

Isle of Wight Homecare Ltd

Capri

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

Capri is a care home providing accommodation for up to nine people, some of whom are living with dementia, a mental health need or a physical disability. At the time of our inspection, there were eight people living in the service. Capri is a larger house providing all single bedrooms and suitable communal facilities

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

People told us they were happy living at Capri. Staff were observed to treat people with kindness and compassion and enabled them to live their lives in the way they wished. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected. People were supported to be as independent as possible.

The registered manager and staff worked with other external professionals to ensure people received effective care and any health needs were met.

Staff knew how to keep people safe from harm. People told us they felt safe. Infection prevention and control measures were in place and followed by staff. People received their medicines safely and as prescribed.

Enough consistent permanent staff were always available to ensure people's care and social needs were met. Staff had received appropriate training and support to enable them to carry out their role effectively.

Risk assessments and management plans were completed for people and the home environment to ensure safety.

People and staff were positive about the management of the service and told us the registered manager was very supportive and approachable. Any concerns or worries were listened to, and action taken where required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update)

This service was registered with us on 10/10/2018 and this is the first inspection.

The last rating for the service under the previous provider (Isle of Wight Care Limited) was Good (published on 20 February 2019).

Why we inspected

This was a planned inspection based on the length of time since registration.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Capri

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 Care Act 2014.

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 completed by one inspector.

Service and service type

Capri is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we had about the service, including inspection reports when registered under the previous provider company, registration reports and notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we

require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at Capri about their experience of the care provided. We carried out observations of people's experiences throughout the inspection. We viewed the homes environment, looked at medicines management systems and assessed how the home was managing infection prevention and control. We spoke also spoke with three staff members and the registered manager.

After the inspection

We continued to seek clarification to validate the evidence found. We reviewed additional information provided to us by the registered manager. This included three people's care plans and related records of care they had received. Additionally, a variety of records relating to the management of the service, including accident and incident records and policies and procedures, audits and information about staff training and support were reviewed.

We received written feedback from a relative and a health care professional and contacted two further external professionals to seek their views about the service. We spoke with the providers nominated individual and clarified further information with the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and were followed to protect people from the risk of abuse.
- People said they felt safe using the service. A person said, "Of course I feel safe here." Another person told us, "Yes, it's safe here." An external health professional confirmed they felt people were safe.
- The registered manager and staff had completed training in safeguarding adults and were aware of the action they should take if they identified a safeguarding concern. This included keeping the person safe and reporting concerns to the registered manager and local authority safeguarding team.
- Staff were confident if they raised a safeguarding concern with the management team, it would be taken seriously. One member of staff told us, "I'd make sure the resident was safe then tell [the registered manager]. I also know I could contact you (CQC)."
- When safeguarding concerns had been identified staff and the registered manager had acted to ensure the person's safety. This had included discussions with external professionals, assessment of the risk posed to the person and a plan was put in place to minimise the risk without unnecessary restrictions being put in place.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage risks within the service.
- Risks to people's personal safety had been assessed and plans were in place to minimise them. Plans were individualised and covered areas such as their support needs, individual behaviours and health conditions. Care plans provided staff with guidance about how to reduce risks for people without restricting their rights and independence. Our observations and discussions with people and staff showed that risks posed to/by some people were managed safely.
- Staff supported people who chose to take positive risks, such as going out independently into the local community, in as safe a way as possible. For example, staff were guided to ask people where they were going and to ensure people had the home's contact details with them when they went out should they need these in an emergency.
- Staff understood the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met. Their responses indicated that risks would be managed without compromising people's rights and freedoms in line with care plans.
- Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency. When asked, more independent people could tell us what action they should take should the fire alarms sound.
- Fire safety risks had been assessed by an external fire safety specialist and detection systems were checked weekly by an external contractor. Where a need for improvements was identified, such as replacing

bedroom and other doors to meet fire regulations, action had been taken. We noted that there had been a delay in attending to some improvements. The registered manager explained that urgent work had been promptly completed but there had been problems identifying a suitable tradesperson to complete other work such as replacing bedroom doors. Until completion of all remedial work additional monitoring of risk had been undertaken. Gas, water and electrical systems were checked and serviced regularly.

