

Willow Tower Opco 1 Limited

# Signature at Weybridge

## Inspection report

Ellesmere Road  
Weybridge  
Surrey  
KT13 0HY

Tel: 01932871100

Website: [www.sunrise-care.co.uk](http://www.sunrise-care.co.uk)

Date of inspection visit:  
24 May 2022

Date of publication:  
19 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

### About the service

Signature at Weybridge is a residential care home providing accommodation and personal care to up to 110 people. The service provides support to older people who live with physical, health and dementia related care and support needs. At the time of our inspection there were 68 people living and receiving care in the home.

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

People told us they felt safe in the home and with staff. People could do things for themselves but also ask for help which was provided by staff in a timely way. Staff knew people well and supported them in a personalised way. Where people had specific health and care needs, staff knew how to support their safety and wellbeing.

People had individual care plans which were reviewed to address any changing needs. Where required, staff supported people to have their medicines safely and as prescribed, to maintain good nutrition and hydration and to enjoy doing what they liked. This included support to maintain relationships important to people and host visitors or to go out. People's preference and wishes, including their life stories were known and respected by staff who used that information to provide more effective and responsive support.

People valued staff and found them caring and respectful. One person told us, "It's very good living here. The people are chirpy and cheerful. It's very, very good. The people are pleasant." People and their representatives were involved in their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt supported by the management and competent for their roles. There were enough staff to support people timely and new staff were recruited safely. The management team had clear and robust systems for monitoring quality and safety of people's care and their home. Where improvements were identified, action was taken to address them.

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

The last rating for this service under the previous provider was good, published on 6 April 2018. We had inspected the home but not rated it since the change in its registration. The last inspection was a part of CQC's response to the COVID-19 pandemic and we were assured around how the home managed infection control and visiting arrangements (published 25 April 2022).

#### Why we inspected

This was a planned inspection due to the change of provider.

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 ●

# Signature at Weybridge

## 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 carried out by three inspectors.

#### Service and service type

Signature at Weybridge 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. Signature at Weybridge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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.

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 sought feedback from the local authority and Healthwatch. 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 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.

During the inspection

We spoke with 12 people who used the service and received feedback from four relatives about their experience of the care provided. We observed the interactions between people and staff. We spoke with 10 members of staff including the registered manager, the deputy manager, the care coordinator, care staff, kitchen, maintenance and housekeeping staff.

We reviewed a range of records. This included multiple people's medicines records and elements of care documentation for nine people. We looked at two staff files in relation to recruitment and staff supervision and agency staff checks and induction records. A variety of records relating to the management of the service, including quality monitoring records, risk management records, staff training and meeting records as well as policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and with staff. Their relatives confirmed this. One person told us, "I've always felt safe here." Another person explained, "I feel safe. The main reason is because I'm not on my own here."
- Staff knew how to protect people from abuse and neglect. They received appropriate training to be able to recognise any concerning signs. One staff member said about abuse, "It can be verbal, physical, financial, many categories. I wouldn't hesitate reporting abuse." Staff told us they knew how to report any concerns and felt supported to do so. One staff member told us, "I would do an incident report, tell the manager, I should report to social services." Another member of staff said, "I would definitely whistleblow (if needed)."
- The registered manager ensured staff knew how to report any concerns and all of those were treated seriously, appropriately reported to the local authority and investigated. They also took action to protect people.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm and supported by staff who knew their needs well. One person said, "I absolutely feel safe. They're very good. I think they keep me safe. I've never had any reason to be worried about anything." A member of staff explained how they supported one person to minimise risk of them falling, "[Person] needs prompting and encouragement to use her walking frame. She has crash mats next to her bed. She won't ask, so we encourage and prompt her to have a drink."
- People's relatives told us staff knew how to support their loved ones to stay safe. For example, one relative told us staff added a movement sensor into the person's room, so they could acknowledge she was getting up and provide support which minimised the frequency of falls. Another relative told us, "I did not feel I needed to say anything about the actual care, staff always pre-empted that. When [my relative] first came into the home, the chair in their bedroom was not suitable for her, [staff] raised that with me. I arranged for the new chair."
- People had individual risk assessments in place around their mobility, health conditions and day to day personal needs which gave robust guidance for staff on how to help them to stay well and safe. We saw where people needed specific equipment to minimise risks to them, for example around falls or skin integrity, this was in place and in good working order.

