



**Pittsmead Grange Care Home,
Barchester Healthcare.**

Mock Inspection – Report and Improvement Plan

1 and 2 September 2026

Scope

Barchester Healthcare commissioned Delphi Care Solutions to complete an independent, unannounced evidence-based mock inspection of Pittsmead Grange Care Home.

Delphi completed the mock inspection on 1 and 2 September 2026. During the mock inspection we identified areas of improvement. Throughout the day, areas of improvement were shared with the Deputy Manager, a supporting Manager from another Barchester home, and a Regional Manager.

This report provides further comprehensive details of our findings and includes our recommendations. If the suggested actions are completed prior to inspection; it is our opinion, if the Care Quality Commission were to inspect today, the rating for Pittsmead Grange Care Home may be as follows:

CQC KEY LINES OF ENQUIRY					
Safe 23/32 = 72%	Effective 18/24 = 75%	Caring 15/20 = 75%	Responsive 21/28 = 75%	Well-Led 21/28 = 75%	Overall Rating
Score: GOOD 	Score: GOOD 	Score: GOOD 	Score: GOOD 	Score: GOOD 	Score: GOOD 

Rating

CQC Quality Statements scoring system.

4 = Evidence shows an exceptional standard

3 = Evidence shows a good standard

2 = Evidence shows some shortfalls

1 = Evidence shows significant shortfalls

We use these thresholds to convert percentages to scores:

- 25 to 38% = 1
- 39 to 62% = 2
- 63 to 87% = 3
- over 87% = 4

R/A/G Rating

The red / amber / green (RAG) rating below provides a visual of the key areas to be focused on within the improvement plan. The following report details the mock inspection findings, utilising the Single Assessment Framework and Quality Statements, as currently used by the Care Quality Commission.

Complaints	Accidents Incidents	Fire Safety	Safeguarding	Supervision
●	●	●	●	●
Training	Staff Files	Staff Rotas	Medication	Audits and Governance
●	●	●	●	●
H&S Audits	Medication Audits	Infection Control	Environment	Care Planning
●	●	●	●	●
Specific Assessments	General Risk Assessment	Daily Notes	Quality Monitoring	MCA
●	●	●	●	●
Activities	Policy and Procedures	Whistleblowing	Culture	Person Centred Care
●	●	●	●	●

Overview

Pittsmead Grange Care Home is a purpose-built care home located in Hayes, Greater London. The service is operated by Barchester Healthcare and provides accommodation and personal care for up to 50 residents. At the time of our visit, there were 45 people living at the service. The home offers a range of care services including residential care, dementia care and respite care.

The home is set across three floors and is fully accessible, with lift access to all areas. All bedrooms are single occupancy with en-suite facilities. Communal areas include spacious lounges, dining rooms, hairdresser and nail salon facilities and a welcoming cafe lounge area. The environment is designed to promote independence, comfort, and social engagement. There is a large secure garden for residents to enjoy weather permitting.

Safe

Learning Culture: Score 3

There was a strong learning culture throughout the service. The service encouraged feedback from residents, their relatives and visitors and documented learning outcomes from sources throughout the service such as complaints and suggestions. During our visit we were able to speak with the Deputy Manager, supporting Registered Manager from another service and Regional Manager for the service and discussed the learning culture within the team. They discussed the importance of learning and developing the team to ensure delivery of support was a positive experience for those using the service. There was clear effective management oversight across most areas of the service by the Regional Manager, supporting the Registered Manager and Deputy Manager. Complaints or concerns from residents using the service or their relatives were now investigated and handled appropriately, previously they were not always completed in a timely fashion. A structured and reflective approach to learning was evident. Accidents and incidents were systematically recorded, investigated, and discussed through team meetings, daily stand-up meetings, and handovers. We saw a 'You said, we did' board displayed following feedback from meetings.

The service encouraged openness and transparency about safety. Staff understood their responsibilities to raise concerns, report incidents and near misses and were fully supported by the leadership team when they did so. Staff we spoke with expressed that they were encouraged and supported to raise concerns without fear of blame or negative repercussions. This created an environment where voicing concerns was viewed as a valuable opportunity to improve and manage risks in a proactive manner. Management now had good oversight of the service and captured evidence on incidents, accidents, complaints, and compliments.

Staff were given the opportunity to train to the statutory and mandatory requirements which was either on an onboard learning platform or via face-to-face delivery and training compliance was overall scored at 95%.

