

St. Vincent Care Homes Limited

St Vincent House - Southsea

Inspection report

St Vincent House
20-21 Clarence Parade
Southsea
Hampshire
PO5 3NU

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Tel: 02392422822

Website: www.stvincentcare.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	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

St Vincent House Southsea is a residential care home providing personal care for up to 27 people, some of whom live with dementia. At the time of our inspection there were 24 people living at the service. Accommodation is provided over four floors which are accessed by a lift. There were communal areas such as lounges and dining rooms and a small courtyard style garden.

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

People were supported by staff who were kind, caring and who understood their likes, dislikes and preferences. People were happy living at St Vincent House Southsea and told us they felt safe. Staff understood their safeguarding responsibilities and knew how to keep people safe from harm.

Recruitment practices were safe and there were sufficient numbers of staff available to meet people's needs. Quality assurance processes were robust, risks to people and the environment were managed safely and people had access to appropriate equipment where needed.

Staff had received training in infection control, including additional training since the start of the coronavirus pandemic. They followed good infection control processes, which met government guidelines for care homes.

There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and people received their medicines as prescribed. However, some areas of medicine management required more robust systems to be put in place to ensure the management of medicines remained safe.

People were supported by staff who treated them with dignity, and their privacy was respected. People's care plans contained information about their individual needs, wants and wishes, to help staff deliver personalised care.

There were meaningful activities available to people that were person centred. Dedicated staff were employed to provide activities, which took into account people's choices and interests and promoted their health and well-being.

People, relatives and staff were positive about the running of the service and the support they received from the management team and provider. Staff felt there had been improvements in all aspects of the service since the last inspection.

The management team were open and transparent. They understood their regulatory responsibilities. People, relatives and staff said the management team were approachable and supportive. There were effective governance systems in place to identify concerns in the service and drive improvement.

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)

The last rating for this service was requires improvement (published 27 February 2020) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when, to improve safe care and treatment, dignity, good governance and when to notify CQC of events.. 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 focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led which contain those 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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Vincent House Southsea on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe 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 ●

St Vincent House - Southsea

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 conducted by two inspectors and an Expert by Experience [ExE]. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of care for older people and those living with dementia and spoke to people using a video telephone system.

Service and service type

St Vincent House Southsea 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. At this inspection there was a manager in place who had commenced the registration process with the Care Quality Commission (CQC).

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to check if the service had anyone who had tested positive for coronavirus or had symptoms, so we could plan our inspection safely.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, manager, deputy manager and care staff. We observed the care being provided and reviewed a range of records, including seven people's care records and multiple medication records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies, risk assessments, data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to review risks which placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation.

- The environment and equipment was safe and well maintained. Health and safety audits identified when maintenance work or safety checks were required, and the provider ensured that work was completed in a timely way.
- Risks to people had been assessed as part of the care planning process and included risk assessments for moving and positioning, nutritional needs and mobility. These were recorded within the care record for each person and identified how staff should support people and what equipment, if any, was needed. Risks were reviewed regularly and updated when required. A relative told us, "[Person] hasn't had any falls since he has been there, which must be a testament to them because he has had them in the past before moving here." A person told us, "The equipment's all good. I've never fallen."
- Staff had received training to ensure they were knowledgeable about the risks associated with people's needs. They 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.
- Fire safety risks had been assessed. Staff had received fire safety training and fire drills had taken place so that staff knew what to do in the event of a fire. People had personal emergency evacuation plans (PEEP) in place. These identified what assistance each person would need to safely leave the building, in the event of an emergency.

Using medicines safely

At the last inspection the provider had failed to manage medicines safely which placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation, although some improvements were needed.

- Topical medicines administration records (TMAR) were in place to record the application of creams and lotions for people. However, we found these needed some further information added to ensure they were

managed safely. For example, not all the TMAR's reviewed, contained information about when to apply topical creams or if they had been applied as prescribed. This was discussed with the management team who agreed to address this immediately.