Staffing and recruitment

- People were supported by appropriate numbers of consistent, permanent staff.
- People told us they felt there were enough staff who knew how to support them. One person said, "The staff are always here, even at night."
- Care staff told us they felt there were enough staff. They told us they had time to undertake all their care, cleaning and cooking duties and spend time with people playing card games or chatting. We saw staff playing dominoes with one person and, at handover a staff member said they had spent half an hour chatting with a person who preferred to stay in their bedroom. When people requested help, we saw this was provided promptly in a relaxed and unhurried way.
- Staffing levels were determined by the number of people using the service and the level of care they required. Short term staff absences were covered by existing staff members or the registered manager, this helped ensure continuity of care for people.
- No new staff had been employed for several years and none since the service had been registered under this provider. The registered manager confirmed the recruitment procedures which would be followed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- There were safe systems in place for the management of medicines.
- People confirmed that they received their medicines as prescribed and that they could request PRN (as needed) medicines when needed. One person said, "They (staff) give me my pills."
- Medicines were stored securely within suitable locked facilities. Staff monitored the fridge and the room temperature where medicines were kept ensuring medicines were stored within safe temperature ranges.
- Arrangements were in place for obtaining, administering and disposing of medicines safely. There were supplies in stock of all medicines people had been prescribed. Systems would also ensure that any new medicines could be received promptly meaning there would be no delay in people receiving these.
- Medication administration records [MARs] confirmed people had received all their medicines as prescribed. Where additions or amendments had been made to MARs appropriate systems were in place to ensure these were managed safely. Two staff had initialled all handwritten amendments to MARs as per best practice guidance. There were also effective systems to ensure prescribed topical creams were managed safely and applied as required.
- For people who were prescribed medicines to be administered on an 'as required' (PRN) basis, there was guidance to help staff understand when to give specific medicines and in what dose. A record was kept of the effectiveness of these 'as required' medicines meaning medical staff reviewing a person's medicines would be able to do so appropriately.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. Systems were in place to update training and competency assessments as required.
- A variety of daily, weekly and monthly audits of medicines records and stock levels were undertaken by staff or the registered manager. This would help ensure that prompt action would be taken should an error or medicines issue occur.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. Appropriate arrangements were in place to control the risk of infection including that presented by COVID-19.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable masks, gloves and aprons. Staff confirmed they always wore masks, gloves and aprons when providing direct care or support for people. However, they said they did not always wear masks at other times when in the home. A risk assessment had been completed to reflect this which was in place as some people had been distressed by staff wearing masks. Additional monitoring for symptoms of COVID 19 were in place to help mitigate the risk of staff not wearing face masks when not in direct contact with people.
- We were assured that the provider was preventing visitors from catching and spreading infections. The registered manager was aware of the latest visiting guidance from the department of health and the procedure described followed this guidance. This included any visitors (family or professional) undertaking a Lateral Flow Detection (LFD) test immediately prior to visiting and the wearing of appropriate PPE.
- We were assured that the provider was accessing testing for people using the service and staff. Staff said they were tested for Covid 19 and people described how staff supported them to be tested each month.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People said they felt the home was clean. One person told us, "Oh yes, it is clean, I do some myself and the staff help." The communal areas of the home were clean. Care staff completed regular cleaning in accordance with set schedules. Staff confirmed this and told us they had time to complete all necessary cleaning. People were encouraged and supported to participate in keeping their own bedrooms clean and tidy. Where people liked to collect items this could prove challenging for staff however, we were assured regular support was provided as required.
- We were assured that the provider was admitting people safely to the service. Although the home did not have any vacancies at the time of this inspection the registered manager described appropriate procedures as to how new admissions would be managed safely. They said consideration of people's ability to cope with a period of post admission isolation were considered when agreeing to any new admissions. The process would involve a preadmission COVID -19 test, two week period of isolation in their bedroom, enhanced PPE, and regular symptom monitoring and testing. The registered manager confirmed the same process would be used should people have a short stay on hospital.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Discussions with the registered manager showed they were aware of recent changes in government guidelines in relation to the management of risks relating to COVID -19.
- We were assured that the provider was meeting shielding and social distancing rules for both people and staff.
- Infection prevention and cleanliness was part of the home's formal audit processes. Where internal or external audits identified a need for improvements action was taken. For example, all necessary remedial action had been taken when the local environmental health team had awarded the home four stars for food hygiene.

