The Pavilion Care Centre Limited

Kings Lodge Care Centre

Inspection report

The Pavilions
Byfleet
West Byfleet
Surrey
KT14 7BQ

Tel: 01932358700
Website: www.chdliving.co.uk

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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

Kings Lodge Care Centre is a care home with nursing for a maximum of 44 older people, including people living with dementia, physical disability or sensory impairment. There were 39 people living at the home at the time of our inspection.

The home is purpose-built and accommodation and facilities are arranged over two floors.

People's experience of using this service:
People felt safe at the home and when staff provided their care. Risks were assessed and managed effectively. Accidents and incidents were recorded and reviewed to identify learning. Medicines were managed safely. Staff attended safeguarding training and understood their role in protecting people from the risk of abuse.

Staff were recruited safely and there were enough staff on each shift to keep people safe. A number of permanent staff had recently been recruited and the use of agency staff had reduced as a result. This had improved the consistency of care people received but people said some staff's limited English made communication difficult. The provider had identified this issue and had put measures in place to support staff to improve their English.

Staff had access to the training they needed to carry out their roles. Some staff had not been receiving regular supervision. The manager had identified this and told us staff supervision would take place regularly moving forward.

People enjoyed the food at the home. They said they had a good choice of meals and had been asked for their views about the menu. People who needed texture-modified meals received these in line with recommendations made by healthcare professionals.

People's needs were assessed before they moved into the home to ensure staff had the necessary skills to provide their care. People were supported to maintain good health and told us they were able to see healthcare professionals when they needed to. The design and layout of the building met the needs of people with mobility issues and people living with dementia.

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. Mental capacity assessments had been carried out to establish whether people were able to make informed decisions about their care. The manager had identified that some assessments needed revision to ensure they related to specific decisions and had begun reviewing all mental capacity assessments.

People had positive relationships with the staff who supported them and relatives said staff showed kindness in their approach to care. Staff treated people with respect and maintained their dignity when

providing care. People told us they enjoyed the activities at the home. The management team had recognised that there were limited opportunities for activities for people who chose to stay in their rooms and had put plans in place to address this.

The manager had taken up their post in September 2022 and the clinical lead had been appointed in October 2022. People who lived at the home and their relatives told us the manager had overseen improvements to the service. Relatives said the manager had improved communication with them, and had encouraged them to be more involved in the life of the home and in planning their family members' care. The management team had been working to improve the culture within the staff team, and relatives said they had noticed an improvement in staff morale, which had benefited their family members.

People told us their feedback was listened to and acted upon. People felt comfortable making complaints and told us any concerns they raised had been taken seriously and responded to. Staff had opportunities to raise any issues they had at team meetings and were encouraged to give feedback about the support they received.

The management team had developed a service improvement plan, which recorded areas where improvements were needed. The manager and the clinical team had begun reviewing and updating people's care plans to ensure they were person-centred and reflected people's needs and life histories, including for people admitted to the home under the 'discharge to assess' scheme.

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

Rating at last inspection
The last rating for this service was requires improvement (published 17 November 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:
This 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Kings Lodge Care Centre

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, a specialist nursing advisor and an Expert by Experience carried out 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
Kings Lodge Care Centre 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. Kings Lodge Care Centre 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.

At the time of our inspection, there was not a registered manager in place. The manager had begun the process of registering with CQC.

Notice of inspection
The inspection was unannounced.

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. 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 used all this information to plan our inspection.

During the inspection
We spoke with 6 people who lived at the home, 2 visiting professionals and 9 relatives about the care their family members received. We spoke with the manager, the clinical lead, the provider's regional manager, and 6 staff, including a nurse, 2 care staff, the chef, the wellbeing co-ordinator and a housekeeper.

We looked at care records for 6 people, including their assessments, care plans and risk assessments. We checked 5 staff recruitment files, medicines management, records of complaints and accidents and incidents and the home's business contingency plan. We reviewed policies, procedures, meeting minutes, surveys, and quality monitoring reports.

Good

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.

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

At our last inspection the provider had failed to manage risks relating to people's health and safety and to manage medicines safely. This was a breach of regulation 12 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 12.

