

# WR Operations 1 Limited

# Rosebery Manor

## Inspection report

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Date of inspection visit:  
22 June 2022

Date of publication:  
11 July 2022

### 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

Rosebery Manor is a care home with nursing for a maximum of 95 older people, including people living with dementia. There were 72 people living at the home at the time of our inspection.

The home is purpose-built and provides accommodation and facilities over three floors. The second floor provides care and support to people living with dementia; this area is called The Oaks.

People's experience of using this service:

People felt safe at the home and when staff provided their care. Measures had been implemented to mitigate any risks involved in people's care. Guidance was provided for staff to ensure they supported people in a safe and consistent way. Staff were recruited safely and understood their role in safeguarding people from abuse.

People were supported to maintain good health and to access healthcare services when they needed them. Staff monitored people's health closely and acted promptly if they identified concerns. Medicines were managed safely.

Staff had access to the induction, training and support they needed for their roles. Staff communicated effectively with one another and worked well as a team. Handovers and team meetings kept staff up-to-date about any changes in people's needs or to working practices.

Staff were kind and caring and treated people with respect. They encouraged people to make choices about their care and respected their decisions. People were supported to be independent as possible in managing their own care.

People's care was designed and planned to meet their individual needs. 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 enjoyed the food at the home and were involved in the development of the menu. People's specific dietary needs were met. People enjoyed a wide range of in-house and external activities and events.

The home had an effective management team which provided good leadership for staff and communicated effectively with people, relatives and professionals. The management team maintained an effective oversight of the service, which ensured people's care was well-planned and managed. Staff were positive about their roles and felt valued for the work they did.

The views of people who lived at the home, their relatives and staff were encouraged and acted upon by the management team. People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This care home is run by two companies: WR Operations 1 Limited and Signature Senior Lifestyle Operations Ltd. These companies have a dual registration and are jointly responsible for the services at the home.

The home was previously run by Signature of Epsom (Operations) Limited and Signature Senior Lifestyle Operations Ltd. The last rating under the previous registered provider was good (published 19 March 2020).

#### Why we inspected:

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

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

#### 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 ●

# Rosebery Manor

## 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

Three inspectors and a specialist nurse advisor carried out the inspection. An Expert by Experience spoke with relatives by telephone after the inspection. 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

Rosebery Manor 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. Rosebery Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

The home's manager was not registered with CQC at the time of our inspection but their registration was confirmed on 30 June 2022.

#### Notice of inspection

The inspection was unannounced.

Inspection activity started on 22 June 2022 and ended on 24 June 2022. We visited the service on 22 June 2022.

#### Before the 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people who lived at the home and five visiting friends and relatives.

We spoke with members of the management team including the home's manager, the care services manager, the nursing care manager, the residential care manager and the dementia care manager. We talked to 10 staff including care, nursing, activities and housekeeping staff, and the chef.

We looked at care records for eight people, including their assessments, care plans and risk assessments. We checked five staff recruitment files, medicines management, health and safety records, records of complaints and accidents and incidents and the home's business contingency plan.

We spoke with seven relatives by telephone about the care their family members received. We reviewed additional information sent by the manager, including policies, procedures and reports of quality monitoring visits carried out by the provider.

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe at the home and when staff provided their care. One person said, "I have always felt safe here." Another person told us, "I have never felt unsafe. I am probably safer here than I was when I was at home."
- Assessments had been carried out to identify any potential risks to people, including the risks associated with mobility, skin integrity and eating and drinking. Where risks were identified, measures were put in place to mitigate these. For example, sensor mats had been installed in the bedrooms of people identified as at risk of falling when alone.
- Staff told us how they managed risks while supporting people's rights and choices. One member of staff said, "We have [person] who is at risk of falls. It doesn't stop her wanting to walk around all the time so, although she might be safer in a wheelchair, we all know to support her with her walking aids and remind her of the risks."
- If accidents or incidents occurred, staff recorded the circumstances and factors that may have contributed to the event. These details were recorded on a central incident tracker, which enabled managers to review individual incidents and to identify any emerging themes.
- There was evidence that learning took place when errors occurred. For example, one person had not received their medicines on one occasion in May 2022 as their repeat prescription had not been ordered. The incident was reviewed at the weekly risk meeting and measures implemented to improve systems for reordering regular medicines. Learning from the incident was shared with staff and refresher training on the home's medicines management system was provided.
- The home had a business continuity plan to ensure people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly and we saw documentary evidence of fire, gas and electrical safety. Equipment used in people's care, such as slings, hoists and wheelchairs, was checked and serviced in line with manufacturer's guidelines. Risk assessments had been carried out to identify the support each person would need in the event of a fire.

