

Bupa Care Homes (ANS) Limited

# Canning Court Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Canning Court is a purpose built home which is registered to provide residential and nursing care for up to 64 older people living with dementia. The home has two floors, a ground floor unit called Hamlet, and the first floor unit called Gower. Most people who lived at Canning Court had limited mobility and/or a diagnosis of dementia. At the time of our inspection there were 39 people living at Canning Court.

### People's experience of using this service

Canning Court had a new management team who were motivated to provide high standards of care to ensure positive outcomes for people, their relatives and the staff team.

The provider had streamlined their systems and processes to audit and check on the safety and quality of the service. Audits and checks were not filed until any actions identified had been signed off as completed. The provider monitored the service improvement plan to ensure progress was being made.

There were enough staff to provide safe and effective care. New admissions to the home were only accepted if the registered manager was confident there were enough staff with the required skills, knowledge and experience to effectively meet people's assessed needs. Staff received training and support to meet their role and responsibilities.

People's individual risks were considered and safely managed. Staff were clear about the importance of keeping people safe and protected and reporting any concerns to senior staff or managers. The home was clean and tidy, and the provider was following up to date guidance to reduce the risks of any infections spreading.

Staff monitored people's health and wellbeing and referrals were made to other health and care professionals when needed. People were supported to have enough to eat and drink and staff were aware of people's individual likes and dislikes, allergies and other dietary requirements. Staff followed systems and processes to administer, record and store medicines safely and records showed people received their medicines as prescribed.

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.

People had developed friendly relationships with staff and made many of their own decisions about their daily routines which supported their independence. Staff promoted people's privacy and dignity by taking time to listen to them and supporting high standards of personal care. People's engagement with activities was reviewed to ensure they remained relevant and continued to have a positive impact on people's wellbeing.

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 and update

The last rating for this service was requires improvement (published 27 January 2020) and there were 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

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

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 ●

# Canning Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of three inspectors, a specialist nursing advisor in dementia care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This 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 and sought feedback from the local authority. We sought feedback from Healthwatch and an independent advocacy service. 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. We used all this information to plan our inspection.

### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the provider's area manager, the clinical deputy manager, the area training manager, two nurses, four care staff, two activities co-ordinators, the finance manager and the chef. We spoke with four people and 12 relatives about their experiences of care and two visiting healthcare professionals. We reviewed three people's care plans in detail and specific areas of seven other people's care plans. We looked at 12 people's medication records, a selection of monitoring charts, and a variety of records relating to the management and governance of the service.

# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

- At our last inspection there were not always enough staff with the skills and knowledge of people's individual needs to provide consistent and effective care. At this inspection we found improvements had been made.
- There were enough staff on duty to meet people's needs. The registered manager assessed people's risks and dependency levels to identify the number of staff required on each shift.
- The registered manager explained they had a number of vacancies for care and nursing staff, but these roles were being supported by agency staff. Agency staff were booked in advance and on a regular basis so continuity of staff could be maintained.
- The working patterns of permanent staff had been reviewed so agency and new staff worked alongside more experienced staff. This ensured people were supported by staff with the right skill mix and knowledge of their individual needs. A staff member told us, "Rotas are agreed eight weeks in advance so staff can organise their lives, but it also makes for better planning around gaps in staffing requirements."
- The provider had a programme of continuous recruitment to ensure safe staffing levels were maintained.
- Staff spoken with said staffing levels and consistency of staff teams had greatly improved with increased recruitment. One staff member told us, "We have managed to get hold of more staff and things are improving. You can see staff work well together. It is better." Another staff member confirmed, "The manager has organised the booking of regular agency staff which has really helped and is much better for the residents and the staff."
- Overall relatives were happy with the staffing levels. Comments included: "There are a lot of staff but they are always running around" and, "There always seem to be staff around and they are always helpful." However, some relatives did comment on the high use of agency staff and recent staff changes.
- Staff were recruited safely. The provider's recruitment process ensured that references, employment history and criminal background checks were in place to make sure staff were of a suitable character.