Safe systems, pathways, and transitions: Score 3

A comprehensive pre-admission assessment was completed for each person before they moved into the service. This process ensured the home could safely and effectively meet their individual needs.

The assessment covered areas such as health conditions, mobility, nutrition, communication, and personal preferences. Care planning was satisfactory, with sufficient detail, and risks were appropriately assessed, monitored, and managed.

The service worked closely with residents, their families, and healthcare professionals to establish and uphold robust systems of safe care, where safety was continuously monitored and effectively managed. Strong partnerships with external professionals supported joined up working and helped prevent avoidable risks.

Staff demonstrated clear understanding of when to seek input from specialist health services to support residents complex needs. Referrals were made to the Speech and Language Therapy (SaLT) and District Tissue Viability Nurse teams to ensure individuals received appropriate guidance and interventions when required.

At the time of our visit the service had identified that they could no longer meet the needs of one of the residents and were looking to transition the resident to a service that could meet their needs.

Safeguarding: Score 3

Residents were kept safe at the service, and residents told us that they felt safe. Staff told us they knew how to keep residents safe and would report any concerns appropriately. We asked staff what they would do if it were the Manager hypothetically who they had concerns about; all were able to detail the actions they would take. They said they would take it further up the management ladder and or call the local safeguarding service.

Staff demonstrated a clear understanding of their safeguarding responsibilities and were confident in recognising and reporting concerns. They demonstrated that they understood the different forms of abuse, including bullying, harassment, discrimination, neglect, and avoidable harm. This ensured that residents' rights to live free from abuse were actively protected. All staff were trained in safeguarding adults and children at level 2.

A chronological index of safeguarding incidents was maintained, detailing the concerns raised, investigations conducted, outcomes, and the dates each case was closed. To date the service has had made 23 safeguarding referral, which of which 5 had been closed. Management was able to discuss the importance of learning from incidents and occurrences and exploring proactive and reactive measures in the planning of care and service development.

Throughout the care and support plans reviewed, there was evidence of completion of Mental Capacity Assessments (MCA), application of Deprivation of Liberty Safeguards (DoLS) and Best Interest (BI) decisions being made, these were clearly documented.

Wherever possible, opinions were sought from the residents and their families and their understanding of the assessed need. Staff had been trained in safeguarding for both adults and children. Staff we spoke with confirmed they had received safeguarding training and understood how to recognise signs of abuse. They also expressed confidence in reporting any safeguarding concerns. Safeguarding concerns had been appropriately reported to the local safeguarding team and the Care Quality Commission (CQC) and other agencies when necessary. There was clear evidence that

notifications were tracked, allowing us to see when concerns had been reported and when they had been resolved. Safeguarding policies were in place to protect residents, particularly those who were vulnerable, from harm, abuse, or neglect.

Involving people to manage risks: Score 3

Risk assessments are completed with each resident in relation to their care and social activities. The Deputy Manager explained that all options are explored and evidence-based decisions are made to support residents in maintaining their independence.

One example involved supporting a resident to maintain their independence by continuing to use their car, which provided an important link to the local community and environment. We also saw another resident go out independently into the local community and return safely later that day.

The service took a comprehensive approach to understanding and managing risks, working closely with residents to promote their safety and well-being. By considering every aspect of each resident's needs, the service created an environment in which care was both effective and holistic.

Staff we spoke with clearly understood their role in supporting residents to manage risks and gave examples, including helping people participate in activities of their choice. Each resident had risk assessments in place that could be audited and updated as their needs or level of risk changed.

Safe environments: Score 3

The service had CCTV in the main foyer, with adequate signage to inform residents, staff, and visitors of its presence. Entry to the building was via a numeric keypad locked door. There was a well-maintained secure garden and grounds for residents to enjoy and we observed several residents on the days of our visit relaxing in the garden.

The home was free from potential risks, with well-maintained equipment, facilities, and technology that consistently supported the delivery of safe care. The service employed a full-time maintenance person, who we were informed was on long term sickness and currently another maintenance person covering for 20 hours a week. We were informed that the service was actively recruiting for a full-time maintenance person.

On the first day of our visit we noted that the employers liability certificate was out of date. We discussed this with the Supporting Manager who had the certificate replaced immediately with an up-to-date certificate.

The service currently utilised paper-based documents to record their weekly, monthly, and quarterly checks which included but were not limited to: Weekly fire alarm tests and daily removal of tumble dryer lint. Monthly checks included but not limited to: Fire extinguishers, emergency lighting and emergency exits, and air-conditioning equipment. There was a planned schedule for external servicing and maintenance. This ensured that critical systems, such as fire alarms, emergency lighting, heating, and electrical systems, functioned correctly, reducing the risk of accidents or emergencies. All external servicing certificates were up to date.