Staffing and recruitment

- People told us staff were available when they needed them. They said they did not have to wait when they needed care or support, which was confirmed by our observations. One person told us, "Staff are always available; that's what I like about living here. I can get help whenever I need it." Another person said of staff, "They are always there when you need them; it's nice to have that reassurance."
- Relatives told us their family members were safe because there were enough staff available and staff managed risks well. One relative said, "She is safe because there are plenty of staff around. They have been very good at encouraging her to use her frame to avoid falls." Another relative told us, "[Family member] is always accompanied by staff when she moves around, and they check on her regularly when she is in her

room."

- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training and understood their responsibilities in protecting people from abuse. Safeguarding and whistle-blowing were discussed at team meetings and staff reminded of their responsibilities in these areas.
- Staff were able to describe the signs of potential abuse and the action they would take if they observed these. One member of staff told us, "I have done my [safeguarding] training and know to look out for signs of abuse. Knowing the different types of abuse is important." Another member of staff said, "We have been told about whistle-blowing and how to raise concerns. If I witnessed abuse, I would go to my supervisor. If they were not available I would go to the manager."

Using medicines safely

- Medicines were managed safely. People told us staff helped them take their medicines when they needed them. One person said, "Staff are very organised with the medicines and come around with the trolley. I don't think I've ever missed one tablet since I've been here." Another person told us, "I always have my medicines on time. I used to forget so it's nice to have the staff to help me with it. It's one less thing for me to worry about it knowing they have it in hand."
- Relatives confirmed their family members were supported to take their medicines as prescribed. One relative told us, "They are very good at letting me know if there are any changes in her medication. They make sure she gets what she needs." Another relative said, "I find that [family member] always gets her medicine on time and the staff are very well organised."
- Staff who administered medicines received appropriate training and their practice was assessed before they were signed off as competent. Staff who administered medicines during our inspection demonstrated good practice.
- There were safe and effective systems for the storage, administration and disposal of medicines. The sample of administration records we checked were up-to-date and accurate. Medicines were audited regularly and confirmed that staff managed medicines safely. People were able to manage their own medicines if they wished to do so. Appropriate procedures had been followed where people were receiving their medicines covertly (without their knowledge).

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



## Visiting in care homes

- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people told us their friends and families could visit whenever they wished.

# 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.

Staff support: induction, training, skills and experience

- People were confident in the skills of the staff who supported them. One person said, "The staff are very good at their job; I have no complaints." Another person told us, "I would say they are all well-trained. They sometimes talk to me about their various training courses and they seem to enjoy them."
- Staff received the training and support they needed for their roles. New staff had an induction when they started work, which included shadowing and completing all elements of mandatory training. A member of staff said, "I had an induction when I started. It was spread over four weeks, which was good; they did not throw everything at you at once. I just finished the training last week." Additional support was available to staff during their induction where they needed it. A care supervisor told us, "We mentor new care staff; we support them with anything they don't feel confident with."
- Staff attended regular refresher sessions and training related to people's individual needs. A member of staff told us, "We have refresher training, which is good even for things I already know." Staff compliance with training requirements was checked in quality audits carried out by the provider. The quality audit carried out in June 2022 recorded training compliance of 96%.
- Staff met regularly with their managers for supervision and appraisal. Staff told us these sessions enabled them to discuss their performance, training needs and professional development.

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

- People told us they were supported to maintain good health and to access healthcare services when they needed them. One person told us, "I see the nursing staff every day and the doctor comes twice a week." Another person said, "The nurses were very good when I had a fall. They checked me over very thoroughly. It's reassuring to have a nurse available and they will send a member of staff of staff with you if you need to go to hospital."
- Staff monitored people's health closely and acted promptly if they identified concerns. One relative told us, "When [family member] was not well, the carers responded straight away. They got the nursing staff to check all her observations, they monitored her urine and they did a dip test." Another relative said, "[Dementia care manager] and her team seem really good. They are really on top of things that need to happen health-wise."
- When necessary, staff made referrals to other healthcare professionals, such as GPs, speech and language therapists, and occupational therapists. A relative told us, "Recently the staff made a referral to the GP to get [family member's] medicines reviewed. I am very impressed with how quickly they do referrals."
- Staff supported people to maintain good oral health. Care plans contained guidance for staff about the support people needed with oral healthcare, including tooth and denture care. People told us they were

able to access dental treatment through the home or to remain registered with their existing dentist. One person whose wife also lived at the home said, "My wife had dental problems and they referred her to the community dentist, who visited. I have chosen to keep my own dentist."