### Assessing risk, safety monitoring and management

- Staff had undertaken assessments to identify and manage risks to people which included information on the actions staff should take to manage risks.
- People who had skin damage had care plans for the treatment of the damaged area which were clear and contained the advice of external healthcare professionals. Records demonstrated staff were following care plans to minimise the risks of further damage and promote healing.
- One person was at risk of seizures due to their medical condition. This person had a specific care plan for the management of their condition which included the actions to take if prescribed 'rescue medication' was not effective.

- Each person had a personal emergency evacuation plan (PEEP) which reflected the support they would need to evacuate the premises safely, in the event of an emergency.

#### Using medicines safely

- Medicines were stored, managed and administered in line with good practice guidelines.
- Medicines were given to people in accordance with manufacturer's guidance and prescriber's instructions so they achieved their maximum effectiveness.
- Guidelines ensured that when people were administered 'as required' medicines they were done so consistently and safely.
- Where people received their medicines covertly (hidden in food or drinks), an assessment of the person's capacity for this specific decision had been completed and a meeting held to ensure it was in their best interests. Decisions to give people their medicines covertly, were regularly reviewed.
- Relatives had no concerns about medicines management in the home.

#### Systems and processes to safeguard people from the risk of abuse

- Staff were clear about the importance of keeping people safe and protected and reporting any concerns to senior staff or managers.
- Staff told us even though they worked well as a team and respected each other, they would not hesitate to report any colleagues providing poor care or inappropriate treatment. One staff member said, "It is my duty to report it." Another staff member told us, "I care about these residents too much and care about this job too much to let things not be done properly."
- The registered manager was clear what needed to be reported to us and the importance of keeping people safe and protected. We identified four safeguarding incidents in a person's records, and they had all been appropriately reported to the local authority safeguarding team and to us, CQC.

#### Prevention and controlling infection

- We were somewhat assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff were observed using appropriate PPE to perform close contact tasks but hand sanitiser was not always easily accessible. The registered manager assured us they would review the availability of hand sanitiser in the home.
- 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 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. Clinical equipment was clean and in working order.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were able to spend time with their family and friends. People had visitors come to the home and there was a visiting policy in place to help keep everyone safe.

#### Learning lessons when things go wrong

- Following a recent internal audit, improvements had been made to ensure accidents and incidents were fully reviewed to ensure action had been taken to minimise risk and lessons had been learned.



- Records demonstrated that learning from incidents and good practice were shared with the staff team to improve outcomes for people within the home.
- There was a clinical meeting each week where subjects such as pressure wounds and infections were reviewed and learning shared.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- People had their needs assessed before they moved to Canning Court. Assessments formed the basis of their care plans and informed staff how to achieve planned outcomes for people.
- Care plans were based on current best practice and incorporated recognised risk management tools.
- The registered manager only accepted new admissions to the home if they were confident there were enough staff with the required skills, knowledge and experience to effectively meet people's assessed needs. A member of nursing staff confirmed, "On one occasion I had carried out a pre-admission assessment and I felt the person was not suitable and their needs could not be met at this time. The manager respected my opinion."

Staff support: induction, training, skills and experience

- Improvements had been made since our last inspection to ensure new staff received an induction which provided them with the skills needed to support people in an effective way. A new member of staff told us their induction was comprehensive and helped them to understand their role and responsibilities. They explained, "I was really nervous when I started because I had never had a job in care before, but I am really confident with it now and I will be happy to start my shadow shifts."
- The induction programme supported new staff in achieving the Care Certificate. 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.
- Staff training was refreshed at key intervals and staff were given opportunities to undertake further training and qualifications in health and social care. One staff member told us, "The managers put out an information pack with what training courses are coming up so staff can do extra training if they want to."