Learning lessons when things go wrong

- Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Following admission an individual plan of how care would be provided had been developed based on an assessment of the person's needs. Most people had been living at Capri for at least several years and we saw care plans were kept under regular review and updated if a person's needs changed.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Any individual needs were detailed in their care plans which included those in relation to culture, religion, diet and sexuality.
- Staff followed best practice, which led to good outcomes for people. An external health professional said, "Residents feel 'at home' where they live. This enables their emotional needs to be addressed."
- The registered manager was aware of the guidance, issued by the National Institute for Health and Care Excellence, about supporting people with their oral care. Care plans included information to guide staff as to how people should be supported with oral care.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed. Discussions with the registered manager showed they understood how to access any necessary equipment people may need.

Staff support: induction, training, skills and experience

- People and external professionals told us staff were knowledgeable and competent. One person said, "The staff know what I need."
- Staff told us they felt supported in their roles by the management team. One said, "She (registered manager) comes in most days and often when we are not expecting her. She is always available and we can phone her anytime."
- No new staff had been employed since before the provider was registered. The registered manager described the induction process which would be used should any new staff be employed. This would help ensure that new staff had undertaken basic training and completed 'shadow shifts' to become familiar with the needs and ways to support each person.
- Staff had received regular and appropriate training and were able to demonstrate they were knowledgeable and skilled. The registered manager had recently identified a need to find alternative training and shortly before the inspection had contracted with an online training provider. This would enable staff to complete a wide range of training courses. Some face to face training would continue in respect of fire awareness, hoist and first aid. Care staff had a positive attitude to training.
- Staff had regular individual meetings and monitored practice supervision, which had enabled the registered manager to monitor and support them in their role and to identify any training requirements. An annual appraisal was also completed for each staff member by the registered manager.

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

- People were offered a choice of food and drink and were happy with the meals they received. One person said, "Yes I like the food, the staff cook it and I get plenty to eat. I can get a drink anytime I want." Another person told us if they wanted a snack in the evening, they could have this. One person was out of the home at the time lunch was served. We saw their meal was saved for them and they were given this on their return.
- People's nutritional needs were met. Care plans included information about each person's nutritional needs and preferences. Daily records noted that people had eaten and drunk well and showed people had received a range of foods and drinks to meet their individual needs.
- Staff knew people's preferences and were able to describe and meet individual needs. Staff always had access to the main kitchen, meaning that people could receive snacks throughout the evening and night should they require these.
- People were encouraged to eat healthy meals and fresh fruit was freely available in the main communal room. Where people required a specific diet to meet a medical need staff understood how this should be provided whilst respecting the person's right to make some unhealthy choices.
- People were encouraged to be as independent as possible but where people needed support to eat and drink, we saw this was provided in a patient, dignified way, on an individual basis.

