

St. Cloud Care Limited

Priory Court Care Home

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

Priory Court Care Home is a residential care home providing personal and nursing care to up to 89 people, many of whom live with dementia. At the time of our inspection 89 people were using the service, living in three units within the home.

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

Improvements were made, and the home was well-led. There was a robust governance and auditing system in place. Audits were up to date and identified any lessons learnt following incidents and accidents so that action could be taken to keep people safe. There were enough staff to keep people safe and meet their needs. People told us they did not have to wait when they needed support and did not feel rushed when staff provided their care.

People told us they felt safe at Priory Court Care Home. They were supported by staff who were trained and who understood their responsibilities with regards to providing people with safe and effective care. Assessments were carried out to identify any potential risks to people and measures put in place to mitigate these. Medicines were managed safely. The home was clean and hygienic, and staff maintained effective systems of infection prevention and control. The provider exercised safe recruitment practices. Any incident, accident or untoward event that occurred at the service was investigated by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain good health and to access healthcare services when they needed them. They received person centred care, planned and reviewed to meet their individual needs. People and relatives told us staff knew them well. Staff supported people in a kind and compassionate way, considering their dignity and respect.

People, relatives and staff spoke positively of the culture within the home. There was good and consistent communication between all members of staff, which helped ensure people received safe care with good outcomes. Staff felt well-supported by their managers and there were effective working relationships with other professionals involved in people's care.

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 21 September 2020). 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 inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Priory Court Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 ●

Priory Court Care Home

Detailed findings

Background to this inspection

The inspection

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

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 was undertaken by 3 inspectors, a nurse specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We considered a recent report from Healthwatch as part of their 'Enter and View' Programme. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 6 family members about their experience of the care provided. We spoke with 13 members of staff including the registered manager and deputy manager. We received feedback from 4 healthcare professionals.

We reviewed a range of records. This included 16 people's care and support records and medicine administration records. We looked at 10 staff records in relation to recruitment and training. We also reviewed a variety of records relating to the management of the home, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and reports.

We used all this information to plan our inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed. This was a breach of regulation 18 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 18.

- People were supported by a sufficient number of staff. Staff rotas reflected the level of staffing the RM considered to be sufficient to support people safely. During our inspection we observed that call bells were answered promptly, and people's needs and requests were dealt with quickly by staff.
- People told us staff responded quickly to requests for support. One person said, "I'm not sure about the staff numbers but when I use the call-bell they do come and normally quite quickly." Another told us, "Staff come quickly if I use the call-bell, there's always someone around."
- Healthcare professionals told us, "We have never observed pressure on staff. They are always available to staff support service users through their treatment."
- Members of staff told us there were sufficient staff to provide good safe care and treatment when meeting the residents' needs. One said, "Before, staffing was an issue but that has really been sorted out now. There is definitely a good amount of staff."
- Staff were recruited safely to the service. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status. We saw that all nursing staff were currently registered with their professional body, the Nursing and Midwifery Council.

Assessing risk, safety monitoring and management

At our last inspection, we recommended that the provider ensured all risk assessments were in place and clearly documented. At this inspection we found the provider had made sufficient improvements.

- Risks which affected people's daily lives, in relation to their mobility, nutrition and management of health conditions were documented. The management team monitored and regularly assessed these risks and

took appropriate actions to ensure people received care in a safe and consistent way. Actions included additional training for staff and support from specialists in certain conditions including Parkinson's disease.

- The provider had a system in place for regularly reviewing the care plans and risk assessments and these were up to date. Any changes in a persons' needs were shared with staff during handover meetings, as well as being clearly documented. Family members told us they were informed if there were any changes to their relative's care. One said, "If there is any change in [relative's] health or care needs, the nurses always let me know straight away."
- Staff demonstrated a good understanding of people's individual risks and how to mitigate them. They told us, "We constantly monitor for any changes and make sure to put in preventative measures to ensure people are safe," and "We know people well, so we know how to keep them safe. Each in their own way, some we need to keep them safe from falls."
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. There was a maintenance folder which was checked daily so that faults could be rectified without delay. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded.

Systems and processes to safeguard people from the risk of abuse

- People lived safely at the home and systems were in place to protect them from harm and abuse. People told us they felt safe. One person said, "[Registered manager] seems to have a knack in choosing the right people for the job. That's why I think it is safe, the carers know what they are doing." A family member said, "Oh God is it safe! They take care of [relative] 24 hours a day."
- Staff told us they received training in safeguarding and knew what action to take if they suspected a person was at risk. They knew people well and how to protect them. A member of staff told us, "If I had a concern like for example, about a bruise, I would alert senior staff and manager immediately and report everything I have seen."
- Safeguarding and whistleblowing policies and procedures were in place and staff told us they were confident to use the whistleblowing process if they had concerns. Whistleblowing allowed staff to raise concerns whilst legally protecting their anonymity.
- Notifications of potential safeguarding concerns were raised with the local safeguarding authority and CQC, and management carried out internal investigations in response to concerns raised.

