

GCH (North London) Ltd

Peregrine House

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

Peregrine House is a residential care home providing accommodation and personal care support to 35 people who have dementia, mental health, physical disability or sensory impairment and older people at the time of the inspection. The service can support up to 36 people.

Peregrine House is a purpose built home divided into four units on two floors. Each unit has people's bedrooms with toilet and sink facilities, and communal areas including a sitting area, a dining room, a kitchenette and bathrooms.

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

People's needs were met safely by staff who were appropriately recruited and knew how to provide safe care. People were safeguarded against risk of abuse. People received safe medicines support. People were protected from the risk of infection. Incidents were analysed, and lessons learnt when things went wrong.

People's needs were assessed before they moved to the home. People and relatives told us staff provided effective care. People's dietary needs were identified and met. People were supported by staff who were appropriately trained and supervised. People received consistent support to access ongoing healthcare services to live healthier lives.

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 and relatives told us staff respected them and they were caring and helpful. People received person-centred support from staff who provided care without discrimination. People were involved in the care planning process. People's independence was promoted and encouraged.

People's care plans were personalised. People were offered a range of group and individual activities. People were supported to engage with other people and in the community. People were satisfied with the complaint process. People's end of life care wishes was explored, recorded, and met by trained staff.

People told us they were happy with the service. Relatives found the management approachable. Staff felt supported by the registered manager. People, relatives and staff feedback was sought, and their views considered to drive improvement. The service worked well with other agencies to improve people's physical health and emotional wellbeing.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Peregrine House

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 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

Peregrine House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided.

We spoke with nine members of staff including the registered manager, regional manager, deputy manager, assistant deputy manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We spoke with two relatives and reviewed records sent by the provider following the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection we recommended the provider consider current guidance on safe infection control procedures. The provider had made improvements.

- Since the last inspection, the provider introduced new practices to ensure the environment was clean, without malodour and safeguarded people from the risk of infection.
- People and relatives told us they were satisfied with the cleanliness. A relative said, "The cleanliness is good, the home is spotless and well maintained. [Person's] room is tidy, spotless, the bed is always nicely made up and [person] always smells clean."
- People's ensuite and communal bathrooms had appropriate hand-wash facilities and people's bedrooms were given deep clean under 'resident of the day' program at least once a month.
- The communal areas were clean and had several indoor plants. The plants made the environment more pleasant. People told us they liked the plants. Records and our observations confirmed this.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider consider current guidance on safeguarding procedures. The provider had made improvements.

- Since the last inspection, the provider notified us of allegations of abuse and raised alerts with the local safeguarding team in a timely manner. Records confirmed this.
- Staff were trained in safeguarding and whistleblowing procedures. They demonstrated a good understanding of their responsibilities in identifying and reporting concerns about abuse and poor care without delay.
- The registered manager maintained clear and accurate records of safeguarding concerns. The records showed suitable actions had been taken to ensure people's safety, and relevant parties were notified in a timely manner.

Assessing risk, safety monitoring and management

- People and relatives told us staff provided safe care. One person said, "I feel safe." A second person told us, "It's totally safe [here]." A third person said, "It's a quiet road. I sleep alright." A relative told us, "It is the best place [person] has ever been, [person] is safe." Another relative said, "I sleep well as [person] is safe here."
- There were systems and processes in place to identify, assess and mitigate risks associated with people's

healthcare needs.

- Staff had a good understanding of risks to people and what actions they were required to take to reduce these risks to ensure people received safe care.
- People's risk assessments were individualised, and promoted and respected people's freedom, and were regularly reviewed. They were for areas such as mobility, personal care, falls, diabetes, self-neglect, pressure sores, medicines, accessing community venues.
- There were appropriate health and safety checks in place including people's individual and premises fire risk assessments, water and electric, and fire equipment and fire drills records.
- This meant staff were provided with enough and up-to-date information to enable them to safeguard people from risk of harm.

Staffing and recruitment

- The provider deployed suitable and enough staff to ensure people's needs were met safely.
- People, relatives and staff told us they were satisfied with staffing levels. People told us call bells were generally answered in a timely manner and they did not have to wait too long. A relative said, "There is always at least two [staff] in the sitting room."
- During the inspection, we observed staff supporting people with their request for assistance promptly. Staff were not rushed and were seen engaging with people at their preferred pace.
- Staff files had all the necessary recruitment related documents and checks to confirm staff were safe, skilled and of good character to support people at risk.

Using medicines safely

- People were provided with safe and appropriate medicines management support. One person said, "At the beginning [staff] gave me medicines. Now I self-medicate. [Staff] used to put cream on my legs. Now I do it. [Staff] check that I am up to date with medication."
- Staff were trained, and their competency assessed before they started administering medicines. Staff knew people's medicines management needs and provided safe support. They completed medicines administration records appropriately and without any errors.
- Systems and processes around ordering, storing and returning medicines including 'as required' and controlled drugs were up-to-date and met legal requirements.

