

# The Whiteley Homes Trust

## Eliza Palmer Hub

### Inspection report

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11 August 2022

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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

Eliza Palmer Hub is a care home with nursing for a maximum of 30 older people. There were 28 people living at the home at the time of our inspection.

The home is purpose-built and provides accommodation and facilities over two floors. The home is situated in Whiteley Village, which provides housing to around 400 older people in almshouse cottages, extra-care flats and Ingram House, a residential care home.

People's experience of using this service:

Staff were available when people needed them and staffing levels were regularly reviewed to ensure they continued to reflect people's needs. Risks were identified effectively and managed well. 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.

People's care was provided in line with the Mental Capacity Act (MCA), although there were some inconsistencies in the completion of documentation. We alerted the registered manager to this, who took immediate action to ensure documentation was completed correctly.

Most people said they enjoyed the food at the home, although some told us they did not. The provider had responded to people's feedback about the food by working with the meal supplier to provide a menu which reflected people's preferences.

The home was purpose-built and designed to meet people's needs. Bedrooms were personalised according to people's tastes and people had access to comfortable communal areas and well-maintained gardens.

Staff were kind and caring and treated people with respect. People told us there was a friendly, family atmosphere at the home which they enjoyed. Staff encouraged people to make choices about their care and supported them to be as independent as possible. People had access to activities they enjoyed and which benefited their well-being.

People's care was 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.

Staff had the induction and ongoing training they needed to carry out their roles. Staff were well-supported by the management team and felt valued for the work they did. Handovers and team meetings kept staff up to date about any changes in people's needs or to working practices.

The home had an established management team which maintained an effective oversight of the service and communicated effectively with people, relatives and professionals. Managers and staff communicated effectively with one another and worked well as a team.

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

The three services operating in Whitely Village, Eliza Palmer Hub, Ingram House (a care home without nursing), and the Village's extra care scheme, were previously registered as one location. The last inspection when the services were registered as one location was carried out on 31 July 2019 and the service was rated requires improvement (report published 7 October 2019). Since then, the three services have been registered as individual locations. Eliza Palmer Hub was registered on 17 June 2021 and this is the first inspection since that date.

#### 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 ●

# Eliza Palmer Hub

## 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.

#### Service and service type

Eliza Palmer Hub 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. Eliza Palmer Hub 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 a registered manager in place.

#### Notice of inspection

The inspection was unannounced.

Inspection activity started on 11 August 2022 and ended on 18 August 2022. We visited the home on 11 August 2022.

### Before the inspection

We reviewed information we had received about the service since the last inspection, including feedback forms submitted to us by relatives. 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 talked to eight people who lived at the home and five relatives about the care their family members received. We spoke with members of the management team including the provider's head of care, the registered manager and the deputy manager. We talked to eight staff including nursing, care, activities and catering staff.

We looked at care records for six people, including their assessments, care plans and risk assessments. We checked five staff recruitment files, training records, the arrangements for managing medicines, records of complaints and accidents and incidents, quality checks and audits, meeting minutes and the home's business contingency plan.

# Is the service safe?

## Our findings

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

This was 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.

### Staffing and recruitment

- People told us staff were always available when they needed them. They said they did not have to wait when they needed care and our observations confirmed this. Staff were always present in the home's communal areas and checked on people when they were in their bedrooms. One person who spent the majority of the day in their room showed us their call alarm and said, "I only have to push this and someone turns up."
- Staffing levels were reviewed weekly to ensure they continued to reflect people's needs. Agency staff were used where necessary to ensure safe staffing levels were maintained. The registered manager told us the agency used by the provider was able to supply regular staff, which meant they knew people's needs well.
- The provider's recruitment procedures helped ensure only suitable staff were employed. 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

- Relatives were confident their family members were protected from abuse and avoidable harm. A relative's feedback form stated, 'I have complete trust in them as far as [family member's] safeguarding is concerned.'
- Staff attended safeguarding training and understood their responsibilities in protecting people from abuse. Safeguarding and whistleblowing 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. Staff were confident any issues they raised would be acted on within the home but knew how to escalate concerns with other agencies if necessary.
- We saw evidence that appropriate action had been taken if concerns were raised about poor practice. For example, when concerns had been raised about a member of staff's moving and handling practice, an investigation had been carried out and action taken on the investigation's findings.

### 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 of staff, "They are always very careful with me; I feel completely safe with them." Relatives confirmed their family members were cared for in a safe environment by appropriately skilled and trained staff. One relative told us, "I know [family member] is safe there, which gives me peace of mind." Another relative said, "[Family member] needs hoisting; they do that safely."