Using medicines safely

- There were safe and effective systems for the ordering, storage, administration and disposal of medicines. Records showed there were regular audits carried out on the way people's medicines were managed. As part of this audit the registered manager checked for any errors in people's medication administration records and how staff managed people's medicines. This helped to reduce the risk to people associated with medicines.
- There were protocols in place for 'as required' medicines, known as PRN medicines. These ensured PRN medicines were given in a safe way and when needed. The reason for administering, as well as impact of the medicine on the person was recorded each time it was given. We observed medicines administered in a safe and timely manner, with the documentation completed at the appropriate time.
- People told us they received their medication in line with their prescription. One person told us, "There are no problems with the medication, that is always done on time. I always tell the nurse if I am not feeling well."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was 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.

Visiting in care homes

The registered manager supported visits for people in accordance with government guidance. This meant people could have relatives and friends visit at any time. Family members told us they felt welcomed into the home by staff and management.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services. Staff said they were kept updated on any incidents and changes implemented to lessen the risks and keep people safe.
- The registered manager and senior management team reviewed accidents and incidents and completed a trend analysis as part of lessons learned, to ensure risks were assessed and to prevent reoccurrence where possible. This oversight demonstrated a significant reduction in both skin tears for the last quarter of 2022. An analysis of falls for the same period indicated a marginal increase in falls over the same period. The registered manager told us this was something they were continuing to explore.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Nationally recognised tools were used to assess people's needs and choices. For example, a tool to assess risk to skin integrity was completed monthly. This meant any changes in need were identified and action to prevent skin breakdown could be taken promptly.
- Pre-assessments were completed with people prior to them moving into Priory Court care home. This helped ensure the service could provide appropriate care to the person. The assessment formed the basis of a person's care plan and information was added and reviewed as staff got to know people.
- People's history or information about their social interests were well documented. Family members were asked to contribute to developing this. Staff told us they referred to this information in order to engage with people and develop a good relationship with them.

Staff support: induction, training, skills and experience

- Staff were suitably experienced and skilled to meet people's needs and to undertake the responsibilities of their role effectively. There was an induction and training programme in place. People and their family members told us they had confidence in the abilities of staff. One person told us, "They are all very good and very well-trained I would say. I've never had any concerns." Family members told us, "They do know what they are doing. They use the hoist and other equipment with confidence," and "The carers seem well-trained."
- Staff spoke positively about the training provided and they felt supported. One member of staff told us, "We have regular face to face training and are constantly doing online training too."
- Staff who were new to working in care completed the Care Certificate which is a nationally recognised training programme. It helps to make sure staff have the basic skills and knowledge required for their role. New staff told us they completed an induction programme to make sure they were able to provide safe care. One said, "I had induction when I started which helped me feel secure. I shadowed a senior [member of staff] and was comfortable in the job by the time it came to an end. I completed everything before I was included in the [staffing] numbers."
- The registered manager appointed staff members to be 'champions' of some aspects of care and support, including dementia, dignity, fluid and nutrition wound care and continence. Staff told us this meant they could seek additional advice in that area if needed and therefore provide a better care experience for people.

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

- People were supported to eat and drink sufficiently to maintain a balanced diet. We observed the mealtime experience to be relaxed, and food was well presented. People had a choice in what they wanted

to eat and drink. Staff were available to support people to eat their meals where required. One person told us, "The food is very good and there is choice. The chef seems to be a very good cook. They really try to accommodate everyone's tastes."

- Kitchen staff knew how to prepare food safely. They had a good understanding of people's different dietary requirements and how to modify food to meet these needs. A member of staff told us, "If people are having trouble [not enjoying the food], we go and see them to try to work out what they don't like and what we can make them instead."
- When people needed additional support with food and drink, for example because they had lost weight, they were referred for specialist advice and assessment to a dietitian or a speech and language therapist. There was guidance in place to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Staff were observed to support people correctly.

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

- People achieved good outcomes in relation to their health and well-being. For example, guidance followed by staff in relation to how a person was repositioned significantly reduced the risks of skin damage for the person.
- Staff understood when to escalate any concerns about people's health to a healthcare professional and worked closely with them to ensure people had specialist input to their care when needed. These included GP, speech and language therapist, dietitian and mental health specialist. People told us, "If there is any problem you can normally see the doctor the next day", and "When I have a hospital appointment a carer always goes with me, which is very comforting."
- Healthcare professionals said, "Staff follow any instructions and let me know how the resident's journey is progressing," and "The nurses are very available to me when I come, I never feel they want to rush my visit."