Staffing and recruitment

- There were enough staff to support people in a timely way. One person told us, "I'm quite happy here. If I was to pick up the phone and say that I was feeling terrible, somebody would be here within less than a minute." Another person said, "No issues with the staff. As far as I can see, there's enough."
- People's relatives confirmed they thought staff had always been available to support. One relative said, "I

had no issues to be honest. There are always [staff] around. I did not have to wait but not needed too much." Relatives said staff team were also consistent. A relative told us, "I see the same faces of staff members when I go to visit."

- Staff told us they were happy with how many of them were on duty and how they were allocated to support people. One staff member said, "There is definitely lots of staff." Another commented, "We make sure staff use the time wisely. We have a great teamwork up here. Things get addressed quite quickly. Staff are reminded this is people's home." The provider continuously assessed and monitored staffing levels in the home.
- The provider recruited new staff safely. Prospective staff members had to undergo an application and interview process and completed robust pre-employment checks. Those checks included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People told us they were happy with the support they received around their medicines. One person said, "The carers do my medication. They have a base where they get it from. I could do it myself if I wanted to." Another person told us staff always came on time to give them their medicine which had to be taken in certain time intervals.
- Where people could manage their medicines, had 'when required' or specific high-risk medicines prescribed, this was appropriately managed. One person said, "I manage my own medicines. They order it for me every month. They make sure I have enough. When the month is over, they come in and replace. They check that I've been taking them." A staff member said, "We do the risk assessment for the residents with paraffin creams." Those risk assessments around fire safety were in place.
- The management team carried out regular medicines management audits and they identified and actioned any discrepancies and gaps in medicines records. Staff were trained and competency assessed to support people with their medicines. Staff completed medicines administration records when supporting people and medicines were stored safely.

#### 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.
- People were supported to host visitors in a safe way without any undue restrictions on their right.

#### Learning lessons when things go wrong

- The registered manager regularly reviewed any accidents, incidents, safeguarding concerns and other events in the service to identify any underlying issues. Lessons were learnt and action was taken to minimise risks to people where necessary.
- For example, when medicine errors happened, staff were supported to reflect on their practice and identify what could have been done to prevent it. Where there were lessons learnt around reporting of



incidents, these were also shared with staff.

- The management team identified additional training needs for staff following one of the incidents and the training was provided. Records confirmed action was taken to review people's care and refer them to healthcare services following falls.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Senior staff completed detailed needs assessments with people and their representatives before people moved into the home. One relative said of the initial assessment that it was "very thorough" and told us staff had quickly assessed the person needed little bit more assistance and their initial care was increased.
- Staff knew how to assess people's needs in line with best practice. One staff member said, "We look at the [specific needs assessment tools] and the senior staff complete them and we follow what's been instructed. We look at skin integrity, swallowing. When we start a shift, if there had been any changes, then we are told."
- The registered manager was aware of the national best practice guidance for dementia care, COVID-19, falls prevention. They received provider's support to keep up to date and follow relevant national requirements and advice from reputable sources.

Staff support: induction, training, skills and experience

- People and their relatives told us they thought staff were competent. One person said, "Staff are pretty good."
- Staff received a range of training and support from management. One staff said about their supervision, "I do find them useful. I highlight a lot of the strong points. I will say where I feel things can be improved." Another staff said, "I am supported here." Staff completed training in a range of practice areas, for example falls management, health and safety, fluids and nutrition and dementia awareness. We observed they followed good practice when supporting people, for example around falls risk.
- New staff had to complete induction training in line with Care Certificate and were helped to feel confident in their roles before working with people. A senior staff member told us, "[Staff] do shadow shifts (when they work alongside more experienced colleague) and we offer more when needed so they feel more comfortable. We pair them up with someone more confident. We have e-learning and the Care Certificate book." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People had mixed feedback on food but were overall happy with the choices offered. One person said, "The food is truly excellent." Another person told us, "The food is very good here. I will say that. Now and again I will pick something else if I want it." Third person said, "Food is ok, it's alright for me."
- People were supported to have regular meals of choice, snacks and drinks. One person said, "There always is a choice. We have our main meal at lunch time. There's a vegetarian choice if you're that way inclined. The lady I was sitting with yesterday asked for something else and they did and they always will