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

- People were supported to have enough to eat and drink.
- Relatives spoke positively about the quality and variety of meals offered. Comments included: "The food is fine. [Name] does not like some things, but they offer her alternatives", "The meals are very good, he eats well" and, "There always seem to be enough staff to help and give assistance (supporting people to eat)."
- At lunch time we saw people enjoyed their meal. Tables were arranged into small groups across the dining area, or if they preferred, people could have their meals in other areas of the home.
- People could choose an alternative food choice if they did not want what was on the menu. To help people make a preferred choice, staff showed them plated meals so they could see what their options were.
- The chef was aware of people's individual likes and dislikes, allergies and other dietary requirements. They

knew which people required specialist foods or diets such as gluten free, vegetarian or those who required soft or pureed foods.

- We checked three people who had a modified diet to prevent the risk of choking. In one example, staff offered the person softer textures of food to what was recorded by the speech and language therapist team. We discussed this with the deputy manager who assured us they would seek additional health professional advice to ensure the meals provided continued to meet the person's needs.
- Staff monitored people's weights and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. One relative told us, "[Name's] weight has stabilised here. He eats all the food and loves the milkshakes."

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

- Care records demonstrated people had their health care needs met by a variety of professionals such as the dietician, speech and language therapists and tissue viability nurse.
- The GP visited the home every week, as did the frailty nurse team. The registered manager explained this meant any changes in people's medical needs could be addressed quickly and effectively.
- Our observations during our inspection visit identified a mutual respect between nursing staff and two visiting healthcare professionals. They identified and explored issues together to reach solutions that ensured positive outcomes for people. A visiting healthcare professional told us, "The nurses are very organised here; they are always well prepared and available at the agreed time of the visits and everything we may need is available."
- Advice from medical professionals was recorded in people's care plans and communicated to staff. A visiting healthcare professional confirmed, "Where we provide advice for the management of emerging issues these are always followed."
- The registered manager was following the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. Oral health care plans detailed what support people required to maintain their oral health.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where there was reason to question a person's capacity to understand information related to their care and support, their care plans included a mental capacity assessment relating to the decision that needed to be made.
- Where it had been assessed people did not have capacity to make a decision, 'best interests' meetings had been held with others involved in the person's care. This meant the rights of people assessed as lacking capacity were fully protected and any decisions made on their behalf were in their best interests.
- One staff member was responsible for maintaining records for family members who had lasting power of

attorney. They explained this was particularly helpful when they needed to discuss people's finances and health and welfare decisions.

- Where people had restrictions placed upon them, legal authorisations had been submitted to deprive a person of their liberty. Nobody had any conditions on their DoLS authorisations at the time of our inspection visit.
- Staff conversations showed they understood the importance of consent and seeking people's involvement in their care choices.

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

- Canning Court was a purpose-built home. There was a lift for people and visitors who had limited mobility.
- People's rooms were personalised with pictures of their families, books, games and personal possessions that reminded them of their family and important events in their life.
- There was access to a safe outdoor area for people to enjoy.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- At our last inspection we identified inconsistencies in staff responses to people. At this inspection we found people had developed friendly relationships with the staff who supported them and were relaxed and comfortable when chatting with staff and each other.
- We saw people smiling at staff and sharing their views, which staff responded to. One person told us, "Its easy and friendly here." A relative said, "This is where [Name] lives now, and this is his home. He seems much happier here."
- Staff knew people well enough to have meaningful conversations with them about their family and things they may want to do with their time.
- Relatives were very positive about the caring approach taken by staff. One relative told us, "The staff here are fabulous. The care here has been beyond anything we could have hoped for." Other comments included: "The staff are very friendly and caring. They say hello and know my relative well and are always talking to him" and, "[Name] has a good relationship with a lot of the staff."
- Staff told us they valued the opportunities they were given to get to know people living at the home, and the relationships they had built with people. One staff member said, "I really like my role here (because of the residents)."
- Staff gave us examples of how they supported people so they would feel comfortable and included in life at the home. This included considering if people needed extra support because of their underlying health needs or anxiety.
- The provider was supportive of caring staff practices and some staff had completed 'Active Kindness' training. This training supported them to understand how their interactions and responses to people could positively impact on a person's day.