● People told us they felt safe at the home and when staff provided their care. One person said, "I feel safe. There is nothing for me to feel frightened of." Another person told us, "I feel very safe because I am looked after well by the staff." Relatives confirmed their family members were safe at the home. One relative said, "It is a safe place. We feel reassured [family member] is there. We know she is safe and happy."
● Staff carried out assessments to identify any risks to people and implemented effective measures to manage these. For example, risk assessments had been carried out in relation to falls, nutrition and hydration, and skin integrity. Risk assessments were reviewed regularly to take account of any changes in people's needs. Staff were aware of the individual risks people faced and how to manage these.
● Accidents or incidents were recorded by staff and reviewed by the management team to identify learning and risk reduction measures. For example, low profiling beds, sensor mats and crash mats had been put in place to reduce the risk of people suffering harm as a result of falling from their beds.
● The provider had developed a business continuity plan to ensure people's care would not be interrupted in the event of an emergency, such as infectious disease outbreak or loss of utilities.
● People told us staff helped them take their medicines safely. They said staff gave them the information they needed about their medicines. One person told us, "The staff make sure I get my medicines on time. They explain what they are giving me, which is good." Relatives confirmed their family members were supported to take their medicines as prescribed. One relative told us, "They are very good with that. They give [family member] her tablets and wait until she has taken them."
● Medicines were stored, administered and disposed of safely. Staff authorised to administer medicines had completed relevant training and their competency had been assessed. The medicines administration records we checked were complete with no gaps. People who needed time-sensitive medication received this at the correct time. Protocols were in place for people prescribed medicines 'as required' (PRN), which included the reason for using the medication and possible side effects. Medicines administration records were audited regularly and confirmed that staff managed medicines safely.

Staffing and recruitment

● There were enough staff on each shift to keep people safe. Staffing levels were calculated based on people's needs. Three people received one-to-one staff support due to their risk of falls or distressed behaviours.

● Almost all the people we spoke with said staff were available when they needed them. One person told us, "When I have used the call bell, they do come quickly." Another person said, "There's always someone around when I need them." Some people told us they sometimes had to wait for staff support at busy times, such as during the morning. For example, one person told us staff brought them their breakfast in bed but, once they had eaten breakfast, they sometimes had to wait for staff support to get washed and dressed. The provider agreed to reassess how staff were deployed during busy periods to meet people's preferences about when they wished to get up.

● The provider had worked hard to recruit permanent staff and the use of agency staff had reduced significantly in recent months as a result. One of the ways in which the provider had attempted to address the challenges in recruitment was to recruit staff from overseas. Some people told us they found it difficult to communicate with overseas staff at times due to the staff's limited command of English. The provider had identified this issue and had taken action to address it, working with an organisation to provide English lessons and supporting overseas staff to improve their English within the home.

● The provider's recruitment procedures helped ensure only staff suitable for their role were employed. The provider carried out appropriate pre-employment checks, including a Disclosure and Barring Service (DBS) check. 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 received safeguarding training in their induction and regular refresher training. Staff were able to describe the signs of potential abuse and knew how to report any concerns they had, including how to escalate these outside the home if necessary. One member of staff told us, "I would make sure the person is safe and report [the incident] to the manager or team leader." Another member of staff said, "If no action was taken, I would escalate concerns to the regional manager, CQC or social services. "

● When necessary, the provider had notified the local authority of incidents such as falls or medicines errors and investigated these when asked to do so.

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.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection at which we awarded a rating, we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

● Staff had access to the training they needed to carry out their roles. This included an induction when they started work and ongoing training in areas including moving and handling, safeguarding, dementia awareness, communication and oral health. The manager had identified that some staff needed to attend elements of mandatory training and training compliance had increased from 84% in September 2022 to 94% at the time of our inspection.

● The provider's training team delivered the induction to new staff and the provider had accessed external training to supplement the training available in-house. For example, IPC training was provided by healthcare professionals on the day of our inspection and the clinical lead told us they planned to arrange training from the Parkinson's nurse in the near future.

● Records indicated some staff had not received regular supervision prior to September 2022. The manager had identified this and staff had received supervision in September 2022, with further supervisions scheduled for December 2022. The manager told us staff supervision would take place regularly moving forward.

● The manager had introduced observational supervision, which was carried out by team leaders for care staff, and by the clinical lead for nurses, to ensure staff worked in a way which promoted safety and dignity in care.

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

● People told us they enjoyed the food at the home. They said they had a good choice of meals and could have alternatives to the menu if they wished. One person told us, "I have my breakfast in my room. They ask you what you would like. I have an egg and bacon toasted sandwich; it is lovely. And they make a good cup of tea! I like the food; put it this way, I eat everything." Another person said, "I have no complaints about the food; I think what we have here is pretty good. I never feel hungry; there is ample to eat."

