

# Stow Healthcare Group Limited

# Cedars Place Care Home

## Inspection report

Sudbury Road  
Halstead  
Essex  
CO9 2BB

Tel: 01787472418  
Website: [www.stowhealthcare.co.uk](http://www.stowhealthcare.co.uk)

Date of inspection visit:  
07 December 2022

Date of publication:  
08 March 2023

## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Cedars Place Care Home is a residential care home providing personal care to up to 63 people. The service is a large 2 storey building with a large secure garden. There are 2 units; these included some local authority 'bridging' beds for people discharged from hospital before they are able to either move into the care home or return home. At the time of our inspection there were 55 people using the service. At the time of our inspection 7 people had nursing needs.

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

This was an outstanding service. People and relatives spoke highly of the culture and leadership of the service and the care people received from staff. The leadership team and staff, consistently looked for new opportunities support people to maximise their quality of life and independence in a exceptionally person centred way.

The provider had gone to extra measures to forge strong links within the local communities to support people living at the home to lead fulfilling lives. Staff worked effectively alongside other health professionals to support people's health and wellbeing and professionals feedback the positive impact the home had on peoples wellbeing.

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.

Risks to people's safety were assessed and monitored and there were systems in place to safeguard people from the risk of abuse. Processes were in place to manage people's medicines safely and staff had received medicines training. The provider monitored the deployment of staff across the service to ensure there were enough staff available to support people's needs.

The provider had implemented safe infection prevention and control processes. Staff had access to appropriate personal protective equipment [PPE] and had receiving training in the management of infection control risks.

Staff were safely recruited and received an induction when starting in their role. Staff completed a range of relevant training to support their understanding of people's needs and told us they felt supported and valued by the management team.

The provider had effective systems in place to monitor the quality and safety of the service and people, relatives and staff felt comfortable raising any concerns and giving feedback.

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

#### Rating at last inspection

This was the first rated inspection of this service since the new provider had taken over in 21 October 2020. We carried out an inspection of the designated setting accommodation in January 2021 to ensure it was fit for purpose. This was part of the building the provider made available to care for people who had been discharged from hospital before returning home or back to a care home.

The last rating for this service under Q H The Cedars Limited was requires improvement. The report was published 05 June 2019.

#### Why we inspected

The inspection was prompted in part due to concerns received about an incident. A decision was made for us to inspect and examine those risks.

#### 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?

Outstanding 

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding 

The service was exceptionally well led.

Details are in our well led findings below.

# Cedars Place 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 was carried out by 3 inspectors.

#### Service and service type

Cedars Place 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. Cedars Place 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We 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 9 people who used the service and two relatives about their experience of the care provided. We also 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 12 members of staff including the registered manager, deputy manager, nurse, maintenance man, activities co-ordinator and care staff. We reviewed a range of records. This included 6 people's care plans, 5 people's medicines records, 4 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service. and care staff. We received information from 3 healthcare professionals who have regular contact with the service. We reviewed a range of records. This included 6 people's care plans, 5 people's medicines records, 4 staff files in relation to recruitment and staff supervision and a variety of records relating to the management 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.

This is the first inspection since this provider took over this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People told us they felt safe and people's relatives confirmed they had no concerns about people's safety.
- Risks to people's safety were assessed and reviewed. For example, during the inspection we reviewed the care plans for people who had a history of falls. The registered manager was able to demonstrate how this was being monitored and what actions had been taken to mitigate the risk of reoccurrence.
- Staff were knowledgeable about risks to people's safety and were able to tell us how they supported them to minimise these. Were people's daily care notes did not always clearly evidence this support as some had been recognised by the management team and staff were receiving support to ensure daily notes were more comprehensive.

### Staffing and recruitment

- The provider had considered how staff were deployed across the service. During the inspection, we observed staff responding promptly to people's needs, even during busy times of the day.
- Staff told us there were enough of them on duty. One member of staff said, "There are enough staff on duty, but of course we would like more. It would give us more time to have 1:1 time with people." Another member of staff told us, "There are enough staff, but I wish we had more permanent staff rather than relying on agency staff."
- The registered manager told us they tried to use consistent agency staff and were actively recruiting for more care staff.
- People and relatives told us there were enough staff available to provide appropriate support.
- The provider had ensured staff were safely recruited with appropriate employment checks completed prior to starting work.