Learning lessons when things go wrong

- Lessons learnt records and team meeting minutes showed the registered manager and staff took appropriate actions when things went wrong and learnt and shared lessons to prevent them from happening again.
- For example, a district nurse made a mistake with insulin administration. The registered manager and the senior staff met to learn lessons from this incident. Records showed, and staff confirmed they had implemented measures to prevent recurrence of similar incidents.
- The registered manager and the regional manager told us at the provider level all registered managers met regularly to share learning across all the services to avoid similar incidents from happening again.

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 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

- The provider carried out a comprehensive assessment of needs where they identified and assessed people's needs, choices and preferences. This enabled the service to identify staffing levels and set and achieve effective outcomes for people.
- People's assessment of needs forms stated who had participated in the assessment, people's physical and mental health, medical, communication and sensory, personal care and dietary, cultural, religious and spiritual and social needs, and preferred routines.
- Each person's assessment of needs form included an outcome in relation to whether the service was suitable for them and what support they required to live a fulfilling life.
- People and relatives told us staff supported appropriately and their needs were met.

Staff support: induction, training, skills and experience

- Staff told us, and training and supervision records confirmed they were provided with detailed induction, refresher and specialist training, and regular supervision to do their job effectively.
- Staff told us training and supervision was useful. Their comments included, "We get training every three months", "[The management] test your ability", "If you feel you are lacking in certain areas, you can ask for training" and "You get [supervision] every six weeks. It is good, can talk about anything."
- Staff appraisal records showed they received an annual appraisal where their objectives, performance, support and training were discussed. Staff told us it was a valuable process.

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

- People's dietary needs were met, and their individual likes and dislikes were recorded in their care plans along with any culturally specific needs.
- People and relatives told us the food was good. A person said, "The food is appetising. I requested few Caribbean meals, and I get them." Relatives' comments included, "[Person] likes the food there, it is fantastic, the cook supplies fresh food, it is first class" and "[Person] loves the food here. There're three options. [Staff] always ask and use pictures, to help people choose."
- During the inspection, we observed staff giving people choices of food and drinks and encouraged them to make choices in a dignified way. Food portions were good, it looked fresh and nicely presented.
- The cook was aware of people's dietary needs, these along with people's allergies were kept in the kitchen for a quick access. The kitchen was awarded the highest, five-star food and hygiene rating which meant food and hygiene was maintained as per the requirements.

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 by staff who worked in partnership with other agencies and healthcare professionals to live healthier lives.
- People and relatives told us staff provided timely and effective care. One person said, "At the beginning I had bed sores, [staff] involved the GP and now I don't have them anymore. [Staff] helped me to get two pairs of glasses. A dentist came for an initial check-up." A relative said, "[Staff] have sorted out [person's] own personal wheelchair, which is amazing."
- People were registered with the community dentist. The staff team were trained by a professional where they were showed how to improve people's oral healthcare, and techniques around how to encourage people to brush, and how to brush people's teeth.
- The service had also purchased all suggested tools including soft toothbrush, mouth hydrator, toothpaste for those people who did not like the taste of toothpaste.
- The care records contained healthcare professionals' visits and their recommendations, and staff followed recommendations to ensure people received consistent and effective care.

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

- People told us they liked their bedrooms and decorated them as per their wishes. The bedrooms were personalised with people's belongings. People were seen accessing their bedrooms, communal areas and the garden with ease and comfort.
- Since the last inspection, the provider renovated all the communal areas, most people's bedrooms and the garden making the internal and external environment accessible and pleasant to live in.
- The provider has further refurbishment plans to change the floor covering in those people's bedrooms who wish to have carpets instead of laminate flooring. There are also plans to change all the windows and install new ones. All these plans are scheduled to complete by March 2020.
- Records showed all the improvements were conducted in consultation with people and their relatives.

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.

- Staff encouraged people to make decisions regarding their care and their care plans had required paperwork to confirm whether they had mental capacity to consent to care.
- Where people lacked mental capacity to consent to their care, there were records of DoLS referrals and authorisation certificates. We found appropriate processes had been followed including 'best interest' to ensure decisions were made in people's best interests.
- The provider carried out suitable checks to ensure the legal representatives who were authorised to make decisions on people's behalf were legitimate.