- People were supported to take their oral medicines safely.
- Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed. The completed MAR were audited by a senior staff member following each medicine administration round, to ensure that all medicines had been given as required. This helped to quickly identify if any medicine had been omitted and allowed timely action to be taken.
- Medicines were administered by suitably trained staff who had been assessed as competent to do so safely. People and their relatives told us medicines were managed well. One relative told us, "Yes, it feels safe, they get the medication right." A second relative said, "[Person] has quite a lot of medication. Staff manage all this and the management of sourcing it as well which is quite complex. They get all this sorted and have done a great job with it." A person said, "There's never been any mistakes [with medicines] and it's always on time at 8am"
- There were robust systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely. The auditing process for medicines included, weekly spot checks, monthly audits and a provider audit six monthly. This helped to ensure medicines management remained safe.
- Medicine administration care plans were in place which provided information for staff on how people liked to take their medicines and important information about the risks or side effects associated with their medicines. Additionally, information was provided in the MAR folder which included personal details for each person, including their photo, known allergies and how they liked to receive their medicine.
- People were provided with 'as required' (PRN) medicines when needed. People also told us that they could access pain relief when required. PRN plans included information for staff to understand when these medicines should be given, the expected outcome and the action to take if desired outcome was not achieved.
- Medicines that have legal controls, 'Controlled drugs' were appropriately managed.

Preventing and controlling infection

- The environment was clean and there were robust cleaning schedules in place. The provider had arranged for additional cleaning staff, to ensure that increased cleaning was in place during the coronavirus pandemic. This meant safe levels of cleanliness were maintained. A relative told us, "It's [the home] clean and well maintained." Another said, "There's never been a smell. It's always clean."
- We were assured that the provider was preventing visitors from catching and spreading infections. A relative told us, "They've [staff and management team], done a great job of keeping Covid [19] out of the home. I appreciate them being so strict about Covid, I don't think they could've done anything better to keep people safe."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies and systems in place to protect people from the risk of abuse.

- Staff knew people well and how to protect them from abuse. They were able to recognise how people expressed if they were distressed or unhappy about something. This meant they closely monitored changes in people's behaviour and provided the right support, at the right time for each person.
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. All staff we spoke with demonstrated a good understanding of their safeguarding responsibilities. One staff member, when asked about their safeguarding responsibilities said, "First of all I would check the person was okay and comfortable; I would then immediately report it to the manager or speak to the directors [provider]."
- There were processes in place for investigating any safeguarding incidents that had occurred, in liaison with the local safeguarding team.
- People and their relatives told us they felt safe at St Vincent House Southsea. A person said, "It feels safe. The staff are jolly, and they give you information about safety." A relative told us, "I do feel he [relative] is safe there. Whenever we visited pre-Covid I could see the other residents and the staff seems very attentive and very professional and caring."

Staffing and recruitment

- Recruitment procedures were robust, to help ensure only suitable staff were employed. 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.
- Staffing levels were based on the needs of the people living at the service and there were enough staff to safely meet people's needs. We observed staff had time to sit and talk to people and support their individual needs.
- Relatives and people told us they thought there were enough staff available. One relative said, "There always seems to be enough staff, it can be busy after meal times, a busy environment, but it has never seemed that there aren't enough people to do the job." Another said, "I feel there is enough staff, I chose St Vincent because of the staffing level. You can tell by the people there that the staff are getting it just right, they are really good at sharing the load, calling across to colleagues if things need doing." A person told us, "We have a call button, and it has 3 buttons, one for emergency, one for general dialogue and one for fairly quick. They [staff] are on the ball with it all the time."

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored on an electronic system by the manager, who reviewed these promptly and identified if any lessons needed to be learnt. The provider had oversight of this, and any themes or patterns were identified. Where action was needed to address any issues, these were carried out promptly
- Staff were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings.

Is the service caring?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection we found the provider had failed to make sure people were treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and people were treated with dignity and respect. Therefore, they were no longer in breach of this regulation.