● Relatives confirmed their family members enjoyed the food available. One relative told us, "[Family member] enjoys the food; she has put on weight as she wasn't eating so well at home." Another relative said, "The food is excellent. [Family member] is always saying how much she enjoys it. She is well fed and well looked after."

● A new chef had recently been appointed, who people said had improved the quality of food at the home. The chef had attended meetings to hear people's feedback about the food and their ideas for dishes to be included on the menu. The chef had also spoken to people individually if they had requested changes to the menu.

● The chef was knowledgeable about texture-modified foods and we observed that people received their

meals consistent with the guidance provided by healthcare professionals. (Texture modification is when the consistency of food is altered to make it safer to eat.)
● People's needs in relation to nutrition and hydration had been assessed and recorded in their care plans. There were systems in place to ensure people's dietary needs were communicated by care staff to catering staff.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to maintain good health, including oral health. People told us staff supported them to see healthcare professionals if necessary, including a GP, optician and dentist. One person said, "I can put my name on the list to see the doctor if I need to. We see a dentist and an optician about once every six months; they come here."
● Relatives said staff monitored and managed their family members' healthcare needs well. One relative told us, "[Family member] is diabetic. She has her insulin every morning and they monitor her blood sugar levels every day. It is monitored and logged." Another relative said, "The healthcare is very good. "[Family member] has a wound, which they manage well. They dress it a couple of times a week."
● Staff worked effectively with other professionals where necessary to maintain people's health. When necessary, staff had made referrals to specialist healthcare professionals, such as speech and language therapists and occupational therapists.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessments had been carried out before people moved into the home to ensure their needs could be met. Staff used nationally recognised tools to assess people's needs and risks in relation to, for example, nutrition, pain and skin integrity. People's care was reviewed on a regular basis or if there was a change in their needs, for example following a hospital stay.
● The provider held a contract with NHS Surrey Heartlands Integrated Care Board (ICB) for the provision of 10 places for people admitted from local hospitals. This arrangement, termed a 'discharge to assess' scheme, involved admissions to the home being co-ordinated through a trusted assessor model, where assessments were carried out by hospital staff rather than staff from the home.
● The provider had put measures in place to improve the quality of information the home received about the needs of people admitted under the discharge to assess scheme. A member of the provider's staff had taken on the role of coordinating discharges from hospital under the scheme. This had benefits for both the person being discharged and the provider, as the member of staff was able to meet the person face-to-face before they left hospital to gain an understanding of their needs and to decide which of the provider's service was most suitable for 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 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.

● Staff attended training in the MCA and understood how its principles applied in their work, respecting people's decisions about their care and support. People told us staff asked for their consent before providing their care. Where people were subject to restrictions for their safety, such as being unable to leave the home unaccompanied, applications for DoLS authorisations had been made to the local authority.
● Where necessary, mental capacity assessments had been carried out to establish whether people were able to make informed decisions about their care. Some of the mental capacity assessments carried out before the manager's arrival were not decision-specific. The manager had identified this and had begun reviewing all mental capacity assessments out to ensure they related to specific decisions. The revised assessments were decision-specific and recorded how the person carrying out the assessment had presented information in a way which would maximise people's understanding of the decision being made.

Adapting service, design, decoration to meet people's needs
● The design and layout of the building was suitable for older people, including people who had mobility issues. Adaptations and equipment were in place where necessary to meet people's needs. Relatives told us the home was suitable for their family members' needs. One relative said, "What we really liked about it was the design. It is purpose-built, not a converted building. It has nice wide corridors; it is easily accessible for everybody." Another relative told us, "One of the things I like about it is that it is not too big. I think it is a nice size home with the right people."
● The home had comfortable communal rooms and people were able to personalise their rooms according to their individual tastes and preferences. A relative told us, "It is a very comfortable home. [Family member] has a lovely room."
● Consideration had been given to how the home could be adapted to meet the needs of people living with dementia. The manager told us, "We have tried to give each area [of the home] an identity, which helps people orient themselves in terms of time and place." The manager said the provider's dementia lead gave advice about the environment when redecoration of an area was being planned.

Good

Is the service caring?