### Using medicines safely

- The medicines room was very small and crowded. The provider had recognised this and was in the process of moving the room to a new treatment room and purchasing 2 new medicine trolleys.
- People received their medicines as prescribed. Staff had completed medicines training and the provider had assessed their competency to ensure they understood how to support people safely.
- The provider arranged for people's medicines to be reviewed regularly with the GP to ensure they were still appropriate for their needs.
- The provider completed regular audits to ensure medicines were given correctly. Spot checks were carried out on random medicines.

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

- There were systems in place to protect people from abuse. The provider had a safeguarding policy in place for staff to follow and there were clear processes for reporting, reviewing and learning from safeguarding incidents.
- Staff had received safeguarding training and knew how to report any concerns. One member of staff told us, "I would speak to the manager or if need be contact the local authority or CQC."

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 ensured visitors were able to come into the service without restrictions and in line with government guidance. People received regular visits from friends and relatives.

#### Learning lessons when things go wrong

- The provider had a process in place for reviewing and analysing accidents and incidents.
- The registered manager shared this analysis and lessons learnt with staff during supervisions and team meetings to minimise the risk of a reoccurrence.



# Is the service effective?

## Our findings

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

This is the first inspection of this service since registration. The key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed an assessment with people, which covered all aspects of the support they needed including their history.
- As part of the assessment, people's protected characteristics under the Equalities Act 2010 had been discussed and recorded such as religion and culture.
- The provider had assessed people's needs and used this information to develop their care plans.
- The provider ensured staff had access to organisational policies and procedures to support their working practices. The registered manager signposted staff to any updates or changes to policy where necessary.

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

- People were supported to eat and drink a well-balanced health diet. People's support needs and preferences were recorded in their care plans and reviewed regularly. Where risks associated with eating were identified clear guidance was in place.
- The registered manager regularly asked people for their feedback about menu choices and adjusted meals options in line with people's preferences. We saw some feedback from people, requesting Yorkshire puddings more often and bubble and squeak with bacon.
- We observed staff offering people support and encouragement to eat where appropriate and staff were knowledgeable about people's eating and drinking needs. Staff were respectful when supporting people to eat and drink.
- The dining area had a calm atmosphere; people could choose where to sit but it was encouraged for people who could converse to sit together and chat over lunch. Staff understood the importance of monitoring how well people were eating and drinking.

Staff support: induction, training, skills and experience

- Staff undertook a comprehensive induction when starting in their role. One member of staff told us, "The induction was really good. I also shadowed other experienced staff until I felt able to work on my own. There is always someone around to ask if you are not sure."
- Staff completed a range of training relevant to their roles. The registered manager had a matrix in place to check when staff had completed their training and what training was still outstanding.
- The provider trained 4 in house moving and handling trainers, to ensure all new starters completed this training at the start of their employment with them. In addition to this, comprehensive face to face training had been complemented across a variety of subjects to provide staff with the skills and knowledge to meet people's needs.

- Staff received regular supervisions and told us they felt supported by the management team. One member of staff said, "The managers are very supportive, and I can talk to any of them whenever I need to, they are very approachable."

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

- People were supported to access appropriate healthcare support when needed. The provider responded promptly to people's changing health needs, seeking medical advice and making referrals to other healthcare professionals when necessary.
- People's care plans contained information about who was involved in supporting their healthcare needs alongside a record of their appointments, with any feedback or recommendations recorded.

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

- The service was well decorated and maintained. It was bright and airy, despite being a large building it felt very homely. There were photographs and pictures on the walls to encourage conversation and people's bedrooms were personalised to reflect their preferences.
- People told us they liked the decoration they said they felt the home was warm and cosy.
- The outside of the building had a large carpark and a secure garden area which was well maintained and easy for people to utilise with any mobility problems.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to consent had been considered by the provider and people's care plans detailed what decisions people could make independently and when they may need support with decision-making.
- The provider had submitted DoLS applications to the appropriate authorities when necessary and the registered manager had a tracker in place to ensure applications were re-submitted when due.
- Staff had received training in understanding the principles of the MCA.