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

- People made many of their own decisions about their care, such as what time they wanted to get up, what they wanted to eat and what support they wanted to arrange their belongings in their room.
- Relatives highlighted staff listened to their family member's choices, such as what interesting things they may wish to do and if they wished to stay in their bedroom.
- Staff members explained how important it was to ensure people with sensory needs were fully supported to make their own choices through sensitive support. This included showing people options and watching people's body language so they could be sure they had understood people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People were cared for by staff who understood their rights, privacy and dignity. Staff took action to promote this by knocking on people's doors to seek permission to enter their rooms and by ensuring people were happy to receive care and support.
- Relatives confirmed that staff were careful to promote people's privacy. One relative told us, "They protect his privacy. When I visited once, they were just dressing him, and they would not let me in the room until they had finished dressing him. I thought it was jolly decent of them." Another relative said, "The staff always pull the curtains across when they are doing personal care."
- Relatives told us staff maintained people's dignity by ensuring they were well supported with their personal care. Comments included, "[Name] is always clean and has her hair done, she always looks immaculate" and, "It was recently a family wedding and the staff made sure my relative had her hair done and they decorated the lounge and made sure my relative looked smart. They were brilliant."
- Staff supported people to make as many decisions as possible, to maintain their independence.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- Following our last inspection, improvements had been made to ensure people received personalised care that met their individual needs.
- People's care plans and risk assessments reflected their care needs, preferences and individual histories. This helped to ensure staff were given the information they needed to care for people in the way people preferred.
- People and their relatives told us, their views were taken into account when care was planned. One relative told us, "The staff know his preferences and know how he likes his tea. They know he likes to be well dressed and clean and his hair done, they know him well."
- One relative told us how staff were responsive to their family member's emotional needs. They explained, "[Name] does get depression and the staff recognise this and spend time talking to him when he needs it."
- Staff were positive about the guidance they received to provide good care to people through their care plans and risk assessments. They told us care plans and risk assessments were reviewed as people's needs changed.

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

- Care plans described the activities people enjoyed taking part in, and how staff should support people to meet their social needs.
- Each morning designated activities staff spent time with people to meet their individual preferences, such as chatting with them, reading with them, or undertaking individual activities with them.
- An activities staff member explained their role saying, "My job is all about keeping people engaged, promoting their mental wellbeing, and catering to their social needs." They added, "We ask what people want to do every day."
- People were supported to enjoy a variety of interesting things, such as manicures, having their hair cut in the onsite salon and craft projects. There were also regular clubs such as the gardening and birdwatching club, and themed events to involve people and engage their interest.
- People were encouraged to carry on with hobbies they had previously enjoyed. However, it was recognised that if they were not able to participate as they had done in the past, it may not give them the same levels of pleasure.
- People's engagement and interaction with activities was reviewed to assess whether they were having a positive impact on their wellbeing.
- The provider, registered manager and staff understood the importance of supporting people to keep in

touch with others who were important to them. A visitor pod had been introduced during the COVID-19 pandemic to facilitate visits when they were not permitted within the home.

#### 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 carer's, 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 considered when their care was planned.
- Communication tools were used and included writing options down for people, or showing people items to choose from, depending on their communication preferences.
- Care plans recognised that some people's distress or frustration was their way of communicating what they wanted, or how they felt, if they did not use words.

#### End of life care and support

- People's care plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about whether attempts at resuscitation should be undertaken for the person.
- Care plans contained some information about people's wishes for their end of life care. However, we found further information in respect of any religious, cultural or personal wishes would ensure people spent their final days as they wished to. The deputy manager told us this had been identified and they planned to consult with external palliative healthcare professionals to support staff in having these conversations.
- A member of care staff told us how they worked closely with the nursing staff to ensure people were peaceful and comfortable at the end of their life.