do." The home catered for people who had specific dietary needs, for example around swallowing difficulties.

- Where people chose to remain independent, they had access to small kitchenettes and were helped to make their own meals. One person told us they preferred that, "I make my own breakfast in my room. I could go down because apparently the breakfasts are wonderful here. I prefer it like this because it gives me time to get myself together. I do go down for a decent cup of coffee. It's jolly good the coffee here, if you want a decent cup of coffee. They have a wonderful coffee machine."
- Staff knew people's dietary needs and records confirmed people were monitored when assessed as at risk of dehydration or malnutrition. One staff member said, "I am the nutrition champion. I do believe you shouldn't have an opportunity to get hungry here. There is food encouraged every time. We adapt to any one person."

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

- People and their relatives told us staff knew when and how to contact healthcare services for them. One person said, "The doctor spoke to me on the phone. It was a phone consultation. She said something about [certain medicine]." We saw staff took action to ensure this visit was enabled and medicines were obtained from the pharmacy.
- Staff contacted healthcare professionals timely when people's needs changed. One person said, "They'd get somebody in to see me if I didn't feel well. They're very good like that." Another person confirmed, "If you are not well they will call your family. I have my own doctor. I go to my dentist." A relative told us that when their relative was been unwell shortly after moving to the service a GP was called immediately and they were admitted to hospital that same morning."
- Staff made sure help was sought timely and appropriate information was shared with healthcare services when needed. A relative said how it impacted on people's wellbeing, "She feels very safe, they are pretty relentless if things aren't quite right for mum. They are insistent that health professionals come to see her. They have handled that very well."

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

- The home environment was adapted to people's needs and personalised. People's bedrooms were personalised with people's photos, furniture and beds if they wished. There was enough space for wheelchairs and hoists to manoeuvre.
- There was sufficient space for people to navigate with walking aids. There were en-suite shower rooms with even floor and accessible for wheelchair users and adapted baths for people to use. People had access to the garden and outside areas. People had small kitchenette areas in their rooms and had space for a little lounge area.
- The home was dementia friendly. There were quiet rooms we saw people used through the day of the inspection. There was an outside terrace area on the second floor which looked like a garden which could be freely and safely accessed by people who lived with dementia. People had memory boxes outside their bedrooms to help orientate them.

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.

- People told us they were asked for their choices which were respected and promoted by staff. One person said, "I have a choice. They tell me what's going on downstairs. I don't have to go if I don't want to. I can spend the afternoon doing whatever I want to do."
- Staff received training in MCA and DoLS and knew how to support people around their rights. One staff member said, "We have to give choice. If they can't make a choice, then we do assessment and best interest." Another staff member said, "Never assume people lack capacity."
- The management team were reviewing and improving the capacity assessment and best interests' decision records. The DoLS applications were also being updated at the time of the inspection. One senior staff told us, "I do the assessments, its mostly about having the capacity to understand the risks. Is there anything we can do to minimise the restriction? With DoLS we also have to submit applications. We also assess people's capacity to understand how to use the equipment." Staff demonstrated good understanding of MCA and DoLS and followed the MCA Code of Practice when supporting people.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 felt staff were caring, polite and kind to them. One person said, "It's very good living here. The people are chirpy and cheerful. It's very, very good. The people are pleasant." Another person said, "If they weren't polite, I wouldn't be here. They're a good crowd here." Third person told us, "They're absolutely always polite. The staff themselves are very good."
- People told us they felt valued and listened to by staff. One person said, "Oh yes, if you've got a problem they will listen to it."
- People's relatives confirmed staff were caring and compassionate when people found certain situations distressing. One relative told us about staff "were good at distraction techniques, they immediately came in and brought [my relative] hot chocolate, chatted to them." They told us that staff "are really very, very good allowing me to get away without too much worry for [my relative]." Another relative said, "She is happy to see staff. I can see it and it is not something she would be able to fake, all her reactions are very honest, she is genuinely delighted to see [staff]"
- Staff demonstrated caring values. One staff member told us, "For this job care and compassion should be your character. The first thing is greeting being friendly in your body language and verbal communication, making a good start."