- People told us staff asked their permission and gave them choices.
- The management and staff demonstrated a good understanding of the importance of giving people choices and asking their permission before providing 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 the last inspection this key question was rated as good. At this inspection this key question 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 told us staff listened to them and treated them well. A person said, "[Staff] listen to me. They have time to chat with me." Another person commented, "[Staff] sit and talk with you. If I want to be alone I go to my room. They respect that."
- Relatives said staff were caring. Their comments included, "Staff are wonderful, helpful, nothing is too much trouble. They always have a smile on their faces. They are lovely" and "Staff are very friendly, they always stand and chat to us."
- At the inspection we saw meaningful interactions between people and staff. Staff were patient and sensitive with people's requests.
- Staff were trained in equality and diversity and told us they treated people as individuals and did not discriminate on grounds of their protected characteristics including sexual orientation. A staff member said, "We do not dislike and discriminate lesbian, gay, bisexual and transgender people (LGBT) because of their gender and sexuality. You have to respect the person."
- People's cultural and religious wishes and needs were identified and respected. Staff told us they celebrated diversity. A staff member said, "We have Muslims, Caribbean people, white people here. We celebrate Eid and other religious festivals. We have different churches coming in." Also, the service hosted an annual international day to celebrate diversity.
- A healthcare professional who attended the international day complimented the service. They said, "It was a very special way to celebrate diversity, culture and tradition...Special thanks to the chef. The food was lovely. I really enjoyed the rice and peas, goat curry (it was so tender) and the fish."

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

- People were supported to express their views, choices and get involved in making decisions about their care.
- At the inspection, we saw staff asked people for their views about their care choices, what support they needed and how they would like to be supported.
- People and their relatives, where necessary, were involved in the care planning process, and records confirmed this. A person told us they made decisions regarding their care. One relative told us they were involved in the care planning process.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated people with dignity and respect. One person said, "[Staff] treat me with respect and we have a laugh and a joke." A relative commented, "I always see people treated well

and with dignity."

- People were mainly supported by the same staff team. Most of the staff have been working at the home for over five years. This enabled trusting relationships between people and staff. A relative confirmed this, they said, "Most staff are regulars."
- People told us their freedom and independence were respected. A person said, "I come and go as I please. I have freedom here." Another person told us, "If I go to the hospital for an appointment I go by myself. I have never requested someone to go with me. I have capacity."
- Relatives told us staff promoted people's independence. A relative said, "[Person] has a learning difficulty. [Person] can walk about freely."
- At the inspection, we observed people being independent such as pouring juice in a glass, taking their dirty dishes to the kitchenette, choosing a different meal, and moving around the home with freedom. Staff were seen respecting people's wishes and encouraging them to do things by themselves.

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 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 and relatives told us staff knew their likes, dislikes and preferences, and provided person-centred care.
- Staff were trained in providing person-centred care and had a good understanding of how to meet people's personal needs. Their comments included, "I have a one to one conversation with [people]. They tell me what they like and dislike. You see to their needs and provide care as per their likes."
- Each person had a life story map, this contained information about their likes, dislikes, family, religion, culture, pets, important dates, hobbies, interests, previous occupation. This enabled staff to get a better understanding of people's backgrounds and personal needs.
- People's care plans were comprehensive, regularly reviewed and gave staff information on their preferred routines, what support they required and how they wanted to be supported.
- People's care was reviewed regularly, and people and relatives were involved in these reviews.
- Relatives told us they were invited to care reviews and felt involved in their loved one's care. Their comments included, "[Staff] tell me about any incidents, keep me updated. I get invited to the meetings" and "Oh yes, I am involved in [person's] care. I am invited to the care 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 needs were identified, and their preferred methods recorded in their care plans. This enabled staff to communicate with people effectively.
- There were various posters on display that were in an accessible format including pictures and large font size to meet people's varied communication needs.
- Staff had a good understanding of people's communication needs and preferred methods.

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 were supported to engage in a range of individual and group activities. The activity coordinators spoke to people individually to identify their interests and hobbies, and planned activities around that. Weekly activity plans with pictures were displayed to remind people of what activities to expect.
- People were satisfied with activities on offer. One person said, "I read, I do embroidery, go for walks round the garden, watch TV. If you read the newspaper every day you may be able to have a conversation with

people." Another person told us, "I'm happy [with activities] and it's so nice to come in, sit down, read. I have a radio. In the evening I listen to the radio."

- At the inspection, we observed people taking part in activities such as Bingo, pampering session, reading, watching television, walking in the garden, going to the day centre, and having one to one interaction with staff.
- People were supported to go out in the community including a day club, pub lunch and walks in the park. The service also organised and supported two people on a trip to Paris. The service also introduced a gardening session to encourage people to get outside.
- Relatives were satisfied with the activities programme. One relative said, "[Staff] offer various therapies. [Staff] take them out for meals, have lots of activities there. It is not easy to motivate people there, but [staff] do try their best."
- Relatives told us they felt welcomed and there were no time restrictions. A relative said, "[Staff] always welcome us, give me a cup of tea and biscuit." Another relative visited their spouse every evening after work and had a glass of wine with them in the garden or in the sitting room.