Our findings

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

At the last inspection at which we awarded a rating, we rated this key question good. At this inspection the rating 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 they had developed positive relationships with the staff who supported them. One person said of staff, "I get on well with the carers; they are very kind." Another person told us, "I think they know me better than I know myself. I think of them as my friends."
- Relatives said staff showed kindness and compassion in their approach to care. One relative told us, "The staff are great. They are very chatty, very welcoming. From the time [family member] went there, they were really good with her. They have a laugh with her." Another relative said of staff, "They are so good with the residents. Their approach is great; they are very friendly and always willing to help."
- Relatives told us the home had a friendly, welcoming atmosphere which their family members enjoyed. One relative said of the home, "It has got a warm, welcoming feel." Another relative told us, "[Family member] loves the home, she loves everybody there."
- Relatives said the manager had encouraged them to be more involved in the life of the home. One relative told us, "We have been invited to activities like Halloween and Christmas events. We got an email about it recently."

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

- People told us staff were respectful and maintained their dignity when providing their care. One person said of staff, "They always treat me with respect." Another person told us, "The staff treat me with respect. They have a good sense of humour, too."
- Relatives confirmed staff treated their family members with respect. One relative told us, "I am happy with the care that [family member] receives. They are very respectful towards him. I am actually very fond of them; they treat me well too." Another relative said, "I have never seen anyone be disrespectful."
- People were able to express their religious and spiritual needs. A church service was held at the home each month, which some people told us they enjoyed attending. One person told us, "They do have a service here. I like to go if it is happening."

Good

Is the service responsive?

Our findings

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

At the last inspection at which we awarded a rating, 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 meet people's needs, preferences, interests and give them choice and control

- People told us staff knew their preferences about their care and supported them in a way that reflected these. The staff we spoke with demonstrated an understanding of people's individual needs and how to provide care in the way they preferred. People told us staff respected their choices and said they could choose how they spent their time.
- Relatives said the manager had encouraged them to be more involved in planning their family members' care. One relative told us, "[Manager] mentioned a review to us. He said there is one next week and invited us to come along. We had not been invited to reviews before."
- The manager and the clinical team had begun improving the quality of information recorded in people's care plans about their backgrounds and life histories.

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 told us they enjoyed the activities provided at the home. One person said, "We sometimes have a singalong, which I really enjoy. This morning we did exercise to music. We don't get to move around much, and the exercises get me going. We use the garden in the summer; it is lovely and there is shade under the tree. I went to London Zoo a couple of weeks ago; that was great."
- Relatives said staff encouraged their family members to take part in activities they enjoyed. One relative told us, "[Family member] likes the quizzes. She never watches television here; she sits with her friends in the lounge. She doesn't go out to the garden, but they did have a couple of parties during the summer, which were fun." Another relative said, "[Family member] likes joining in. She loves singing. I was there for their church service recently. She sang all the hymns heartily. They had a Jubilee event where she led the national anthem."
- Several people provided positive feedback about the wellbeing co-ordinator. One person told us, "[Wellbeing co-ordinator] is very good. She organises lots of different things and tries to keep us entertained. I have asked about going to the London Eye; we might be going in April." A relative said, "[Wellbeing co-ordinator] is very caring and very good at getting to know the residents. She really 'gets' [family member], she really understands her personality."
- Some people told us there were limited opportunities for activities and engagement for people who chose to stay in their rooms. The management team had identified this issue and outlined the plans they had put in place to address it. A second wellbeing co-ordinator had just been recruited and each member of care staff was assigned two people per shift who they should ensure had opportunities for one-to-one activities or social engagement.

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 e with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were recorded during their assessments and recorded in their support plans. Relatives told us staff understood their family members' individual needs and engaged with them in a way that encouraged effective communication. One relative said, "If there are any changes with [family member], like pain, they know how to approach her so that she will let them know how she is feeling."

End of life care and support

● People were encouraged to record their wishes about the care they received towards the end of their lives, including where they wished to receive their care and any individual requests.

● People had ReSPECT forms in place, which outlined their wishes about clinical care in the case of a future emergency in which they did not have capacity to make or express choices. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment, and the form is a nationally-recognised tool for recording people's wishes following an advance care planning conversation between the person and a healthcare professional.

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure which set out how complaints would be managed. People who had made complaints told us these had been taken seriously and responded to appropriately. One person told us, "I had a complaint about a carer and I went to see the senior carer, who sorted it out. For anything else, I would go to see [manager]." Another person said, "I have complained and have written a letter to the manager. He asked the chef to speak with me, which he did."