# Is the service caring?

## Our findings

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

This is the first inspection of this service since its registration. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were very happy with their care and support. Feedback from relatives included positive comments. One relative commented, "The standard of care offered by the team at Cedars is exemplary. The management team have a genuine interest in the well-being of the residents and seek to enhance their quality of life." This was evident during our inspection of the changes that had taken place since the provider had taken ownership of the service.
- Staff were kind and caring, our observations showed positive interactions and support. Staff showed respect and interacted with people at a level and pace they could understand.
  - Staff enabled people to respond to choices without rushing them. We observed a staff member encouraging someone to choose their choice of drinks, the staff member showed patience and understanding of the persons communication needs.
- People had relationships support plans, identifying any needs they had for further guidance or external support. Staff were provided with training in this subject to ensure they could meet the needs of the people they supported.
- People's support plans included information about people's preferences including sexuality and religion.

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

- Staff encouraged people to take part in compiling their care plan and empowered them to make decisions about their care.
- People told us they felt listened to and care was provided how they wanted.
- Regular meetings took place which enabled people being supported to discuss what they thought was going well and what was not going well. The service had in place a 'We said, you did' board, with actions taken noted.
- The service also offered regular group meetings with people's relatives via zoom. The registered manager led these meetings they were also attended by a director of the company in order for people to have the opportunity to have any questions or concerns answered.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and knew how to maintain people's privacy. We observed staff knocking on doors before entering rooms and checking on them.
- Staff spoke about people in a respectful way and encouraged them to maintain their independence. We observed people being promoted to use the bathroom this was done in a dignified way.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service had gone the extra mile to find out what people had done in the past and arranged activities to support people to have exceptionally person-centred care.
- For example, staff discovered from person's life history they were formally a 'handyman'. This person had expressed they wanted more of a purpose within the home. They were therefore appointed the designated Health and Safety Officer and given their own uniform and badge. The person expressed what a difference this 'role' has meant to them and the purpose it gave them.
- Successes for people benefited others living at the home. We were told about a number of examples of staffing thinking creatively to help people lead interesting, varied and meaningful lives. The manager told us, "We are simply supporting our residents by putting familiar tools back in their hands and supporting them to retain skills and independence that were once an important part of their lives."
- People had created artwork which had been presented to the British Legion and now displayed in the local community. The service had also won the national MOJO creative arts Christmas competition with a Christmas card design which had been published and printed onto postcards for people to share with their families.
- The provider was constantly evaluating activities on offer to ensure that people had happy and meaningful fulfilment. They had recruited 2 activities coordinators 1 who was also the hairdresser at the service and worked weekends.
- People we spoke to on the Meadows floor which at present accommodates some nursing beds and the bridging beds told us, they would like the opportunity to take part in more activities. The registered manager had already identified this could be improved and were in the process of recruiting an additional activity person as the building was split into 2 areas which they felt made it difficult for the current activities person to be able to provide enough activity support to everyone.
- The activities staff member was very enthusiastic and wanted to ensure people had meaningful activities to do if they so wished. They had received training in providing activities for people living with dementia and told us they had also done some research themselves. On the day of our inspection, people were sitting at a table flower arranging fresh flowers that the service had been given by liaising with the local supermarket. Staff told us, "Each week we go to the supermarket and they give us any out of date flowers there is nothing wrong with them it is lovely as the home is always full of fresh flowers."
- People were given a weekly timetable of activities; this included a pantomime company visiting for people who were unable to go out and also a singer who was someone who's relative used to live at the home.
- The registered manager constantly looked for new opportunities to support people living with dementia to be part of their local communities, This included being able to visit the local cinema that showed

dementia friendly films.

- The management team told us of how they had facilitated the army cadets to visit the service, as one resident had been in the army. This gave them the opportunity to reminisce and have conversations about their past.
- Staff had gone the extra mile to support the protected characteristics of people in relation to their sexuality. During Pride awareness month people were encouraged to share what they were most proud of in their life. The service slogan was 'Be proud of what makes you different'.
- The care co-ordinator attended a training course which looked at relationships of people who may have additional care needs, both physical and cognitive. This course encouraged an open and honest approach to sexuality in the care home. The staff member shared the training with other members of the staff team to open conversations about sexuality and promoting choice.
- People had expressed the positive impact on their lives with staff thinking of creative ways to make life enjoyable. For example, the service had created a 'wish tree'. One person had previously spent their career as a jockey, their wish was to see some animals. The service arranged for some miniature horses to visit the garden and for them to visit the local zoo. The staff had arranged as a surprise for the person to feed the giraffes. The person had told staff "You see, dreams and wishes really do come true, mine have."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was exceptionally personalised. Staff understood people's needs and preferences and supported them to have as much control as possible over how their care was given with input from a variety of professionals involved in people's wider care needs. Feedback from professionals about supporting people with complex needs to get the right support, in the face of distressing situations was outstanding.
- The level of detail in care plans meant that the staff team had an excellent understanding of people's physical, mental health, oral health and sensory needs including their likes and dislikes, who was important to them and how they liked to spend their day.
- We observed staff listening to people and encouraging people to make their own choices.