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

- The design of the service met people's needs. The corridors were wide, and people were able to mobilise easily with their walking aids. People's rooms were personalised with their own photos, pictures and furniture. There were memory boxes outside people's doors which helped to people to recognise their room.
- The environment had been adapted following best practice guidance for people living with dementia, for example, toilet seats were a different colour and there were signs in place, to enable people to find their way around the building.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and where restrictions had been placed

on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

- People who lacked capacity to make some decisions had decision specific capacity assessments in their care plans. Capacity assessments were completed for people in respect of sensor alarms in their room or living in a service with coded doors. When a person was deemed not to have capacity, a best interest decision was made. Appropriate documents relating to these best interest decisions were held on their record.

- Staff understood the importance of gaining consent from people who needed support with decision making and whenever possible, encouraged people to make daily decision for example, food and drink choices and what clothes to wear each day. They told us, "Yes, I had training and know we need to find the least restrictive option, and to do that we need to follow the correct process," and "There are some people living here that lack capacity. We can't assume this though; the managers and staff must ensure we complete a capacity assessment and best interests' decision before applying for the DoLS."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People spoke positively about the staff and felt treated with dignity and respect. One person told us, "Staff are kind and respectful. The day staff always listen to me." Another said, "They are interested in us and are very accommodating. They're all very caring and quite pleasant really."
- Family members said, "[Relative] couldn't be cared for any better. They're always respectful and kind, there's always a lot of humour." Another told us, "The nursing staff are very caring, without exception. I can honestly say that I've never come across anyone who is not respectful and kind."
- Throughout the inspection we observed staff to be warm, friendly and respectful. We saw they had a good rapport with people, understood their communication preferences and respected people's individuality. A member of staff said, "We are working for people in their home. As such, we must be respectful and listen to their needs."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in decisions about their care. We saw staff explaining things to people, offering choices and helping people in their daily decisions. Staff encouraged this and all observed interactions were calm, patient and focused on the person they were engaging with.
- People were respected by the staff, and their privacy and dignity was promoted. A family member told us, "All staff always knock on [relative's] door before coming in."
- Staff supported people to retain a sense of independence. Care plans reflected what people were able to do for themselves and there was guidance for staff on how to encourage the person to participate as much as possible during any activity of personal care or other tasks.
- Staff told us they considered encouraging people to retain their independence was a key part of how they supported them. They told us, "I'm always asking people to make decisions wherever they can," and "I always ask what they want to wear, what they want to eat, what activities they want to join in with."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans were detailed, person centred and considered people's diverse needs. Their care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set. Records contained the most recent guidance for staff to follow in response to their changing needs.
- People and their family members were encouraged to participate in care planning. We saw that input from family members was added to the updated care plans. A family member told us, "I'm happy with the care plan, we have a review twice a year with the senior nurse." Another told us, "We tend to review things as we go along. You can always discuss anything that relates to care."
- Nursing and care staff demonstrated a good understanding of people's support needs. A staff member told us, "We must make the care person-centred and place people's needs at forefront of everything we do. Not everyone wants the same thing, it's about finding different things for different people to match their preferences."
- People were given the opportunity to express their wishes for the care they would like to receive at the end of their life. Care plans detailed the decisions and arrangements people had made so that staff had information to follow to ensure people's choices and wishes were met.

Meeting people's communication needs

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

- People's communication needs were assessed and recorded in care plans. Guidance was in place detailing how people communicated their needs and wishes. This included people's needs with regards to their hearing, sight and speech and any equipment they needed such as glasses or hearing aids.
- We saw how staff communicated clearly with people, adapting their language to help them better understand what they meant and were saying. People were also given the opportunity to respond at their own pace without feeling rushed.
- The registered manager confirmed that information was made available in various formats to make it accessible to people.

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

- The provider and registered manager understood the importance of activities for people's physical and

mental health. There was an activities team who planned and provided activities 7 days a week. Daily care notes evidenced that activities staff ensured those cared for in their rooms were included in activity schedules. Activity plans were person-centred, and emphasis was placed on people's preferences.