● Relatives told us they would feel comfortable raising any concerns they had and were confident complaints would receive an appropriate response. One relative said, "If I was not happy about something, I would go straight to [manager] and he would look into it." Another relative told us, "If I had any concerns, I would raise them with somebody straight away. I would not worry about making a complaint."

Good

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; and how the provider understands and acts on duty of candour responsibility

At our last inspection the provider had failed to maintain complete and accurate records about people's care and treatment. 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.

● The management team had developed a service improvement plan, which recorded areas where improvements were needed and who was responsible for completing these. One of the areas identified for improvement was reviewing and updating people's care plans to ensure they accurately reflected people's needs. The manager and the clinical team had been identified as responsible for carrying out this work and were systematically reviewing and updating people's care plans.
● Although care plans for people living permanently at the home had improved, we found that care plans for people admitted to the home under the discharge to assess scheme did not contain the same quality of information or level of detail. We shared this feedback with the management team, who agreed to ensure the quality of care plans for people admitted under the discharge to assess scheme improved.
● The manager had taken up their post in September 2022 and had begun the process of registering with CQC. A permanent clinical lead had been appointed in October 2022. The clinical lead outlined improvements they planned to make, including the quality of care plans and standards of clinical governance.
● Relatives told us the manager had overseen improvements to the service since taking up their post. One relative said, "[Manager] has brought a different approach. He has brought a new way of doing things. I think the care is better now than it was before." Another relative told us, "The current manager is very good. I think he has pulled their socks up a bit. I have noticed improvements."
● The provider's quality monitoring systems included audits of key aspects of the service, such as medicines, IPC, wound care, and health and safety. The local authority quality assurance team had visited the home on 4 November 2022 and the report of their visit noted recent improvements, including a reduction in the use of agency staff and the way in which staff engaged with people.
● The manager understood the provider's responsibilities under the duty of candour and the need to be open and honest if things went wrong.

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

● The management team had been working to improve the culture within the staff team with the aim of ensuring staff communicated effectively with one another and worked well as a team to provide consistent care.

● Relatives said they had noticed an improvement in staff morale since the manager's arrival. One relative told us, "The morale of the staff is definitely better. They seem happier. You can hear them singing and dancing with the residents in the lounge and getting them to join in. It was not like that before." Another relative said, "I hope [manager] is here to stay. The staff seem more positive. They are a lot chirpier; they are more enthusiastic."

● Staff confirmed teamwork and morale had improved since the manager took up their post. One member of staff told us, "Things have definitely changed for the better since [manager] has come here. He has come in and tried to fix things. We have regular staff meetings now." Another member of staff said, "Over the last year, there have been many agency staff but slowly a more settled team is building, and this is having a positive impact on our residents."

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

● People told us they were able to give their views about the home at residents' meetings. They said their feedback was listened to and acted upon. One person said, "We are having a residents' meeting this Friday. It's going to be about the food. [Manager] is going to be there. It normally takes place once a month." Another person told us, "I would go to any meeting that they have here. They are useful; it allows you to voice any concerns or make suggestions."

● Relatives told us the manager had improved communication with them, including about their family members and events at the home. One relative said, "[Manager] has emailed me a number of times with his contact details and activities. He said, if you have got any concerns, get in touch with me and I will sort it out, which is vastly more than I've had before. The communication has definitely improved." Another relative said, "We were never getting emails before about relatives' meetings. Now we are getting regular emails. The communication is 100% better now."

● People who lived at the home, their relatives and staff had opportunities to give feedback about the home through surveys, which were collated and analysed to identify any emerging themes. Where areas for improvement were suggested, the management team had taken action to address these. For example, some relatives had commented that the laundry service needed to improve. This had been discussed at the next relatives' meeting and addressed.

Continuous learning and improving care; Working in partnership with others

● Staff shared information about people's needs effectively. Staff received a handover at the beginning of their shifts to update them about any changes to people's needs. Clinical governance meetings took place weekly at which senior staff discussed any people about whom they were concerned and to plan the care they needed. The manager attended regular meetings with managers of the provider's other registered services to share learning and good practice.

● Staff had opportunities to raise any issues they had at team meetings. They were also encouraged to compete surveys and to give feedback about the support they received and whether they could contribute to the development and improvement of the home. Reflective practice sessions had been introduced to ensure learning took place from untoward events, such as medicines errors.

● Managers and staff had developed effective working relationships with other professionals, for example, communicating regularly with the care coordinator from the local health centre to ensure people had swift access to a GP when they needed one.