Improving care quality in response to complaints or concerns

- People and relatives were encouraged to raise concerns and make a complaint. Where people had made a complaint, these were used to make improvements. People and relatives, and records confirmed this.
- People and relatives knew how to make a complaint and felt comfortable in raising concerns. A person said, "If you have any problems you go down this way to the office. You can talk to [staff]." Relatives said, "I have never complained about anything. I know if we had any concerns [the management] would act on it immediately."
- The service maintained clear records of complaints, actions taken, outcomes and lessons learnt. These records were analysed and used as part of improving the service. Records confirmed this.

End of life care and support

- There were processes and systems in place to explore people's preferences and choices in relation to end of life care and these also included wishes in relation to their cultural and spiritual needs and protected characteristics.
- Where people had disclosed their end of life care wishes and signed a 'Do Not Attempt Cardio-pulmonary Resuscitation' these were clearly maintained in their care plans.
- Staff were trained in palliative and end of life care and told us their role was to provide individualised care and assist people to have a pain free and comfortable death. They further said their responsibility also was to provide emotional support to relatives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the registered provider failed to notify CQC incidents they are required to notify us by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Since the last inspection, the registered provider notified us of incidents as required by law in a timely manner and they were no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager had a good understanding of duty of candour and their responsibility to be transparent with people and all relevant parties. They said, "[If] anything happened regardless [of] what it is, notify the CQC, other professionals involved in [people's] care, [people] and [relatives] about what and how it happened, and what lessons were learnt."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to effectively operate auditing and monitoring systems to ensure the health and safety of the service and accurately maintain records in respect of people who used the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, the registered manager had improved their monitoring and auditing checks to identify issues and gaps in infection control, premises safety, and people's care records. There were systems in place to rectify any identified issues in a timely manner.
- The registered manager carried out regular internal audits. The internal audit records included care plans, risk assessments, medicines administration records, staff files, complaints, accidents and incidents, and safeguarding. These were up-to-date and showed actions had been taken when issues were identified.
- The registered manager demonstrated a good understanding of their role in providing care and a service

that met the legal requirements and the standards set by the provider.

- Staff were clear of their role in delivering care that met people's care outcomes. They told us they liaised with the registered manager if they were not sure about something.
- This meant the registered manager had a good oversight of the service.

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

- The registered manager operated an open-door policy and spent quality time on the units with people and staff. This encouraged and empowered people and staff to share ideas and thoughts which enabled the service to achieve good outcomes for people.
- People told us they liked living at the home. One person said, "I like it here." Another person told us, "The place is fine [for me]." A third person said, "I am happy here."
- Relatives told us the service was well-led and the registered manager was approachable. One relative said, "[The registered manager] is the person in charge and she is fantastic. She is very approachable. Peregrine house is like a five-star hotel. I would recommend it to others."
- Staff felt well supported. They said, "[Registered manager] kept in touch with me when I was sick. She doesn't have favouritism, treats everyone the same", "[Registered manager] is a wonderful manager. She goes all out for [people]" and "[Registered manager] is supportive and that is why I have been here so long."
- The provider acknowledged staff contribution and efforts. Every month staff who were nominated by other staff as 'employee of the month' were awarded with a monetary reward.
- Staff were encouraged to choose an area of interest. They were provided with information and training in the areas to become champions. Champions were for areas such as end of life care and dignity in care. This enabled the service to achieve good outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider involved people, relatives, healthcare professionals and staff whilst considering their diversity needs to seek their opinions and feedback about the quality of care, the management of service, and service improvement. People, staff and records confirmed this.
- The provider had conducted an independent survey in July 2019 for people, relatives, professionals and staff. The overall feedback was positive, 100% staff said the service was well-led and 90% of people and relatives were happy with the service.
- Monthly 'residents' meetings records showed the management sought people's views about the service such as refurbishment plans, activities and events. The provider had introduced a board on each floor where they stated the actions they had taken following people's meetings.
- The provider carried out regular staff meetings including senior staff, day staff and night staff to ask their views and opinions about matters related to the service and their role. Staff told us they found meetings useful, felt informed about the changes in the service, and felt their views were considered.
- Staff were given opportunities to attend events at community clubs, hubs and wellbeing clinics to learn from others and bring back learning to the home.
- This showed the provider engaged their stakeholders and used their feedback to continuously learn and drive improvement.

Working in partnership with others

- The registered manager worked in collaboration with external agencies, healthcare professionals, community and not for profit organisations to improve the care delivery and people's life experiences.
- The service worked with organisations such as community mental health teams for younger adults and older people, local mental health clubs and hubs, Tottenham Hotspur Foundation Trust and attended local

authority organised meetings for care home managers and activities coordinators.