- We observed staff engaged people in a variety of activities in small groups at different times of the day. One person told us, "We play something where you roll a ball. I like it because it requires similar skills to bowls. I also like painting and they have set up an area where I can paint."
- Family members spoke positively about the provision of activities and told us "There is a lovely lady who comes around to [relative's] room to talk about birds and it is a great success. It is a talking point with the carers too." Another told us, "[Relative] likes the quizzes, talks, and the newspaper being read to them. There's always something to do, even if it means just sitting with other people."
- Each person had an individual box in the lounge area which contained objects of reference which were important to them. They also contained a magazine with their life story including their background history, likes and dislikes, family members and previous occupations. Staff spoke knowledgeably about people and one told us, "It's great to get them talking about stuff that is in the magazine and to see their faces light up when they remember certain things."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and who to speak with if they had any concerns. One person told us, "If there are any problems, I let them know, I don't hesitate. I'd probably see one of the managers." A family member said, "We tend to get things sorted if there is anything wrong. I've no complaints."
- There was a current complaints policy in place and information on how to make a complaint or raise a concern was displayed within the service and was also in an accessible format.

Is the service well-led?

Our findings

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

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

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

At our last inspection the provider had failed to have effective systems and processes in place to ensure the safety and quality of the service. This was a breach of Regulation 17 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.

- Improvements were made, and quality assurance systems were operating effectively. Auditing and monitoring systems were robust, with trackers in place to alert the registered manager of, for example, when Deprivation of Liberty Safeguards applications needed to be renewed with the local authority. The registered manager undertook a series of audits to ensure the home was safe and responsive to people's needs. Any shortfalls identified during the inspection day were resolved immediately. People's care was not impacted by these shortfalls and the registered manager responded promptly to the feedback we delivered on the day.
- Audits looked at patterns and trends which generated actions and learning for staff. For example, detailed analysis of falls over time considered time, location, presence of any hazards and whether falls were witnessed and if referrals were made to specialist teams. This had resulted in an increase in the use of sensor mats and an increase in staff checks on the most vulnerable. All this information was shared with staff and we saw evidence that there was a reduction in the overall number of falls.
- There were regular handover meetings between staff shifts and we were told that the deputy manager also attended these whenever possible.
- The registered manager had kept up to date with the changing guidance from the UK Health Security Agency, local authority and CQC with key information being cascaded to all staff. Business and contingency plans were in place and the registered manager told us they had a clear vision of continually improving the service and maintaining good outcomes for people.
- The registered manager understood their regulatory requirements and ensured these were met. This included notifying the CQC of certain events involving people, such as any serious injuries, deaths and allegations or acts of abuse.

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

outcomes for people; Continuous learning and improving care

- There was a positive culture within the home and people appeared happy and engaged with staff. People's birthdays and other significant days throughout the year for were celebrated.
- The registered manager and deputy manager completed daily walks around the building and received feedback from people and visitors of the home. We saw people and staff interacted in a positive way with them throughout our inspection.
- One person told us, "Yes, they [registered manager and deputy manager] are pleasant, they run the home well." A family member told us, "[Registered manager and deputy manager] are approachable. I have raised concerns with them before which they listened to and I wouldn't hesitate to do so again."
- Staff told us they felt supported by the registered manager and deputy manager. One told us, "It is a good team with everyone helping, including [registered manager and deputy manager]". Another said, "I can always go and ask [registered manager and deputy manager], they have helped me so much and I am always learning from them."
- The registered manager kept up to date with the changing guidance from the UK Health Security Agency, local authority and CQC with key information being cascaded to all staff. Business and contingency plans were in place and the registered manager told us they had a clear vision of continually improving the service and maintaining good outcomes for people.

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 and their deputy were aware of their responsibilities under the duty of candour, which was to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. There was evidence duty of candour had been applied when people had accidents or incidents or complaints had been received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from people, their relatives, as well as visiting healthcare professionals was actively encouraged. People told us they were actively encouraged to voice their opinions on the running of the service. One told us, "We've recently had a meeting. Quite a few people attended. I think they are useful. We discuss before the meeting what we are going to say so we are prepared."
- There was an electronic device situated in the entrance hall which people could record their views, give feedback and make suggestions about the service. These were regularly reviewed and where applicable, people were sent a response to their comments via email.
- A health care professional told us that the registered manager actively engaged with their team and said, "[Registered manager] will always send emails with any queries they have. They are really keen to engage with the care home liaison network and I am impressed with how they support staff to develop and to attend the training we provide."
- A member of staff from the local authority told us, "The registered manager and deputy manager always engage well with myself and the Quality Care Home Team. We can turn up unannounced at any time and they always give us their time."
- Staff told us they had a positive relationship with the registered manager and could raise issues, concerns, suggestions in a variety of ways. There was a regular meeting structure, including daily mid-morning meeting with heads of departments to review the day so far and discuss any arising issues. In addition to meetings, staff had the opportunity to speak to line managers through regular supervision meetings.