There were food preferences, food allergies, and International Dysphagia Diet Standardisation Initiative (IDDSI) requirements. The chef informed us that the staff updated the kitchen when there were new admissions and what their dietary preferences and needs are and for any changes with the current residents' dietary needs.

Safe and effective staffing: Score 3

We were informed that necessary checks were completed before new staff commenced employment, including risk assessments, right to work in the UK, two references, work history (with gaps explored and recorded), occupational health checks and enhanced Disclosure and Barring Service (DBS) checks, and Photographic identification. These checks provided essential information, enabling the provider to make informed hiring decisions; ensuring that staff had the right skills and values, and posed no risk to people using the service. The service was in the process of transitioning from paper records to an electronic HR records system.

Ongoing training and professional development were considered essential, equipping staff with the knowledge and support needed to perform their roles effectively. Staff well-being was prioritised, with measures in place to foster a healthy work environment. We were informed that staff supervisions were undertaken on a eight-weekly basis and staff spoken with confirmed that they received regular supervisions.

Staff we spoke with expressed that they felt valued and well supported by the management team. Teamwork among staff was strong, allowing them to work collaboratively to provide safe, person-centred care tailored to individual needs. The training records showed particularly high compliance, currently 95%, with all aspects of both mandatory and specific training. Training was undertaken but not limited to the following: Oliver McGowan Tier 1, Equality & Diversity, Safeguarding, Deprivation of Liberties Safeguards (DoLS), and Mental Capacity Assessments (MCA).

Infection prevention and control: Score 3

The service appeared visibly clean throughout, cleaning was taking place at the time of our visit and was free from any malodour. Daily cleaning schedules were completed weekly and there was evidence of deep cleaning as part of 'resident of the day' schedules. The service undertook six monthly infection IPC audits in line with the company's policy We would recommend monthly IPC audits to give greater confidence and oversight of any possible IPC issues arising.

Several communal sinks had plugs in the sinks which can pose a risk of cross-contamination. The National infection prevention and control manual (NIPCM) chapter 1.2 Clinical hand-wash basins must have mixer taps, no overflow or plug and be in a good state of repair. <https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/>. There were several soft felt material boards which can harbour fungus and bacteria, we would recommend covering the boards with Perspex covering and or replacing them with wipeable white boards.

The laundry was spacious and utilised a 'dirty to clean flow' system, which decreased the opportunities for cross contamination from soiled linen. There was a cleaning schedule in place with a section relating to lint being removed after each tumble-drying session; effectively reducing the risk of a fire.

The kitchen was efficiently organised, with dedicated fridges for various food items to avoid cross-contamination. Detailed temperature logs for fridges, freezers (Both had their temperatures recorded twice daily), and food, including cooking, delivery, and serving temperatures, were diligently kept, highlighting compliance with food safety standards. The service utilised its in-house documentation to support food safety management procedures for food handling.

There were food allergies, and International Dysphagia Diet Standardisation Initiative (IDDSI) requirements displayed in the kitchen. The chef informed us that the staff updated the kitchen when there were new admissions and what their dietary preferences and needs are and for any changes with the current residents' dietary needs. The service undertook three monthly kitchen audits as well as mealtime audits. A recent Food Standard's Agency (FSA) inspection awarded the service a five-star rating, with no required improvements.

There was sufficient stock of PPE and cleaning products which staff knew how to access when required. Control of Substances Hazardous to Health (COSHH) data sheets were up to date and accessible to staff. The service had a raft of IPC policies and procedures which had been regularly reviewed and updated.

Medicines Optimisation: Score

We looked at two treatment rooms out of the three in the home. They were medium sized treatment rooms which were clean and tidy; with air conditioning which helped maintain the room temperature below 25 degrees Celsius. The medicines fridge and room temperatures were recorded daily. We would recommend twice daily checking of the fridge and room temperatures. There was no signage on the medication fridge electric socket to remind staff not to switch off the fridge or unplug it on the top floor. However, there was signage on the fridge on the ground floor reminding staff not to switch off or unplug the medication fridge. All fridges were locked and only contained medicines that needed to be stored between 2-8 degrees Celsius.

At the time of our visit there were no residents requiring oxygen therapy or receiving their medications covertly.