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

- There was information about how people could raise a complaint displayed within the home. This signposted people to other organisations they could share their concerns with.
- Complaints received had been managed in accordance with the provider's policies and procedures.
- Systems were in place to manage and take learning from any complaints received.
- Most of the people or relatives we spoke with had not raised any complaints. They told us this was because the care provided was good and any concerns or suggestions they made were listened to. One relative had raised a complaint and told us, "It was dealt with swiftly."



# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure the systems in place to monitor and measure the service were fully effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the provider was no longer in breach of regulation 17.

- The provider had systems and processes to audit and check on the safety and quality of the service. This included regular manager audits, visits from regional managers and internal quality assurance teams. Improvements had been made to ensure these processes were effective at driving improvement within the service.
- A new registered manager had been in post since December 2021 and a new clinical deputy manager had very recently been appointed. Both managers had worked in other BUPA homes and understood the provider's policies and procedures and their role and responsibilities.
- Since our last inspection the provider had streamlined their quality assurance processes. Regular audits of the environment, infection control, medicines management and health and safety checks were carried out.
- Audits were not filed until any actions identified had been signed off as completed. The registered manager was open that improvements still needed to be made to ensure actions were always completed within identified timescales.
- Audits fed into a service improvement plan which was monitored by the provider to check progress made against identified targets.
- A member of the management team walked around the home every day to maintain a visible presence and ensure the service was operating satisfactorily. Clinical oversight of the home was maintained through weekly clinical risk meetings where any required actions were documented and followed up.
- Records demonstrated that where poor practice was identified, timely and robust action was taken to improve practice and ensure the safety of people at Canning Court.
- The provider had acted in respect of staff vacancies and had limited admissions into the home until those vacancies had been filled. They had implemented initiatives to enhance their recruitment opportunities to attract the right staff to support people in the home.
- Staff spoken with told us the recent changes to the management team were positive. Staff gave examples of where immediate action had been taken when concerns were raised. One staff member told us, "I do

believe we are on our way up with the new manager. Both [registered manager and deputy manager] are making it better. If something is not right, they will deal with it straight away." Another staff member told us, "The manager is very interested in everything on a daily basis."

- Relatives were happy with the standards of care in the home and specifically mentioned the welcoming attitude of permanent staff. One relative said, "The atmosphere is very good there are lots of young carers who are very nice and caring and always smiling. The manager is upstairs, and I see them occasionally. I am perfectly happy with the care at all the times." Another relative said, "The home is very nice and the staff are friendly. They talk to you and say hello to mum when passing by. They are very pleasant and make you feel welcome."
- The managers on-site during our inspection visit, welcomed the inspection and our feedback, especially around the areas that had improved.

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

- Relatives were asked to give their feedback about the service through questionnaires and 'relatives meetings'. COVID-19 guidelines and restrictions meant holding meetings had not always been easy, but the registered manager was keen to open them up again and encourage people back into the home.
- Relatives told us communication had been maintained despite the restrictions imposed by the COVID-19 pandemic. Comments included: "We had letters come out and we were kept informed, it was no problem during COVID" and, "The communication was very good."
- The provider sought feedback from staff through regular surveys. The provider 'pulse checked' the impact of any improvements implemented in response to surveys to check they were supporting staff morale in the home.

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

- Providers must 'conspicuously' and 'legibly' display their CQC rating at their premises. The provider was displaying their CQC rating from our previous inspection visit.
- Relatives told us they were kept informed of any incidents within the home. One relative commented, "The staff are very good they phone me if there are any problems and they let us know about changes." Another said, "The staff are not fearful of questions you can ask anything."

Working in partnership with others

- The provider worked with other health and social care professionals. This supported people to access relevant health and social care services.