- Potential risks to people were managed well. Assessments had been carried out to identify any risks people faced, 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, people at risk of pressure damage had equipment in place to minimise this risk and, if necessary, were repositioned regularly by staff.
  - If accidents or incidents occurred, these were reviewed by the registered manager or deputy manager to identify any emerging themes and actions that could be taken to minimise the risk of recurrence. For example, records showed that one person was at risk of falls during the night. Night checks by staff were put in place and a sensor mat installed to alert staff if the person left their bed during the night.
  - There was evidence that learning took place when incidents or errors occurred. For example, following a medicines error, a reflective practice session was held which identified how the error occurred and lessons that could be learned to prevent similar events happening again. The lessons learned were shared with staff.
- The home had a business continuity plan to ensure people would continue to receive their care in the event of an emergency. Risk assessments had been carried out to identify the support each person would need to evacuate in the event of a fire.

#### Using medicines safely

- People's medicines were managed safely. People told us staff helped them take their medicines when they needed them. One person said, "I used to forget my medicines, but they look after that for me now. It gives me peace of mind." Relatives confirmed their family members' medicines were managed safely. One relative told us, "They do that very well." No one was managing their own medicines at the time of our inspection but the registered manager told us people would be supported to do this if they wished.
- Staff who administered medicines received relevant training and their practice was assessed annually. Staff who administered medicines during our inspection demonstrated good practice. There was guidance in place for medicines administered 'as required' (PRN) and for the use of homely remedies.
- 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 management was audited regularly and the audits we checked confirmed staff managed medicines 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.

#### 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

This was the first inspection of 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.

Staff support: induction, training, skills and experience

- People were confident in the skills of the staff who supported them. They said staff knew their needs well and provided the care they needed in a competent and caring way. One person told us, "The staff are very competent and very kind. They know the care I need and they make sure I am as comfortable as possible." Relatives confirmed staff had the skills and experience they needed to provide people's care. One relative said, "They are very good with people with dementia. They understand how to engage with 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. Staff attended regular refresher sessions and training related to people's individual needs.
- 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.

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. Relatives told us they and their family members had been encouraged to contribute their views to the assessment process. One relative said, "We were asked to give them details of all [family member's] likes and dislikes."
- Staff carried out a range of assessments to establish people's needs and monitor any changes. For example, assessments were carried out and regularly reviewed to identify needs in relation to moving and handling, pain, oral health, and emotional wellbeing.
- People's care was provided in line with relevant national guidance. The management team kept staff up to date with developments in guidance and best practice.

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 can see a doctor when I need to." Another person said they had seen a tissue viability nurse in relation to their skin integrity.
- Relatives told us staff monitored their family members' health closely and acted promptly if they identified concerns. One relative told us, "They are really on the ball with that." Another relative said, "They are very on top of things health-wise. They have good communication with the doctor's surgery."
- If people had healthcare conditions such as epilepsy or diabetes, care plans had been developed which contained information for staff about the support people needed in these areas. When necessary, staff made referrals to other healthcare professionals, such as GPs, speech and language therapists, and occupational

therapists.

- 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.

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 had received training in the MCA and understood how its principles applied in their work. Staff respected people's decisions about their care and, if people were at risk of harm, implemented the least restrictive options to keep them safe. If people were subject to restrictions to maintain their safety, such as being unable to leave the home unaccompanied, applications for DoLS authorisations had been submitted to the local authority.
- Although people's care was provided in line with the MCA, we found some inconsistencies in how documentation was completed around mental capacity assessments and best interests processes. We shared this feedback with the registered manager, who took immediate action to ensure documentation was completed correctly and consistently.

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

- We received mixed feedback about the food at the home, which was provided by an external supplier. Some people told us they enjoyed the food, whilst others said they found the quality of meals variable. For example, one person told us, "I think the food is very good, and if you don't like something, they will bring you something else." Another person said of the food, "Sometimes it's marvellous, sometimes it's not. I'd say it's 50/50", and a third person told us, "I have complained about the food; I find it bland."
- The provider was aware some people did not always enjoy the food as this had been a theme emerging from feedback, and was working with the meal supplier to provide a menu which reflected people's preferences. For example, the meal supplier had audited people's dining experience and had spoken to people to gather their feedback as part of this exercise.
- People's needs in relation to nutrition and hydration were discussed during their initial assessments and recorded in their care plans. There was clear guidance in place for staff if people had specific dietary needs, such as texture-modified meals, and staff had received training in the correct preparation of these meals.
- 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. People who needed support to eat were assisted by staff in a dignified and unhurried way. A relative's feedback form stated, 'When [family member] declines to eat or drink, they patiently encourage her to do so.'

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 and/or physical disability. Consideration had been given to the layout and design of the home 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 café, which was open to other residents of Whiteley Village. People's rooms were personalised according to their individual wishes and tastes.