The service undertook weekly Controlled Drug (CD) checks. We checked several CDs at random against recorded stock and actual stock counts; there were no discrepancies. The CD key was kept separate from the main bunch of treatment room keys in keeping with safe and best practices. The service undertook monthly medication audits. However, in the CD cabinet of the top floor, a resident who had passed away earlier in July 2026, their CDs Morphine Sulphate ampoules were still in the CD cabinet at the Coroner's request. However, staff had stopped counting them which could create an opportunity for some ampoules to be misappropriated. We discussed this with the supporting manager who immediately instructed staff to start recording the CDs until advised by the Coroner they could be disposed of.

The Regional Manager had reported that there had been a number of medication errors, referred to the local safeguarding service, in the first few months of 2026. However, since March there had been no medication errors needing to be raised with the local safeguarding following improved interventions and oversight by the management team that had been brought in to address these concerns.

We checked several medicines against stock records and administration records and found no discrepancies. Staff administering medications completed running totals for each medication administered. There was no evidence of excessive stock and medicines were ordered a 28-day cycle. The home utilised homely remedies and these were checked weekly and signed off by the local General Practitioner (GP).

Staff received regular training and underwent competency assessments before being allowed to administer medication unsupervised.

As required medicines, commonly referred to as pro re nata (PRN), did not list side effects, which meant residents could not always be protected from potential harm. There was also guidance as to why the PRN medication may be required, and the maximum dosages permitted within a 24-hour period.

There were sharps bins on counters in both treatment rooms visited which had been dated when opened but had not been overfilled, thereby reducing the risk of a potential sharps injury. We noted that a British National Formulary (BNF) dated March to September 2026 which meant medicines reference guidance was current and up to date.

Effective

Assessing need: Score 3

The Manager told us that residents were involved in the assessment of their needs before and after moving into the service. Residents' needs were assessed in full prior to admission and were closely monitored throughout their stay at the service. This process helped ensure that staff had a good understanding of each resident's health, wellbeing, and personal preferences. An assessment tool from the electronic platform the service utilised was used to gather information about residents' physical, emotional, and social needs. This included assessments relating to mobility, nutrition, communication, and mental capacity. One resident we spoke with stated that they had been involved in the admission process.

Staff we spoke with knew the people they supported well and could describe how residents preferred to receive their care.

We saw that care plans were updated as people's needs changed, and the manager was proactive in ensuring that care plans were live documents, reflecting any adjustments needed. The electronic care plan system was effective in ensuring responsiveness as it provided prompts and warnings when care interventions were delayed or omitted, helping the service to be efficiently monitored and managed.

Delivering evidence-based care and treatment: Score 3

The supporting manager and regional manager demonstrated a good understanding of relevant legislation, national standards, and evidence-based good practice guidance. This included knowledge of current frameworks designed to promote safe and effective care.

The care plans reviewed were comprehensive and detailed, with documents regularly updated to reflect each person's needs, preferences for care delivery, and health requirements. During the visit we found that monitoring charts were in place to track key health indicators such as weight, body mass index (BMI), and weight fluctuations. These tools supported early identification of potential health concerns and enabled staff to monitor changes over time.

Daily records and charts were being kept on the electronic care plan system to evidence the delivery of evidence-based support; in most cases, these records were comprehensive and provided good evidence.

How staff teams and services work together: Score 3

The collaboration between staff teams and external services at the service was particularly good in ensuring the best possible care for residents. Staff and services worked together to respond to individual needs through appropriate and timely enquiries, as well as referrals for additional support. This collaborative approach facilitated a seamless provision of care by pooling resources and expertise from various professionals. We could see in the care planning where residents had been supported by their General Practitioners (GP,) Speech and Language Therapists (SaLT) and Tissue Viability Teams where this was felt necessary to effectively support and improve residents' outcomes.

We attended the morning handover on the second day of our visit. Day and night staff shared relevant information about resident's well-being, any healthcare concerns and which people were attending out-patients' clinics or other external activities. The service promoted a culture of continuous learning and innovation

Supporting residents to live healthier lives: Score 3

Residents were supported to live healthier lives, and this was demonstrated through all aspects of care and support. Food was cooked freshly each day and presented in the dining areas. Residents were encouraged to engage in meaningful activities they liked, which supported their mental health and overall well-being. There was a variety of activities residents enjoyed being involved in and the service had an activities co-ordinator who planned and co-ordinated activities seven days a week. One resident informed us that they really liked the poetry sessions that had recently been introduced.