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

- Staff involved people in their care. One person said, "I've signed for my care plan." Another person told us, "I know if I need help, I can ask for it."
- Where people could not freely express their wishes, their relatives and representatives were involved to represent them One relative told us, "I am really delighted with care, no criticism. I had input, every year they (review care). [Staff] always invite me for meetings and send me the care plan asking to review it and to make any comments, [Staff] are very good at keeping me up to date with everything that is going on with care."
- Staff supported people to express themselves. One relative told us, "They do their best to improve [my relative's] sense of worth and make her feel positive about herself."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted their dignity. One person said, "They do actually knock on the door before they come in." Another person told us, "[Staff] respect my privacy. I've never had any cause to complain."
- People were supported to do things for themselves and remain as independent as possible, same time being comfortable to ask for help. One person said, "They don't interfere too much but if you do need help,

it's there." Another person told us, "They do let me do the things I can do for myself."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care was personalised and responsive to their wishes and preferences. One person told us, "[Staff] know me so well. If I asked them to do something, then they always do their best to do it." People's care plans included information on their likes, interests and things important to them.
- Staff understood people were different and to support them well they personalised their care. One staff member said, "I feel like dementia is just an umbrella of symptoms. We learn who the resident is, reading on their past history, talking about their life. We support their independence as much as possible. Communication is the key." Another staff commented, "We have to read care plans, it's part of job to learn about people. We know who we are working with and how we can support them. Life history matters a lot in dementia care."
- For example, one person living with dementia was supported to express their emotions through writing letters and art. Staff placed a post box in the hallway so they could 'post' them which brought them comfort. One relative spoke about how staff had suggested they wrote a note to their relative when they would be visiting next in order to keep their relative updated and reduce their distress. They said, "Staff will come up with suggestions to make it easier for her."

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 in their care plans and known by staff. For example, when people needed aids such as glasses or hearing aids, this was clearly explained to staff in their care plans. People's communication needs around dementia were also addressed.
- Staff used plated meals to show to people to enable them to make more informed choices. There were improvements made to the home to enable people with poor hearing to use a hearing loop. A hearing loop is a special type of sound system for use by people with hearing aids.

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

- People were overall complimentary around things to do available in the home, but some thought they could be improved. One person said, "Staff ask me to come to the activities. They have different things going

on. People come in and sing and tap dance." Another person told us, "This week has been especially good because of the jubilee and they've decorated it all with flowers."

- People told us they were supported to follow their interests and hobbies. One person said, "There's always something going on. I've just come up from playing scrabble." Another person told us, "I use a computer, I send emails, I keep in touch with the family. I play games on it." A relative told us, "[Staff] look for opportunities to stimulate and engage people in things. They really are quite creative about what they do to stimulate people."

- Staff supported people to maintain relationships important to them and make new friends. One person told us, "I've got one or two good friends here." People told us they were supported to go out when they wanted to do so. There were multiple visitors hosted by people on the day of the inspection.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt they could complain and raise their concerns if needed and they would be listened to. One person said, "I would not hesitate to complain. If someone's a pain in the neck, I would definitely complain."

- The management team were open to hearing from people and took action to resolve complaints. The provider had a robust complaints policy in place and staff knew how to enable people to make a complaint to the management.