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

- People told us they were supported to access local healthcare services, such as doctors or community nurses. This was confirmed in care files viewed which showed that health care professionals were consulted when required.
- During the inspection the registered manager reminded a person that they had a hospital appointment later in the week. The person clarified with the registered manager if they would get a lift to the appointment. It was confirmed this would happen and a staff member would accompany them. The person later told us that they always got a lift to hospital appointments and a staff member went with them.
- People's health needs were recorded in their care plans and contained information from health care professionals. A health professional said, "I am in contact with the home on a weekly basis and they (staff) will also contact the (GP) practice as needed." They added, "I have not encountered any concerns re physical care of residents."
- Staff worked together to ensure that people received consistent, timely, coordinated, person-centred care and support. At the start of each shift staff told us they received a comprehensive handover of all necessary information and could access care plans, should they wish to confirm any information. We joined staff for the handover and appropriate individual information was shared between the morning and afternoon staff.
- If a person was admitted to hospital, key information about the person was sent with them. The registered manager was involved with a joint hospital and care homes project to reintroduce the red bags containing key information and items for people admitted to hospital from care homes. This will help ensure the person's needs continued to be understood and met.

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

- The environment was suitable for the people living at Capri. A maintenance plan was in place to ensure more urgent work identified following fire risk assessment was completed. An action plan was also in place for more routine work on the homes environment such as to replace some missing roof tiles and work to reduce an external waste drain overflowing. When we identified some minor improvements required such as replacing some divan bed bases which were worn and repairing window restrictors in two bedrooms the registered manager arranged for prompt action to address these concerns.
- All bedrooms were for single occupancy and equipped with a wash hand basin. Some had ensuite toilet facilities. People were encouraged to have their own possessions and to display these within their

bedrooms. Several people showed us their bedrooms which were individual to the person.

- One person told us, "I've just moved my room (furniture) around, I can have it how I like it."
- Communal areas [lounge/dining room] allowed people the choice and freedom of where to spend their time. This provided a range of seating to suit people's needs and preferences. In addition, there were appropriate bathroom and toilet facilities located within easy access of bedrooms and communal facilities.
- People had access to the garden and confirmed they were able to use this as they wished.
- Adaptations had been made to the home to meet the needs of people living there. For example, a stair lift was provided to enable people with restricted mobility to reach their bedrooms on the first floor of the home.

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.

- People's legal rights were upheld, and the service was working within the principles of the MCA.
- People told us they were always asked about anything to do with them. A person told us, "I can go out if I want. I tell them (staff) and then go out." We saw another person using the code for the front door before leaving the home.
- Where people did not have capacity to make decisions, the registered manager had consulted with those close to the person and made decisions in the best interests of the person. We saw records relating to decisions which had been made in respect of one person. This had involved the person, their relative and an external professional. The decision was that the person should continue to live at Capri but that they would be able to leave the home daily for walks in the local area as they wished. We saw them doing this during the inspection. This showed that the least possible restrictions were in place to keep the person safe.
- Appropriate applications had been made in respect of deprivation of liberty safeguards and the registered manager kept these under review and liaised with the local authority when needed. They were aware of any specific individual conditions which may be in place for each person. A system was in place to ensure these were reviewed as required.
- The registered manager was aware of how to access advocates when required to help people make decisions, they were unable to make on their own.
- Staff were clear about the need to seek verbal consent from people before providing care or support and we heard them doing this throughout the inspection. This was also noted in care plans. People's right to decline care was respected.

Is the service caring?

Our findings

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

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

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

- People told us staff were kind and caring. One person said, "They [staff] are good – I don't have any problems with any of them." Another person told us, "I know all the staff, I like them all." A family member said, "From what I have seen on previous visits the staff are very caring and cater for my relatives needs exceptionally well." We observed a person say they felt cold, a staff member responded quickly to get them a blanket and close the door to the garden.
- The registered manager and staff demonstrated a good awareness of people's diverse needs and how these were met, and care plans included people's needs related to their protected equality characteristics and life history events. People were supported to meet any spiritual or religious needs and the registered manager showed a good understanding of how supporting people's lifestyle choices, values and beliefs contributed to their improved wellbeing.
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against in relation to any protected characteristics, in line with the Equality Act 2010.
- People were seen to be relaxed in the company of the registered manager and staff. We saw positive interactions with staff seeking people's opinions and listening to their responses. People were able to engage in friendly banter with staff showing they felt able to have an open equal relationship with staff.