Residents were able to go out into the local community, and we saw evidence of this. Residents were supported to be as independent as possible, which in turn promoted their confidence and emotional well-being. All residents using the service had access to a GP and other healthcare professionals to monitor ongoing health conditions and provide information on preventative strategies.

Overall, the evidence demonstrated the service took a proactive and person-centred approach to promoting the health and well-being of the residents.

Monitoring and improving outcomes: Score 3

The care plans reviewed were comprehensive and detailed, with documents regularly updated to reflect each person's needs, preferences for care delivery, and health requirements.

Daily records and charts were being kept on the electronic care plan system to evidence the delivery of evidence-based support; in most cases, these records were comprehensive and provided good evidence. The service utilised daily handover meetings, where staff discussed any updates or concerns about residents' care, ensuring continuity and clarity in care delivery. Additionally, referrals to relevant healthcare professionals were made promptly if there were any changes in residents' physical or mental well-being, ensuring timely interventions.

Consent to care and treatment: Score 3

Residents were supported where possible to make informed choices about their care, and staff ensured that consent was sought appropriately and sensitively. Throughout the day, we observed numerous examples of staff seeking permission and obtaining consent in everyday interactions. The Deputy Manager also stated that where a resident lacked capacity to provide consent, they consulted relatives who had lasting power of attorney (LPA) for health and social care. If a resident's family did not have a Lasting Power of Attorney (LPA), for Health and Social Care, then a best interest decision would be made involving the resident's family, senior staff and the resident's GP. We were informed that signed consent was uploaded via Docusign.

Obtaining consent is not a one-time event but a continuous aspect of the overall care and support process. Before any intervention or treatment is administered, staff must ensure they have the resident's explicit agreement. This consent must be informed, meaning the resident has a clear understanding of the nature of the intervention, its purpose, potential benefits, and any associated risks.

Caring

Kindness, compassion, and dignity: Score 3

We observed staff being kind and caring. Staff extended the same level of kindness and respect to residents using the service and colleagues from other organisations. We were also afforded an equivalent level of kindness and respect during our visit.

We observed staff listening attentively and engaging in compassionate communication, always speaking kindly and with consideration. Small acts of kindness, such as being patient and ensuring care tasks were not rushed, made a significant difference to residents' quality of care and overall well-being.

Several residents told us they were happy with the care being provided and consistently praised the staff team for being both attentive and friendly. We could see friends and family were free to visit residents as and when they wished to do so.

Treating residents as individuals: Score 3

Staff demonstrated an understanding of residents' protected characteristics and worked in ways that promoted equality and respected diversity. Residents were supported to participate in activities and celebrations that were meaningful to them.

We observed that residents were encouraged to make choices about their care at the point it was delivered. Staff respected residents' right to decline care or support and responded in a kind and understanding manner when this occurred. This showed that residents autonomy and independence were recognised and promoted in daily practice.

Staff had access to information about each resident's life history, interests, and hobbies. This enabled them to build meaningful relationships and engage residents in conversations and activities that reflected their personal identities and experiences.

Overall, staff promoted person-centred care by treating residents as individuals and recognising what was important to them. This helped to ensure that care and support were delivered in a way that respected residents' dignity, upheld their rights, and reflected their unique preferences and backgrounds. Most residents experienced care that was personalised and responsive to their individual needs and preferences.

Independence, choice, and control: Score 3

The staff showed a commitment to ensuring that individuals were actively involved in all decisions related to their support. Assistance was only provided when requested, respecting the autonomy and self-reliance of the resident they were supporting. We saw that staff had supported one resident to continue using his car. Whilst another resident was supported to go out in to the local town independently.

Residents were given choice and control over most aspects of their care and support; staff were observed asking for consent before helping to ensure residents were supported in the way they wanted. This approach encouraged choice and control, ensuring that residents felt empowered in managing their own care while receiving the support they needed in a respectful and person-centred manner.

Responding to residents immediate needs: Score 3

Staff responded to residents' needs in a kind and compassionate way. We saw that staff always spoke with the residents before offering support or any intervention. We saw evidence of residents being supported being referred to external healthcare professionals when their needs changed. Staff were highly attentive to the needs of the residents they supported. They remained vigilant, taking the time to observe and understand the immediate needs of each resident.

Workforce Wellbeing and enablement: Score 3

The Care Quality Commission (CQC) has placed a significant emphasis on the wellbeing of staff as part of its inspection focus. To meet CQC expectations, it was essential to demonstrate how the service protected the wellbeing of its team members. This focus on staff wellbeing was a new area of CQC inspection, highlighting its importance in empowering the team to deliver high-quality care.

