loved ones.

Working in partnership with others

- The service worked with organisations including local authorities that commissioned the service and other health and social care professionals to ensure people received the care, treatment and support they needed.
- The registered manager told us that they attended forums held by the host local authority to ensure they were kept up to date with relevant information and guidance to do with the service provided to people. A social care professional told us they had no concerns about the care home and communication with the registered manager was good.