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

- People told us they enjoyed the food at the home. They said their contributions to the menu were welcomed and that they could have alternatives to the menu if they wished. One person told us, "The restaurant service is good. They add things to the menu if we ask for them. The chef listens to what we say." Another person said, "The quality of food is very good, and there is plenty of choice."
- Relatives confirmed their family members liked the food and said they enjoyed the mealtime experience. One relative told us, "The food is really good. There are two or three options for every meal. [Family member] seems to really enjoy it. She has this routine where she collects her friend from her room and then they go to the restaurant together. It makes it a special experience for them with the menus and tablecloths; they feel like they're going out for lunch."
- People were encouraged to join others in the dining room at lunchtime but their choice was respected if they preferred to eat in their room. Staff offered people a choice of meals and checked they were happy with the option they had chosen when it arrived. People who needed support to eat were assisted by staff in a dignified and unhurried way.
- People's needs in relation to nutrition and hydration were discussed during their initial assessments and recorded in their care plans. Where necessary, staff monitored people's food and fluid intake and took action to ensure people maintained adequate nutrition and hydration. There were systems in place to ensure people's dietary needs were communicated to catering staff.
- Relatives told us catering staff ensured texture-modified food was presented attractively and that people who needed this had access to the same food choices as others. One relative said, "[Family member] has to have her food pureed now because she is at risk of choking and how they present it is amazing. When it was her birthday, they had prepared a pureed cake and around the side of the plate there were small individual cakes for those who could eat them. It was brilliant the way they did it and great that they went to so much effort."

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

- People's needs were assessed before they moved to the home to ensure staff could provide their care. People and their relatives said they had been encouraged to contribute their views to the assessment process. People's care was reviewed on a regular basis or if there was a change in their needs, for example following a hospital stay.
- Care was provided in line with relevant national guidance. The management team kept staff up-to-date with developments in guidance and best practice. One member of staff told us, "Information is shared with us in lots of different ways; staff meetings, handovers, emails, texts. They are very good at keeping us updated."
- Staff used nationally-recognised tools to assess people's needs and risks in relation to nutrition, pain and skin integrity. The provider had implemented the RESTORE2 assessment, a tool which helps staff recognise when a person may be deteriorating or at risk of physical deterioration.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care was provided in line with the MCA. People told us staff asked for their consent before providing their care. One person said, "They are very good, they will always let me know what they are doing and check I am okay with it." Another person told us, "They always ask for my permission, which is important to me."
- Staff had received training in the MCA and understood how its principles applied in their work. One member of staff told us, "We know to assume everyone has capacity." A senior member of staff said, "I use supervisions to remind them about the MCA and that we must always encourage people to make decisions for themselves."
- Staff promoted choice and respected people's decisions about their care and support. We asked staff how they supported people to make choices about their care and to give their consent. One member of staff told us, "I give them options, I take time to explain things, I ask them to say back what I've said to check their understanding."
- Mental capacity assessments had been carried out to establish whether people were able to make informed decisions about their care, for example in relation to taking their medicines and taking part in COVID-19 testing. Where people were not able to make informed decisions, appropriate procedures had been followed to ensure decisions were made in their best interests.
- If people were at risk of harm, staff implemented the least restrictive options to keep them safe. For example, using sensor mats and low beds rather than bedrails to reduce the risk of harm if people were at risk of falling from their bed.

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

- The home was purpose-built and designed to meet the needs of older people, including people living with dementia. Consideration had been given to the layout and design of the dementia community to ensure its suitability for purpose. The home was wheelchair-accessible and adaptations and equipment were in place where necessary.
- The home had spacious and comfortable communal areas, and people had access to attractive and well-maintained gardens. The home's facilities included a restaurant and bistro, a cinema room, spa, and hair and beauty salons.