We found evidence that staff were effectively supported. There was good interaction between management and the staff team. The Deputy Manager told us that they engaged with staff daily and were regularly on the floor supporting and observing staff practice.

We were told that staff receive regular supervisions a year plus an annual appraisal. Three staff we spoke with confirmed that they received regular supervisions; however the training matrix showed only 82% compliance due to new starters not completing all their courses. Staff told us, “The manager is very approachable and is very supportive.”

The service ran an employee of the month with a member of staff photo displayed in the foyer area who had been nominated for the previous month. There was a spacious staff room fitted with a fridge, microwave, toaster, and kettle, which meant staff could relax and ensure they had access to drinks and their own food in a pleasant environment.

All staff had access to a 24 hour a day employee assistance programme (EAP) which is confidential and free service for employees, where they could seek advice on personal and work-related issues.

Responsive

Person centred care: Score 3

An electronic care planning system was in place to manage care records, supporting accessibility and organisation. We reviewed two care plans and found them to be detailed and person-centred. Residents received care that was person-centred and focused on their individual needs, preferences, and life experiences.

Care plans contained meaningful information to support holistic care and help staff get to know each resident. This included personal history, family background, and guidance on how individuals liked to be addressed. Such information enabled staff to provide care that respected residents’ identity and supported their wellbeing.

During our visit, we observed that care was delivered in line with residents’ plans and preferences. Staff were attentive to individual choices and promoted engagement in meaningful activities. For example, one person participated in activities outside the home with regards to their car going for a drive or just sitting the vehicle, demonstrating that their personal interests and history were considered when planning their care.

Rooms and living spaces were personalised to reflect residents’ tastes and preferences. Residents were supported to bring personal items and some pieces of their own furniture, creating an environment that felt familiar and homely. This helped to promote a sense of ownership and comfort within the service.

Overall, the service demonstrated a commitment to person-centred care, focusing on residents' preferences, identities, and choices. Staff actively supported individuals to live fulfilling lives, while efforts to enhance documentation would further strengthen the quality and consistency of personalised care.

Care Provision, integration, and continuity: Score 3

Residents received care and treatment that recognised and responded to the diverse health and social care needs of the local community. The service demonstrated flexibility and adaptability in meeting residents' varied needs, ensuring that each resident's unique circumstances were considered. This approach helped maintain continuity in residents' care and treatment, ensuring that any changes in their needs were promptly addressed.

External health professionals were consulted in a timely manner when residents' needs changed. Health professionals, and the GP visited the service to provide appropriate interventions and support as required. The service prioritised seamless integration with local healthcare services and community resources, fostering strong partnerships with external organisations to deliver a holistic approach to care.

Residents were able to progress through varying levels of care within the same service as their needs changed. This meant individuals did not have to relocate to another home when their care requirements increased, including at times when end-of-life care and support were needed. However, the service had identified that they could not now meet the needs of one resident and were in the process of seeking alternative accommodation to meet the resident's needs.

The service's approach helped maintain familiar surroundings, consistent staff relationships, and reduced disruption to residents' daily lives, supporting their emotional wellbeing and sense of security. Agency staff were not utilised, instead any short fall in staff was supported by staff from the service's sister home.

Overall, the service promoted person-centred care through a combination of integrated working, flexible care provision, and continuity. Residents benefited from stable care arrangements that could adapt to their evolving needs while maintaining strong links with external partners to support their overall health and quality of life.

Providing Information: Score 3

Regarding information security, the service demonstrated compliance with General Data Protection Regulations (GDPR). All care plans were securely stored electronically and password protected. There were boards displaying activities for the week. Most information was in an accessible format standard.

There were monthly 'You said, we did' posters displayed and available to all residents, staff and families. The service regularly sought feedback from all residents using the service, families, staff, and all visitors. There were posters displayed throughout parts of the service with regards to reporting any suspected abuse. A recent resident, family & friends survey reported overall 90+ % satisfaction with

the service, although there some areas that needed improvement. For example activities and entertainment scored a resident score of 77 % and 76% for 'How easy do you find it to report issues...'

Listening to and Involving Residents: Score 3

Quarterly staff meetings provided an opportunity for staff to make suggestions and raise concerns. Regular supervisions enabled staff to raise and discuss any concerns. The Regional Manager monitored complaints and compliments and submitted a report to their line manager each week. Management also shared significant information with the staff. The service held monthly residents' families and relatives meetings.