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

- People received personalised care and had the opportunity to be in control of their lives. People told us they felt their views were sought, listened to and respected. One person said, "Yes, staff ask us me about things and if there was anything I wanted to do or change I would say something." One external health professional said, "Each resident is permitted to keep their own rooms very much as they wish."
- The registered manager and staff actively encouraged people to express their thoughts so that their views, wishes and choices were known and could therefore be met. People said they were involved in planning their care and the level of support they required. One person said, "I have a choice, they (staff) don't make me do anything."
- People were regularly involved in discussing their views and kept informed about any planned events at the home. The registered manager explained that discussions were held informally and covered topics such as changes to home, changes to safety procedures due to COVID 19, menus and activities.
- People were supported to maintain and develop relationships with those close to them. One relative said, "I have always been kept up to speed on my relative's welfare either by email or telephone."
- The registered manager was aware of how to request the services of independent advocates, if needed. Advocates can be used when people have been assessed to lack capacity under the Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. We saw people were very relaxed with staff with whom they had warm, positive relationships.
- People had their own private spaces and staff demonstrated that they understood when people wished to be on their own and respected this. We saw staff knocked on people's bedroom doors before entering and they kept people's information confidential.
- People were supported to maintain their independence. Risk assessments were in place to promote independence. For example, people were supported to go out for local walks or to local shops. Another person was seen using the stair lift independently. They told us this meant they could move freely around the home as they wished.
- A family member told us, "I feel my relative still has her independence but in the safe surroundings of Capri with the best level of support."
- Care plans included information about what people could do and what they required staff to assist them with. For example, one said, "I can do some things for myself but need to be handed the flannel to wash my face and hands. I am able to brush my teeth but need the brush and toothpaste prepared for me both morning and night." can wash own face, arms and upper body." This information would help ensure staff did not 'take over' and people were able to retain skills and independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People told us their needs were met consistently and this was confirmed by a family member and external health professional.
- Care plans had been developed for each person and provided detailed information to enable staff to support people in a personalised way. The plans were updated monthly or when people's needs changed.
- Staff understood people's needs, wishes and preferences and could explain them to us. For example, they described in detail how they supported a person with diabetes and another person who could behave in a way that may put themselves at risk.
- Staff responded promptly to people's needs and willingly responded to requests for support. One relative told us, "My relative has commented on how nice it is that they (staff) would bring you cups of tea whenever you wanted one."
- People were empowered to make their own decisions and choices and people confirmed they could make choices in relation to their day to day lives; for example, what time they liked to get up or go to bed, what they ate and where they spent their time.
- Staff were clear that they were led by the person's wishes. For example, a staff member told us, "We always ask what [people] would like to do." Another staff member said, "We don't stop anyone going anywhere. Everyone should be allowed to make choices. It's very flexible here."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us staff listened to them. One person said, "The staff listen I can talk always talk to them if I need to."
- People's communication needs were identified and recorded in their care plans. For example, one person's care plan stated, 'I am able to communicate my needs and wishes but sometimes get a little muddled.' The care plan directed staff to give the person time to express themselves and double check what they were saying by repeating it back to the person.
- We observed the registered manager and staff interacting with people. It was evident that staff understood the best way to present information or choices to people, so that they could understand and respond appropriately.
- The registered manager was aware of how to access support for people in respect of communication should this be required. They confirmed written information could be provided in different formats such as

larger print, easy read and in a pictorial format if needed.

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

- People were provided with opportunities to participate in a range of activities of their choice. One person said, "I like playing cards with the staff." We saw a staff member spending time looking at a book with another person.

- Staff had time to spend with people encouraging them to participate in individual and small group activities. Care plans included information about activities people regularly attended and their leisure and hobbies interests. For example, one person's care plan detailed their favourite actor and stated that they liked to watch his films using the DVD player in their bedroom.

- People were supported to maintain relationships with families and friends. The registered manager described how they supported people to maintain contact with family members or friends throughout the COVID -19 pandemic. Where appropriate technology was used.