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 (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service had taken great lengths to ensure that people's communication needs were identified and supported and the AIS had been incorporated within the assessment processes. For example, the resident's guide to the home was produced in an easy read format, in addition to standard format, and recorded an audio version available on CD for people who are sight impaired.
- The provider had ensured that staff were aware of how important it was to ensure people could communicate well. They produced an accessible information one pager as an easy read guide for staff and residents offering alternative methods of communicating information that they may prefer, and the service could accommodate this for them. Care plans contained detailed information to guide staff of the best way to communicate with people.
- The provider had instigated innovative use of technology during Covid-19. The provider told us "This has been very important to us in enabling outstanding care and enjoyment of daily life for our residents. During the early days of the pandemic, we used dual microphone/speaker sets during times when visiting precluded people being in the same room. This made communication much easier." They had also actively taken up an offer to be supplied with tablets which continued to support people to have remote calls between families who lived a distance away.

- Staff used giant interactive dementia tables in each unit. These were transported around the home to support residents living with dementia, as well as those who just enjoy the myriad of games, they can play through it. This device was used as a communication tool to remain in contact with friends and loved ones via telephone and video calls.

- The provider ensured that regardless of communication needs that all people had access to the service's quarterly newsletter. As such it was produced in A4 format, in large accessible font, and used pictures to support the understanding of the text. This meant people were better able to access information and engage with news.

Improving care quality in response to complaints or concerns

- The provider wanted to ensure that all people were supported to raise concerns if they had them and provided people with an easy read guide to complaints and Residents' Handbook. They wanted to make it as easy as possible to make a complaint so had developed a one page "how to complain guide which was displayed in the home in a visible area.

- People told us they knew how to make a complaint and felt comfortable speaking to staff if they were unhappy with anything.

- The manager discussed complaints at the home's weekly management team and a wider review is completed by the operations team each month as part of the provider quality assurance audit.

- We saw an analysis of complaints that had been received over the last 12 months, these had been investigated with all parties kept informed of the outcome, in a timely, sensitive and caring way.

- The provider was constantly evaluating their response to complaints and how to support those that complained. After one particular complex complaint had concluded, the service developed an annual complaints review process which highlighted the proportionately low number of complaints received but set out several learning points to improve the service, including implementation of a new call bell system that allows for full auditing; staffing training and introduction of four in house moving and handling trainers to support staff; and more robust system for documenting and reviewing observations to ensure that signs of deterioration were quickly identified and actioned on. This resulted in demonstrably safer outcomes for residents in 2022.

End of life care and support

- People had access to excellent end of life care from a knowledgeable, compassionate and caring staff team. End of life care plans clearly documented people's needs and wishes.

- Where people had very complex end of life needs and care was required that might result in distress for staff and risk to the person, the service had ensured that as part of staff training around managing people's care included activities such as role play, so that staff would know how to respond in an emergency, for example what to do if a person experienced a catastrophic haemorrhage. This meant that staff felt supported and confident in how to manage potentially complex needs of people.

- The service worked collaboratively with the local communities and end of life teams to promote positive conversation around end of life care. In 2021, the service launched a series of events held to coincide with national Dying Matters Week. The provider engaged staff, residents, families and local communities with a series of stand-out talks and activities covering topics as diverse as humanist funerals, dealing with grief, appointing powers of attorney, and understanding the death rituals of the Ancient Egyptians.

- These talks which were provided by external professionals could be accessed on an online platform and people, professionals and the wider community were invited to attend. This had an exceptional positive impact, helping to raise awareness and encouraging people to ask questions and think about having a "good death."

- The success of this engagement resulted in a similar series of talks in 2022 which included sessions on organ donation, wills and power of attorney and 'Death Doulas'. The service received excellent feedback and staff even held informal 'debrief' sessions in their homes to talk about actions they could apply in their

practice.

- The significant amount of work done to raise awareness of dying matters, meant that care plans for end of life wishes for people were very person centred. The service liaised closely with the local hospice if needed for end of life support for people and additional training for staff. The registered manager told us how one person was received counselling support from the hospice as they had recently been bereaved.