# 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 was the first inspection of 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; equality and diversity

- People said staff were kind and caring. One person told us, "The staff are very kind and friendly." Another person said of staff, "They are very good; very pleasant and very polite. They look after me very well."
- Relatives told us staff treated their family members with kindness. One relative said, "They are all very friendly. All the staff, the cleaners and everyone, they always stop to say hello to [family member] and have a chat." Another relative told us, "They staff are very caring. They always have time to sit with the residents. Nothing is too much trouble. They always put the residents first."
- People told us they enjoyed their lives at the home. One person said, "I am very happy here. I never want to move out. I would recommend it." People told us the home had a friendly, welcoming atmosphere which they enjoyed. One person said, "It's a very friendly place. You can always find someone to talk to." Another person told us, "There is a friendly atmosphere here and they welcome visitors when they come."
- Relatives also highlighted the friendly atmosphere as one of the home's strengths. One relative told us, "It is very family-oriented. It's a real community, which is lovely." A relative's feedback form stated, '[Family member] and the other residents are so happy, which is a joy to see. It's like a family, not a nursing home. We are blessed to have [family member] here and she thinks of it as her home.'
- Staff too considered the home a family-oriented environment, which benefited the people who lived there. One member of staff told us, "We really do care about the residents here. We make sure they are happy and content. It's like a big happy family."

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. One person said of staff, "They are very respectful." People told us staff respected their right to privacy when they wanted it.
- Relatives spoke highly of the attitude and approach of staff. One relative told us, "The staff treat the residents with dignity and love. It's not just a job for them; they love doing it." Another relative said of staff, "They are considerate, they are respectful, they treat everyone with dignity."
- One member of staff had been appointed as the home's dignity champion. The registered manager told us the dignity champion spoke with new staff in their induction about the importance of treating people with dignity and respect and provided guidance about how to achieve this.
- People told us they could make choices about when and how they received their care and that staff respected their decisions. One person said, "You can choose when you want your care; they will come and help you when you feel like it."
- Relatives told us staff offered their family members choices about how they wished to spend their time. One relative said, "They are always asking [family member] what she would like to do; would she like to sit in

the lounge with the others or, if she wants to stay in her room, they ask if she would like her music on or the telly."

- 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 do things for herself, but they respect her wishes if she wants their help."
- Relatives told us staff supported people to regain their skills and abilities where possible to maintain their independence. One relative said, "When [family member] lost her mobility after a fall, they got the Hobbs rehab in to encourage her to walk again." (Hobbs Rehabilitation provides specialist rehabilitation for adults and children.)

## Is the service responsive?

### Our findings

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

This was the first inspection of 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 meet people's needs, preferences, interests and give them choice and control

- People's care plans were individualised and person-centred. They contained information about people's needs and preferences about their care, their life histories and interests.
- People who lived at the home and their relatives confirmed they were encouraged to contribute to the development of their care plans and that their views were listened to. One person told us, "They do discuss my care plan with me, and they review it to see if there is anything I would like to be done differently." A relative said, "We had a care plan review with [registered nurse] recently. They take our views on board."

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 range of activities and events, some of which were supported by volunteers. The home's activities programme included arts and crafts, seated exercise, film showings, potting plants, bingo, singing, quizzes and word games. People also had opportunities to socialise with the wider Whiteley Village community at events held to mark occasions such as the Queen's Jubilee.
- People told us they enjoyed the range of activities on offer. One person said, "We have a mixture of activities. We had exercise this morning. It's good to see other people, to get together." Another person told us, "There's quite a lot to do if you are interested. I like to join in because it helps keep me going."
- Relatives said their family members enjoyed and benefited from their participation in activities. One relative told us, "They send me videos of [family member] when she joins in the activities. It is wonderful to see her involved, to see her laughing." A relative's feedback form stated, 'As well as helping with [family member's] general well-being, the carers and the nurses spend time with her encouraging her to join in the occasional activity if she is able, and making her smile and laugh.'
- The activities co-ordinator told us they sought people's feedback about activities and what they would like included in the programme in the future. We heard how some activities had been tailored to meet people's individual needs. For example, a sensory activity had been organised which aimed to meet one person's individual needs. The activities co-ordinator told us the person had enjoyed their participation in the activity, which had increased their interaction and engagement with other people.
- People were supported to maintain relationships with their friends and families. A relative told us, "They encourage relatives to be involved in the life of the home. They did a barbecue for the relatives last week." The activities co-ordinator told us they supported people to make video calls to their families. People's families were able to contact the activities co-ordinator if they wished to schedule a video call.
- The activities co-ordinator scheduled some hours each week to spend time with people on a one-to-one basis to ensure no one was at risk of social isolation. A relative told us, "[Activities co-ordinator] does one-to-one for people, especially if they do not have many visitors."