- We observed staff talking to people with dignity and respect and using people's names when speaking to them. This demonstrated lessons had been learned from the last inspection and staff were aware of the importance of speaking to each person with kindness and respect. Since the last inspection all staff had received additional training in dignity and respect. A relative told us, "They [staff] seem to respect [relative's] privacy and dignity." A second said, "I'm sure they [staff] respect [relative's] privacy and dignity."
- Staff respected people's right to privacy. Staff were seen knocking on bedroom and bathroom doors before entering. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care.
- Confidential information was respected. Care records were held securely so that only staff could access them.
- People's care plans provided information for staff about what they could do for themselves and when additional support may be required. For example, one person's care plan described, how they, 'liked to maintain their independence and how they liked to be provided with the tools needed, to clean their own glasses daily.' This demonstrated that where people, could still do things for themselves, this was supported, and the importance recognised.

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

- We observed people were supported by staff who knew them well and had built caring and trusting relationships with them. This had been particularly important during the coronavirus pandemic. The manager told us, "It has really deepened our relationships with people, we have all had to pull together and support people through, when they couldn't see their families." A relative said, "They [staff] do know him. He doesn't interact much with the other residents, but he has a good laugh with the carers. They make a fuss of him."
- People and relatives confirmed they felt they were treated well, and staff understood their needs and preferences. A person told us, "There are about half a dozen or more staff that I feel I know quite well. There

is some turnover of staff, but I can't speak highly enough of them." A relative told us, "When I have visited, [person] seems settled and content and well cared for." Another said, "I can't fault the quality of the care. If my daughter put me in there, I'd be happy to be there. [Person] always smells of soap and is spotlessly clean." A third said, "We see [person] interacting with the carers, they have a lovely rapport with them, they genuinely seem to care. Previously when we were allowed [into the home], they didn't know I was coming and when I walked in, [person] was crying and a carer was sitting with her arm around them comforting her. It was so reassuring for me to see."

- Staff told us they enjoyed working at the home and supporting people to receive the care and support they needed. One staff member said, "I really like working here, it's got a real family feel. The residents are wonderful and it's a very rewarding job."
- There was a person-centred culture in the home. People's individual needs and preferences were captured within their care plans and staff communicated well with them, listening to their views and wishes. Care plans identified people's preferences and protected characteristics, including any cultural needs or religious beliefs.

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

- People and their relatives had been involved in planning their care and how they should be supported, including any preferences. A person told us, "I choose who helps me have a wash. [manager's name] explained that to me, that I can choose. I tell them what to do. The ones I have now are marvellous." A relative told us, "They [staff team] include me in decisions about [relative's] care. For example, they had [medical need] last year, I'd go to the home and have a meeting in person about developments and talk through the situation and the way forward. We do the same now, just on the phone. They [staff team] are the experts but are mindful enough to have me as part of the decision making."
- Staff recognised the importance of involving people in decisions about their own care and support. One staff member told us, "People are given plenty of choice; they get a choice about when they get up, go to bed, what they have to drink, what they have to eat and what they want to do."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

At the last inspection we found the provider had failed to ensure accurate, complete and contemporaneous records were kept in relation to each service user. 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 had been made to people's records and systems to monitor them. Therefore, they were no longer in breach of this regulation.

- People's needs were assessed prior to admission to ensure the service could offer the support they needed.
- People had person centred care plans that described their individual needs and what was important to them. People's life history was captured, and families confirmed they had been involved in developing these. One relative said, "We were asked to provide lots of information about [person's] needs and preferences and because [person] is one of the gregarious people in the home, they have got to know their quirks."
- People were supported to live their lives in accordance with their own choices and care plans and described what people could do as well as the support they required. For example, one person's care plan described how they, 'enjoyed going out shopping, attending art class, going to the museum and going for walks.' Although this had been impacted by the coronavirus, their care records showed that they were still supported by staff to take daily walks in the local area when possible, to maintain their wellbeing.
- Some people in the home were living with dementia. Care plans contained detailed information about their specific needs in relation to their diagnosis. For example, one person's care plan described how they were unable to verbally communicate, but it was important staff spent time with them as they enjoyed to 'happily listen to staff chatting to them.'
- Daily notes were completed, which gave an overview of the care people had received and captured any changes in people's health and wellbeing.