- One relative told us how the service responded to their complaint, "I called the on-call duty manager. It was sorted immediately. The difficulties were also escalated and rather than apologies being offered alone (and they were offered) additional training was instituted for the staff member." We saw clear records were kept on how this complaint was addressed. Another relative who provided feedback said, "They tried to problem solve it and said, 'what can we do to help?'" and commented the issue was resolved by staff.

End of life care and support

- When people needed support and care at the end stages of their lives, there were clear plans in place around their needs, wishes and preferences. Staff involved other healthcare professionals to ensure people were comfortable.

- People were asked in advance about their wishes. One relative told us, "[Staff] were very sensitive and I was involved. They helped me understand about the DNAR ('do not attempt resuscitation'). It was very sensitively done."

- Staff understood end of life care principles. One staff member said, "Sometimes when it gets to that chapter, it is about making sure [people] are as comfortable and peaceful as possible. We have to look at every element of their comfort. We take full responsibility for it. I will ask my team members (what support they need). We go and say goodbye together. We try and give comfort to families; I offer my support."



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had a peaceful and friendly atmosphere. A relative of a person told us how it affected their loved one, "The staff are always very patient and kind to my mum. Her physical and mental decline has slowed considerably since living there." Another relative said, "Staff are genuinely really caring and lovely. I am really impressed. It has been fantastic for [my relative]. They look really healthy. [Staff] prolonged their life with the care they gave them."
- People knew the management team. One person commented, "I know who the manager is, of course. Oh yes, I would go to her. Depending on how deep the concern was. There are other people to whom you can take your worries to."
- Staff told us they enjoyed working in the home and were proud of it. One staff member said, "The culture is excellent. All the staff are normally happy. I am happy to work here." Another staff member told us, "[The care coordinator] is amazing. I am not just saying that. She takes time to care for the residents and staff as well. She is fantastic support to everybody. She has given me the opportunity to learn. I do feel valued."

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

- There were clear management and oversight structures and staff we spoke about knew their responsibilities well and felt supported to fulfill them. The provider supported the management with improvement work which was underway. This was noticed by people. One person said, "I'd be very surprised if you find any issues here. The new firm have done a very good job. I'm very happy with what they do."
- The management team completed a range of safety and quality audits with clear action plans in place to address any improvement areas. These audits included medicines, health and safety and environment, people's care documentation, infection prevention and control, management observations of staff practice at different times.
- The provider understood their duties around the duty of candour. The registered manager ensured people and their relatives were involved and offered apologies and explanation when things went wrong. The registered manager informed CQC of any significant events in the service when required.

Continuous learning and improving care

- The provider implemented a range of new governance tools supporting the management to improve the effectiveness of their oversight of quality and safety. This was a work in progress but we saw the team

worked together to streamline the systems used the tools better each month. The managers knew all improvement priorities well and felt supported by the provider.

- For example, new meeting records were implemented to support staff to better capture lessons learned and to monitor completion of identified actions.
- Staff we spoke with had clearly identified actions in their area of oversight with timelines for completion which were followed up by the registered manager. The actions around health and safety, medicines records or infection prevention and control were completed. The audits required staff to follow up on previous actions before completing a new check.

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

- People told us they felt there were opportunities to get involved in shaping the service. One person told us, "We have meetings and get-togethers. The chef comes out and asks which roasts to do. And then people object. They stand up and say what's on their mind." The management team held a regular residents forum and outcomes of these discussions were recorded and actioned.
- People's relatives told us they felt involved, listened to and well-informed. One relative said, "We get something every week about what goes on. They also kept up to date about their COVID measures." Another relative confirmed, "I received immediate email responses to my queries even at weekends and I am always able to speak with the carers or duty manager." We reviewed evidence of regular communication between the registered manager and people's families.
- Staff felt supported and engaged. One staff member said, "They are quite friendly and supportive. We have gatherings downstairs when [the registered manager] briefs us, asks us our opinions." Staff attended a range of meetings where different matters had been discussed, recorded and actioned by the management, Records confirmed this.
- The home worked in partnership with the local health and social care services. This included GP, community nursing and other specialist healthcare services as per people's individual needs.