## Is the service well-led?

### Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated as outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Stow Healthcare the new provider, took over the management of the service approximately 2 years ago at a time where the service had struggled to provide a good rated service. Since taking over the management of the service, the provider has provided strong effective leadership which has transformed the service and the care provided.
- The service had demonstrated innovative thinking around managing safe admissions to the home. They had not been able to conduct face to face pre-admission assessments throughout the pandemic, leaving them to rely on trusted assessor documentation. To make this process as safe and effective as possible, the company had appointed an Admissions Manager and Coordinator, who had joined them from the local hospital where they led on discharge planning to care homes. This meant the team had very close contacts within the hospital and that they were getting a more complete picture of people's care needs to ensure the care provided was truly person centred.
- A strong and stable management, with a positive culture had been embedded at the service. Leaders were visible at all levels and the home had been shortlisted for national care awards, creating a markedly safer and stimulating environment created for people. There was a continued drive by the provider to ensure that they continued to improve and enhance peoples care.
- The provider had received a number of care home awards including recently, 'Smaller Care Group of the year for the UK' along with 'Care Group of the Year' at the National Care Home Awards.
- The provider invested heavily in the home, had carried out a complete refurbishment of the home and the outside garden and car parking area. A new dining room had been created to enable people to be supported as independently as possible. For example, people had the facility to be able to select their own cereals, condiments, toast and their own drinks.
- People, relatives and staff spoke positively about the culture and management of the service. Relatives told us there was regular communication from the registered manager and they felt involved in people's care. Comments included, "Oh yes, the manager is always visible and knows what is going on."
- Staff told us they felt valued by the management team. One member of staff said, "The registered manager is amazing, I have learnt so much from all of the management team. They are always there if I need them." Another member of staff said, "The management are there for you, I can ask them anything they are so supportive. We even get a day off for our birthday."
- The provider recognised staff achievements and hard work, knowing that this would support staff to feel valued, remain motivated and drive excellent care provision. Staff received thank you gifts in recognition of



their contribution to the service.

- The provider encouraged regular feedback both formally and informally through a range of surveys, meetings, phone calls and email updates. The registered manager told us this provided people and relatives with different opportunities to be involved in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had robust systems in place to monitor the safety and quality of the service. The management team completed regular audits in key areas of people's support such as care planning and risk management, safeguarding and medicines administration. Results were analysed with key actions identified and completed within given timescales.
- There was a clear management structure in place in the service with easily identifiable lead roles. The management team were visible and accessible, and people and relatives knew who to contact with any queries. The registered manager was always supported by a deputy manager and told us they had complete support from senior managers.
- The provider understood their responsibility to be open and honest with people when things went wrong. Safeguarding concerns, and incidents and accidents resulted in swift comprehensive review and actions to safeguard people. The registered manager was aware of their regulatory responsibilities including when to submit appropriate notifications to CQC.

Working in partnership with others; Continuous learning and improving care

- The service set up a designated COVID unit which operated for 6 months. During this time, they supported over 250 people safely in isolation. Comments from other health professionals about the management team included, " I have found [name] to be receptive to new ways of providing care that is meeting the person's needs, taking account of relatives views and engaging partners such as social workers and health colleagues."
- There was a multi- faceted approach to governance and clinical oversight of the home. The head of care and compliance supported the care home team to focus on positive outcomes for people, through a process which promoted accountability and the pursuit of continuous improvement.
- Monthly clinical governance meetings were used to agree standards and responsibilities improvement was needed. Data was collected in advance of the meeting to aid professional discussion, sharing of best practice initiatives and learning from any adverse events.
- The provider worked in partnership with a number of different health and social care professionals to support people's needs.
- Healthcare professionals spoke positively about the working relationships they had built with the management team and staff. Comments included, "They always take on board any recommendations I definitely feel we have a good relationship."
- The provider took part in care provider forums. They also contributed to other provider groups sharing advice and knowledge to improve outcomes for people that use services.
- The director was a non-executive director of the Outstanding Society and supported monthly sector wide webinars as well as taking part in podcasts and writing social care blogs to share best practice.
- The operations manager supported a workstream 'step into social care' which was aimed to promote social care as a career for young people aged 16-18yrs. They had been actively involved engaging with local schools and reaching out and talking about the benefits and career pathways in the sector.
- The provider used the information gathered from their internal audits, alongside feedback received from surveys and during meetings in order to make improvements to the service.