# 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; equality and diversity

- People told us that staff were kind and caring. One person said, "The carers are wonderful. They are very kind and friendly." Another person told us, "The staff are so kind and caring. I don't quite know what I would do without them. They help me with everything, really."
- Relatives told us staff treated their family members with kindness. One relative said, "They are very compassionate and caring towards [family member], which is all I can ask." Another relative told us, "It is a very caring environment. They seem to employ staff who are kind and they clearly care for people."
- Relatives said their family members had developed positive relationships with the staff who supported them. One relative told us, "[Family member] has a good rapport with the staff and they know her very well. They will have a joke with her and she likes to tease them." Another relative said, "The staff seem to be very fond of [family member]. She always says, 'They seem to really love me.'"
- People told us they enjoyed their lives at the home. One person said, "I couldn't ask for a nicer place to be. I loved my home but I can't be there alone; this is the next best thing." Another person told us, "It is a very nice place to live. It is very homely and clean, which is important to me." Relatives said the home had a friendly, welcoming atmosphere and which their family members enjoyed. One relative told us, "[Family member] loves it here. She has made lots of friends; it is a very social environment."
- People told us staff had taken the time to get to know them and their needs. One person said, "The staff know me well. I feel like they really try to get to know you as soon as you move in." Another person told us, "The staff seem to think it's important to know you well. Different departments know different things; like the activities lady, she knows what activities I enjoy taking part in."
- People's religious and cultural needs were met. A religious leader visited the home each month to deliver a service and transport was provided for people who wished to attend external services.
- Staff supported people to recognise and celebrate events which promoted equality and diversity. For example, people had been asked whether they wished to celebrate a recent PRIDE event and had been supported to do so.

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

- Staff treated people with respect and maintained their privacy and dignity. People told us staff were respectful when supporting them. One person said, "Staff are very respectful of me and all my friends here. They always take their time when they speak to you." A relative told us, "Whenever staff are helping [family member], they always ask if they can come into her room; they are very respectful." Another relative said, "They treat [family member] with absolute dignity and respect."

- Staff told us they were encouraged to spend time talking with people during their working days and had the time to do so. One member of staff said, "We have a chat and spend time with them so we can get to know them, to figure out what they like and what they don't." Another member of staff told us, "We do have the time to speak to people. Obviously there will always be the odd busy day, but generally we can always find the time to stop and have a chat."
- We observed that staff were quick to respond if people became anxious or upset, offering emotional support and reassurance. One person told us, "The staff are very sweet if I'm having a bad day." Relatives said staff supported their family members in a respectful way if they became distressed or were at risk of having their dignity compromised. One relative told us, "[Family member's] behaviour is sometimes challenging, and the staff deal with it very sympathetically. I could not praise them more." Another relative told us, "They treat [family member] with dignity if she has an accident; they are very sensitive. I am always impressed by that."
- Staff understood the importance of promoting choice in the way they provided people's care. One member of staff told us, "I encourage people to make choices about what they eat, what activities they join and what they wear." Another member of staff said, "We ask people questions about what they would prefer and follow their choices."
- People were supported to manage aspects of their own care where they were able and wished to do so. A relative told us, "They encourage [family member] to be independent, which is good." A member of staff said, "We encourage people to do what they can; we encourage their independence."

# 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. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives told us their family members' care was provided in a way which reflected their individual needs and preferences. One relative said, "They understand [family member's] needs well and they take account of her preferences. They are good at fine-tuning her care." Another relative told us, "They know [family member] very well; we are confident they know how to look after her."
- People's care and support plans were individualised and person-centred. They contained information about people's needs and preferences about their care, their life histories and interests. Relatives confirmed that they and their family members had been encouraged to contribute to the development of their care plans. One relative said, "I was involved in the care plan when [family member] moved in, and we reviewed it only last month."
- Staff understood the importance of providing personalised care to each individual. One member of staff told us, "We recognise that everyone is different and has their own preferences about how they want things done." Another member of staff said of the care provided at the home, "It is very person-centred. It about the residents and what they like individually. It is based on their own personality."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a wide range of activities and events. The home's activities programme included in-house events such as talks, quizzes and film screenings, and interest groups such as flower-arranging, singing and painting. Entertainers including singers and guest speakers visited the home regularly and trips were arranged to places of interest.
- People told us they enjoyed the range of activities on offer. One person said, "The activities team are very good, very imaginative in what they provide. They are open to suggestions and new ideas. The Queen's Jubilee week was terrific. We had a street party and things going on all week. The activities team worked very hard." Another person told us, "They seem to be adding new activities all the time; trialling different things to see what people like." People said they enjoyed opportunities to go on trips and outings. For example, one person said they had enjoyed visiting Epsom town centre for shopping and a coffee. The person told us, "It's nice to feel part of the wider world."
- People were supported to maintain relationships with their friends and families. One person told us, "In the pandemic, staff were helping me do those video calls to my family. That was important on birthdays and at Christmas; I appreciated that." Another person said, "My family often visit me and they are always made to feel very welcome."
- Staff encouraged and supported people to develop meaningful relationships with others, which helped avoid social isolation. For example, during Loneliness Awareness Week, an annual campaign which raises awareness of loneliness, a friendship club had been set up to bring people together.

### Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and recorded in their care plans, including their preferred language and any needs in relation to eyesight and hearing. If people did not use speech to communicate, care plans included information for staff about their individual methods of communication. For example, one person's care plan stated, '[Person] is unable to express her needs verbally. She requires prompting from staff to ask questions and engage. She communicates through non-verbal communication such as facial gestures, eye contact and hand gestures. Staff are to acknowledge her body language as it tells you how she is feeling.'

### End of life care and support

- People's wishes about the care they received towards the end of their lives had been recorded. People's care plans contained information about where they wished to be cared for, whether they wished to be admitted to hospital should their condition deteriorate and any needs in relation to their religion or culture.

### Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and were confident any concerns they raised would be addressed. One relative told us, "I have never needed to complain, but I am sure they would respond constructively. People who had raised concerns in the past said these had received a positive response. One relative told us, "I did raise a minor concern during lockdown, and all the staff responded helpfully."
- The provider had a procedure which set out how complaints would be managed. The complaints log demonstrated that any complaints received had been managed in line with this procedure. Complaints and the responses to them were monitored in quality checks carried out by the provider.



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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us the home was well run. They said they could always speak to the manager or a member of senior staff when they needed to. One relative told us, "It is well-run; I could not fault it. I would recommend the home to anyone. We feel so lucky to have [family member] there." Another relative said, "They do seem well-managed. I can always contact them and they are quick to respond."
- The home had an established management team in which managers had clear roles and responsibilities. Managers and staff shared information about people's needs effectively. Staff beginning their shifts received a handover to update them about any changes to people's needs. Heads of department met each day to review and plan people's care. Clinical risk meetings took place weekly at which care managers and the care services manager discussed any people at risk and to plan the care they needed.
- Staff told us the management team had clarified the expectations of them in their roles. They said they were encouraged to raise any concerns they had about people's welfare in order that these could be addressed. One member of staff told us, "The managers are clear about what we need to do but it is always done in a nice way." Another member of staff said, "When we have a staff meeting, the manager will always ask if we have any concerns. We work well as a team; it is about good communication."
- The manager understood their responsibilities under the duty of candour and the requirement to submit statutory notifications when required.

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

- People who lived at the home were encouraged to give their views about the care they received and these were listened to. One person told us, "Staff are very good at listening and acting on what you say." People were able to give their views about the food, activities and any other issues they wished to raise at forums which took place bi-monthly.
- Relatives told us staff kept them up to date about their family members' well-being and any events affecting their welfare. One relative said, "When [family member] had a fall, staff notified me immediately: they are very good at keeping me informed." Another relative told us, "They call me if something happens, or if [family member] has seen the GP. They told me when she had an unwitnessed fall. They are very transparent."
- Staff told us they received good support from the provider and the management team. They said advice and support was available to them when they needed it. One member of staff said, "The company is very

much resident-oriented but they look after their staff well too. They encourage their staff if they want to progress. They encouraged me to do my level five [qualification]. All the managers are supportive." Another member of staff said, "It is a very friendly but professional atmosphere to work in. No matter what floor you work on, the manager's door is always open to you. My manager always wants to know how we are doing, if we are okay. It is a very supportive environment."

- The provider had implemented staff recognition awards, for which staff could nominate colleagues who they believed had made a difference to people's lives by demonstrating the provider's values. The provider had also put systems of support in place for staff, including appointing mental health first aiders, who had received training which enabled them to provide emotional support to staff, and an external employee assistance programme.

Continuous learning and improving care; Working in partnership with others

- There were effective systems of quality monitoring which ensured that people received well-planned and managed care. Key areas of the service were checked and audited regularly. These areas included people's assessments and care plans, safeguarding and complaints, medicines management and health and safety. Accidents and incidents were reviewed to ensure learning and improvement took place.
- Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs, speech and language therapists and occupational therapists.