The home operates a 'Resident of the Day' system; each resident is nominated for this once a month. This includes a care plan review involving a conversation with the person and their family to ensure care and support is being provided in line with residents' needs and preferences.

Equity in Access: Score 3

There was clear evidence that residents received support and treatment from healthcare professionals, through visits to the service. Management and staff were attentive to the needs of residents who might be at risk of unequal treatment or outcomes, and they adapted care, support, and treatment accordingly.

Residents using the service and staff had access to multiple channels for reporting any discriminatory practices. Ongoing training, guidance, and supervision helped ensure that staff consistently understood and fulfilled their responsibilities. The service promoted a culture of transparency and equity, reflecting the provider's commitment to inclusive and person-centred care.

Equity in Experience: Score 3

Residents using the service were treated fairly and equitably, regardless of their background, protected characteristics, or individual needs. Staff demonstrated an awareness of residents' preferences and personal circumstances, with care plans providing clear guidance on individual requirements.

We were assured that staff were trained in equality and diversity. We observed that staff engaged positively with residents, demonstrating kindness and care. Staff appeared knowledgeable about the residents they supported, offering encouragement and reassurance during care delivery. Residents' care, treatment, and support were accessible and delivered in a timely manner, in accordance with best practice, recognised quality standards, and legal requirements, including those related to equality and human rights.

Activities and social opportunities were made accessible to everyone. Activities were also adapted to meet individual needs, interests, and abilities, supporting residents to participate safely and confidently. This approach promoted inclusion and equality, ensuring that all residents had equal opportunities to engage in social, cultural, and recreational activities.

Overall, the service adopted an environment of fairness and inclusivity, where residents were supported to live according to their personal preferences and had equal access to meaningful activities and opportunities for engagement.

Planning for the future: Score 3

We were told residents were supported to plan to make informed decisions about their future and their care preferences, including at the end of life. Staff and management worked closely with residents and their families to discuss options and provide guidance, ensuring decisions were respected and personalised to individual circumstances. We were informed that the local authority did not use ReSPECT but rather they utilised the NHS's Universal Care Plan that securely shares a resident's care preferences, medical needs and future wishes with authorised health and care professionals across the Greater London area. However, Barchester do have ReSPECT and DNACPR in their services which can be accessed via the Universal Care Plan tool.

Well-led

Shared Direction and Culture: Score 3

The Regional Manager, supporting manager and deputy manager placed great emphasis on fostering a culture that encouraged trust and understanding between staff and residents using the service. Staff spoke highly of the management, leadership which had improved, and overall direction of the service, feeling both valued and heard. We observed a culture of respect and empathy, with staff demonstrating a strong commitment to treating residents with dignity, understanding, and compassion. Staff displayed a person-centred approach, ensuring that residents being supported were valued and their individual needs were recognised. Regular service users' meetings were held to ensure that their choices and views were heard and valued. This approach created a positive, open environment where people felt comfortable sharing their preferences and concerns.

Capable Compassionate and Inclusive Leaders: Score 3

The service had an inclusive management team who understood the context in which they delivered care, and support and embodied the culture and values of their workforce and organisation. The Regional Manager had the skills, knowledge, experience, and credibility to lead effectively and support the newly appointed Registered Manager and Deputy Manager. They did so with integrity, openness, and honesty. The Manager maintained an open and transparent line of communication with residents' families and associated professionals involved with the service which helped foster a positive and supportive atmosphere throughout the home.

The Regional Manager's visible presence and proactive leadership style contributed to the smooth running of the service. They were approachable and readily available to address concerns, ensuring that any issues were dealt with promptly. The Regional Manager demonstrated a strong understanding of their regulatory responsibilities, including the requirement for timely reporting to the Care Quality Commission (CQC). This commitment to compliance was reflected in the evidence they provided to

support the service's adherence to regulations. Staff training was carefully monitored and maintained to ensure that all staff had the necessary skills and knowledge to provide safe care.

Freedom to Speak Up: Score 3

The Regional Manager informed us when complaints are received, they take them seriously and address them promptly, although this had not always been the case with the previous Regional Manager and Registered Manager. This demonstrated a proactive approach by investigating any concerns raised and ensuring the outcome was communicated to the relevant parties.

Staff said they felt comfortable voicing concerns about the service and were confident in their ability to report safeguarding issues or escalate concerns outside the organisation if necessary. The Regional Manager, Supporting Manager and Deputy Manager demonstrated a clear understanding of their responsibilities under the Duty of Candour, which ensures openness and transparency when things go wrong.