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's communication needs were identified within their care plans. Care records included information

about how the person communicated and if they needed any communication aids or support to enable them to express their views or concerns.

- People had information presented in a way they found accessible and in a format they could easily understand. For example, the manager told us how some people had been supported during assessments with external social care professionals, using typed text. The external assessor provided the manager with the questions they needed to ask, in advance of a planned video call assessment. The manager then typed the questions out in large font and showed these to the people being assessed. This enabled them to be involved and where possible, they were able to respond verbally.
- The provider had purchased electronic hand-held computers and had been given two laptop computers, for use by people living in the home. The manager told us they were able to use these to aid communication with people. For example, they used emoji's, which are faces that depict a feeling, to help people express themselves. In addition, the manager told us how they used the internet to find information that was shared with people to aid conversations and choice.

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 supported to enjoy an array of meaningful and interesting activities, both group-based and one-to-one. The type of activities the staff were able to provide or arrange, had changed during the coronavirus pandemic. Since the start of the pandemic, activities were based in the lounges, in the community or in people's bedrooms, depending on their needs and the choices they made. A person told us, "It's very difficult to be shut in [during coronavirus pandemic], but they [staff] are very good. They are very nice people."
- The service employed staff specifically to support people with activities and consider people's wellbeing. For example, people were supported to be involved in activities such as, pumpkin carving for Halloween, doing quizzes, watching old films, using a smart speaker to listen to music and ask questions, making mocktails [alcohol free cocktails], playing games and having ice creams in the garden. In addition, the provider had arranged for people to come into the service to provide some activities. This included, nursery children visits, keep fit classes, church services and a visiting dog for people to pet. However, during the coronavirus pandemic external activity visitors had not been able to safely continue. The manager and provider plan to arrange for these activities to recommence, once safe to do so.
- Prior to the coronavirus pandemic, relatives were usually able to visit whenever they wished to. However, information to support them to understand the impact of the pandemic on visiting, was sent out regularly. This was in the form of emails, with updates and information about what their loved ones had been doing.
- Visits had been arranged safely and in the garden of the home, following the government guidance. The provider was continually reviewing this, and arrangements were being made for safe visits from people's relatives, within the home during the winter months. One relative told us, "When we visited outside, [relative] didn't understand that we couldn't go out or get too close. Staff sat with him to help him remember and to reassure him." Another relative told us, "They [management] send specific updates as guidelines change in an email bulletin, it's very prompt after a government update and includes implications for visiting and how the home is doing and the results of testing. They use the phone for more personal information. Absolutely no fault, they are very informative and are eager to make suggestions about how I could keep contact with [relative] remotely." A third said, "I don't think I thank them [staff] enough, so please do note this. Just how grateful I am for the level of care St Vincent gives to my [relative] and the comfort that gives to me."
- Traditional holidays were celebrated such as Christmas and Easter, and people were invited to join in with any celebrations. Relatives were previously invited to attend these celebrations and would be again, once any restrictions were removed. Records showed that people's individual cultural and religious needs were considered to meet any identified needs.

Improving care quality in response to complaints or concerns

- The provider had a policy and arrangements in place to deal with complaints. These provided detailed information on the action people could take if they were not satisfied with the service being provided. Complaints were listened to, taken seriously and dealt with appropriately. Records confirmed this.
- The manager and staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly. Feedback was sought through formal questionnaires, a comments box, and through daily conversations and observations of people.

End of life care and support

- People had end of life plans in place which captured their wishes for how they would like to be cared for at the end of their life.
- The manager and staff team worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had failed to notify CQC of notifiable incidents which was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Following the last inspection, the provider ensured incidents that should be notified to CQC, were done so. At this inspection, CQC had continued to receive notifications where required and therefore, the provider was no longer in breach of this regulation.

- The manager was aware of the need to report to CQC, any event which affected the running of the service, as they are legally required to do. Since the last inspection, we had been notified of all events, as required.