With a relaxation in government restrictions on care home visits, garden and in-house visits could now be facilitated. Suitable safety measures were in place.

- The home had free Wi-Fi available. This meant people could keep in contact with family or friends and entertainment of their choice.

- One person told us how they had been lonely and the registered manager suggested they consider having a pet. We saw in their bedroom they had a budgerigar. We also saw another person had a pet budgerigar. Both people clearly enjoyed having their own pets and promoted a positive sense of wellbeing.

Improving care quality in response to complaints or concerns

- People's views about the service were welcomed by the registered manager.

- People were given information about how to complain or make comments about the service. This information was available for people along with other relevant information in the entrance hall of the home. The registered manager was aware of how to access advocacy support services should people require help to make a complaint or have their views heard.

- People told us they had not had reason to complain but knew how to if necessary. A family member said, "I can't find fault in anything." People and the relative said they would not hesitate to speak to the staff or the registered manager.

- Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a response provided to the person who made the complaint.

End of life care and support

- At the time of the inspection, no one living at Capri was receiving end of life care. The registered manager assured us that, should it be required, people would be supported to receive appropriate care. They told us they would work closely with relevant healthcare professionals and family members. Specific end of life wishes had not been formally recorded, although the registered manager had a relevant assessment document from the local hospice should this be required.

- Discussions with staff and the registered manager showed that they would also support other people at the home should a person require end of life care and pass away.

Is the service well-led?

Our findings

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

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

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

- People, staff, a relative and external health professional all spoke positively about the management of the service and told us they would recommend the home to others. They were confident any issues would be sorted out.
- Staff had a good understanding of people's needs and demonstrated a shared commitment to treating people in an individual, person-centred way.
- The registered manager explained they had an open-door policy and an inclusive culture to ensure staff or people/relatives could raise concerns or make suggestions. Throughout the inspection they demonstrated a good knowledge of the people living at Capri showing they had taken time to get to know them all individually.
- Due to COVID – 19 resident and staff meetings were not being regularly held. Instead the registered manager said they spoke individually with people and provided staff with a memo of topics/information which needed discussing. Staff were required to sign to confirm they had read this. For example, one memo provided staff with updates or changes about the home and reminded them of the importance of vigilance in the use of PPE.
- Staff were proud of the service. All said they would recommend the home as a place to work and would be happy if a family member received care there.
- The registered manager had high expectations about standards of care the service provided. People, relatives and staff confirmed this was achieved. Staff were motivated and committed to providing a person focused service. The registered manager said their goal was to, "Do the best we can for everyone who lives here." From our observations and discussions with staff, it was clear they understood these values and were committed to meeting them in their day to day work.

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 registered manager was aware of their responsibilities under the duty of candour, which requires them to be open and transparent if people come to harm.
- The home's previous rating was prominently displayed in the entrance hall and the registered manager notified CQC of all significant incidents, as required.
- All staff were open and transparent throughout the inspection. The registered manager was responsive to suggestions for improvement.

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

- The service had a registered manager in post. They had detailed knowledge about people living at the service and made sure they kept staff updated about any changes to people's needs.
- There was a system and process to assess and monitor the quality of the care people received. Where we identified areas for improvement the registered manager took immediate action to address these.
- Quality monitoring processes included, checks and audits completed by the staff and registered manager. These covered areas such as observations of staff, medicines audits, health and safety checks, house maintenance, care planning and risk assessments.
- There was a consistent staff team and staff worked well together. Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "We all get on well and work as a team." Staff also told us they enjoyed working at the service and could seek support from the registered manager.

Working in partnership with others

- The service worked in collaboration with all relevant agencies, including health and social care professionals.
- The registered manager was clear about who and how they could access support from should they require this. This included from social services or health providers. They demonstrated an "open" attitude to seeking support. An external health professional told us they had regular planned contact with the home and that at other times they were "contacted appropriately".
- The registered manager was part of a local care homes group forum, which they identified helped keep them up to date about changes affecting social care. They had attended relevant training and developed supportive networks with other registered managers and local care providers.