Staff reported that they could easily approach management who were receptive and willing to discuss any concerns. We observed positive and friendly interactions between the management and various members of the teams on the days of our visit.

The Regional Manager adopted an open-door policy for both residents and staff. The service currently had two 'Speak up champions' with posters displayed showing who they were; the service we were informed were in the process of introducing more speak up champions.

Workforce Equality Diversity and Inclusion: Score 3

The service prioritised diversity within their workforce and actively fostered an inclusive and equitable culture. They enhanced equality and fairness for their employees. Staff reported being treated fairly by the organisation. The management was committed to fostering an inclusive, open, and fair culture, where every staff member felt valued and respected, regardless of their background. Management believed that by promoting a diverse and inclusive workplace, they could provide a more empathetic and effective service to meet the diverse needs of residents using the service.

Governance Management and Sustainability: Score 3

The service had various systems in place to monitor the quality of the service. These were well-organised and contained good details. A comprehensive governance system is essential for maintaining high standards, addressing areas of concern proactively, and ensuring the overall quality of care. Management had clear responsibilities, roles, systems of accountability. They used these to manage and deliver sustainable care, treatment, and support. They acted on the best available information about risk, performance, and outcomes, sharing this securely with others when appropriate.

Compliance with regulatory requirements, such as submitting notifications and data to the Care Quality Commission (CQC), when required was undertaken accordingly and now in a timely manner. Management demonstrated an understanding of their regulatory obligations and would ensure that, when necessary, reports and notifications would be submitted in a timely manner. This would include

providing accurate and up-to-date information to the CQC, which is essential for maintaining transparency and ensuring ongoing compliance with health and safety standards.

Partnership and Communities: Score 3

A range of health professionals were engaged in residents' care to ensure a comprehensive and seamless care experience when required. This multidisciplinary approach allowed for a holistic understanding of each resident's needs and ensured that their care was tailored to meet all aspects of their health and wellbeing. The local GP visited weekly.

In line with the General Data Protection Regulation (GDPR), information about residents using the service was shared only when necessary, and care was taken to ensure that only relevant details were disclosed. This ensured that residents' privacy and confidentiality were respected, while also enabling the necessary professionals to provide the appropriate care and interventions.

The service worked closely with the local schools with children visiting the home. The service had good links with the local Pastor and Vicar, both attending 4-6 weekly to provide services for those residents whose faith was important to them. The service had good links with the local 'Hayes Village Association, Salvation (Bromley) light café and Rainbow Day Care, all facilitated by the home's Home Service Adviser.

Learning Improvement and Innovation: Score 3

We observed a strong learning culture within the service, with a clear focus on continuous improvement and innovation. A robust governance framework was in place, ensuring regular audits and quality checks to maintain consistency and uphold the provider's values and high standards of care. We observed that lessons had been learned from incidents in the service and this information was shared with staff at this service. Staff were continuously supported in their learning through training and team discussions.

Environmental Sustainability/ Sustainable Development: Score NA

Improvement Plan

The following actions highlight the areas for improvement from the mock inspection conducted on 1 and 2 September 2026. This can be used alongside the current action plan and service improvement plan.

Table Key –

- **Improvement:** The task to be completed.
- **R1:** The staff member responsible for completing the task.
- **R2:** The staff member responsible for checking and ensuring the quality once the task is complete.
- **Target date:** The target date R1 is to follow to complete the task.
- **Date completed:** The actual date the task is completed.

Safe

Improvement	R1	R2	Target date	Date completed
Ensure CDs asked to be held by the coroner are counted weekly in line with organisational meds policy.				
Add side effects to PRN protocols				
Remove all plugs from communal sinks				
Replace all soft material boards with white boards. And or cover soft material boards with clear plastic material.				

Effective

Improvement	R1	R2	Target date	Date completed
No suggested improvements identified.				

Caring

Improvement	R1	R2	Target date	Date completed
No suggested improvements identified.				

Responsive

Improvement	R1	R2	Target date	Date completed
No suggested improvements identified.				

Well-led

Improvement	R1	R2	Target date	Date completed
No suggested improvements identified.				

Sign Off

The report and improvement plan has been written based on the research conducted prior to visiting the site and the findings during the mock inspection. Any failings, or improvements made at the service thereafter will not be included.

By signing off the report and improvement plan you are accepting the detail and content written within.

Manager’s Name: _____

Date: _____

Delphi Executive – Client Lead: Ryk Izycki

Date: 6th September 2026