At the last inspection, the provider had failed to put in place systems to robustly monitor the quality of the service. 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 had been made and the provider was no longer in breach of this regulation.

- The manager was clear about their role and responsibilities and had worked hard to address the concerns found at our previous inspection. The provider had supported them and together, they had acted to improve the service. In addition, there was a deputy manager who supported the manager with responsibility for management of the service.

- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on privacy and dignity, safeguarding, whistleblowing, complaints, equality, diversity and inclusion, and infection control, which had been updated since the start of the coronavirus pandemic.

- The provider was very proactive and provided support and guidance for the manager. In addition, the provider had a health and safety lead who carried out regular environmental health and safety, and fire safety checks.

- The provider and manager had effective quality assurance systems and processes in place. Audits were consistently completed and areas for development and improvement highlighted and promptly addressed through action plans.

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

- People and their relatives told us they were happy living at St Vincent House Southsea. A person said, "[Manager's name] is an absolute darling, everyone loves her. She is comforting to people." Another told us, "It's all excellent. The chef, the staff, the cleaners, the gardener, they all do a great job. There's a brilliant atmosphere, they are all jolly. If you are feeling miserable, they pick you up." A relative told us, "If I was choosing a care home again, I'd choose this one again." Another said, "We're very happy with the service. They look after him very well. The food is excellent, and he is very happy."
- Staff told us they would recommend the service to people and potential staff. This was because of the standard of care. A staff member told us, "I like the people and staff here, it's like a second family." Another said, "I really like working here, it's got a real family feel. The residents are wonderful and it's a very rewarding job."

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 management team were open with us and committed to ongoing service development.
- The previous performance rating was prominently displayed in the reception area.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. Following any incidents or incidents people and their relatives were kept informed, showing a transparent service

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

- Staff told us they felt supported in their role and enjoyed working in the service. When asked if they felt things had improved at the home since the last inspection, one staff member said, "Definitely 100%. The leadership and support from the management, it's more organised, we've got a really good team at the moment and we work really well together." Another told us, "The manager is really approachable. It's more organised and the management team are really responsive."
- Staff were kept up to date through handover meetings between shifts and regular team meetings. Discussions included information in relation to people's physical and mental health, wellbeing and if people had declined support. The manager recognised that during the previous year, whilst people had not been able to see their relatives as much, the staff team had developed closer relationships with a better understanding of people's emotional needs. They said, "We have really become a very close team and have all pulled together as a big family."
- The management team consulted people and relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and their relatives and review meetings.
- During the coronavirus pandemic, the manager kept in touch with people's relatives through regular emails and during reviews or phone calls, when people were unwell. We received mostly positive feedback about this. Although one relative said, "I find communication very poor. The staff could phone us with an update instead, just a phone call once a week would be nice." Other comments we received from relatives included, "They [management] email regularly, every couple of months and they are preparing a room for us to be able to meet inside soon. They are also good at telling us if he [relative] is ill", "We'd pick up the phone and speak to [manager's name]. I'd feel comfortable to do that if we had a concern, no problems there," "If we have any queries we go straight to the staff, they are good at getting back to us" and "When [person] fell and went into hospital, the home told us straight away that they had fallen and what was happening."
- People's individual life choices and preferences were met, and people told us they felt involved in decisions. One person told us, "There is a suggestions box if you want to write anything and pop it in the box, you don't have to put your name on, it's anonymous." Another said, "They [staff] are very sensitive to people's needs; they get the balance right for each of us"

Continuous learning and improving care; Working in partnership with others

- There was an emphasis on continuous improvement.
- Complaints, concerns, accidents, incidents and near misses were recorded and monitored. These were reviewed by the manager and the provider had oversight of these, to ensure action had been taken where required. This helped to identify any themes and trends. If a pattern emerged, action would be taken to prevent reoccurrence.
- The manager and staff worked in partnership with other organisations to make sure they followed current practice, providing a safe service for people. These included healthcare professionals such as GP's, community nurses, and social workers.