### 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 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 and how people could signify their consent.
- Relatives told us staff knew their family members' communication needs well and had been proactive in responding to these. One relative whose family member had a visual impairment told us, "They got Sight for Surrey in to see [family member]. They suggested she might enjoy audio books, so they got those in for her." Sight for Surrey is a charity offering support for people who have visual or hearing impairment.

### 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.
- The home had recently achieved reaccreditation with the Gold Standards Framework (GSF) Quality Hallmark Award for the delivery of end of life care. The GSF accredits providers able to demonstrate high quality, proactive care which enables people to live well towards the end of their lives.
- A relative who visited the home regularly told us they had observed that staff provided caring and compassionate support for people towards the end of their lives. The relative said, "When there is a resident who is end of life in their room, they never leave that resident alone. They hold their hands, they read to them. It is wonderful to see."

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

- 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.
- The provider aimed to use concerns and complaints as opportunities for learning and improvement. The registered manager told us, "We have an open-door policy", and said people and relatives to be able to raise concerns in person, by phone or by email.
- People and relatives knew how to complain and were confident any concerns they raised would be addressed. Relatives told us the home's management team encouraged people to speak up if they had concerns or complaints. One relative told us, "If you have got any concerns, [registered manager] will say, 'Would you like to come in and meet one-to-one?' They always make themselves available. They are very open." Another relative said, "The management always say if there is anything you are not happy about, they want to know and put it right."

# 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 was the first inspection of 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.

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 managed well and that the registered manager provided good leadership for the service. One relative said, "It is very well run; the management are very professional. [Registered manager] is very caring and very good with staff." Another relative told us, "[Registered manager's] organisational skills are excellent and his communication skills with the relatives and the residents are second-to-none."
- 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 three times a week to ensure effective communication and to discuss any concerns. Clinical governance meetings took place weekly at which senior staff discussed any people at risk and to plan the care they needed.
- Relatives told us the management team worked in an open and transparent way, including if errors occurred. One relative said, "Nothing is swept under the carpet; they are very open. If there has been a simple mistake, they will be straight on the phone." Another relative told us, "If there have been any minor hiccups, they have got on the phone straightaway. There is a never a crisis because any little things are dealt with very professionally."
- The registered manager understood their responsibilities under the duty of candour and the requirement to submit statutory notifications when necessary.

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

- People were encouraged to give their views about how the home was run and these were listened to. For example, people had asked that the evening meal be served later and this request had been accommodated.
- Relatives were able to give their feedback about their care their family members received at relatives' meetings and through surveys. Relatives' meetings had been suspended during COVID-19 but the management team planned to reintroduce them in the near future. One relative told us, "As relatives, we all received a questionnaire recently. You could do it anonymously if you chose. They asked if we were happy with the staff, did we feel [family member] was receiving the right care, did we feel we could approach them if we had a concern, things like that."
- Relatives told us the home communicated with them well and kept them up to date about any issues



affecting their family members. One relative said, "They always call me if [family member] has been unwell or if they are concerned about anything, even if it is nine o'clock at night. It puts my mind at rest." Another relative told us, "Their communication skills are very good, both with the relatives and the residents."

- Staff morale was good and staff told us they received good support from the management team. They said advice and support was available to them when they needed it. One member of staff told us, "My manager is very approachable."
- Staff felt valued for the work they did and told us they worked well together as a team to ensure people's needs were met. One member of staff said, "We work together to meet the needs of our residents." A relative told us, "[Registered manager] always gives encouragement to his staff, he is always praising them. He and his nurses never forget to say thank you to their staff."

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, including care plans, medicines management, health and safety and infection control. Any untoward events that occurred were reviewed to ensure learning and improvements took place.
- The provider's director of care carried out quarterly monitoring visits which assessed whether the home was safe, effective, caring, responsive and well-led. The director of care told us action plans were developed following these visits and that the completion of any necessary actions was checked with the registered manager on a monthly basis.
- General staff meetings were held regularly and were used to discuss areas including training, safeguarding, complaints, and to share any lessons learned from incidents. Separate meetings also took place for different staff groups. Staff told us they had opportunities to contribute to these meetings and encouraged to speak up about any concerns they had.
- Relatives told us the registered manager's approach promoted learning and continuous improvement. One relative said, "[Registered manager] talks to the residents a lot, he gets to know them. He tries to create a happy environment. He is always trying to improve things, no matter how small they are."
- Staff and the management team had developed effective working relationships with other professionals involved in people's care, such as GPs, speech and language therapists and occupational therapists.