

Aspray House Ltd

# Aspray House

## 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

Aspray House is a residential care home providing personal and nursing care to younger and older adults in one adapted building. Care is provided over four separate units across four floors. At the time of this inspection there were 63 people using the service including people living with dementia.

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

The provider carried out building and equipment safety checks to keep people, visitors and staff safe from harm. People had risk assessments to mitigate the risk of harm they may face. Staff were recruited safely and there were enough staff on duty to meet people's needs. People were protected from the risks associated with the spread of infection and their medicines were managed safely. Staff knew how to report safeguarding concerns. The provider had a system in place to learn lessons from accidents, incidents and complaints.

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 asked for people's consent before delivering care. People had their care needs assessed prior to admission. Staff were supported with regular supervision and training opportunities. People were supported to access healthcare and to meet their nutritional and hydration needs. The building was adapted to meet people's mobility needs. The service was undergoing a redecoration and refurbishment programme.

Staff were observed to interact with people in a caring manner. People's cultural and religious needs were met. People and relatives were involved in decision making about the care. Staff promoted people's privacy and dignity and encouraged them to maintain their independence.

Care records were detailed and personalised. There were a variety of activities offered to people. People's communication needs were met. The provider had a complaints procedure and complaints reviewed were dealt with appropriately. People's end of life care wishes were documented.

People, relatives and staff spoke positively about the management of the service. The provider had a variety of quality audits in place to identify areas for improvement. People were able to give feedback through surveys and meetings. Relatives and staff had regular meetings where they could be updated on the service development. The provider worked jointly with healthcare professionals to improve outcomes for people.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 February 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made a recommendation in relation to the deployment of staff. At this inspection we found improvements had been made and staff were deployed more efficiently.

At our last inspection we recommended the provider review their maintenance reporting procedures and risk guidelines. At this inspection we found improvements had been made and both the reporting procedures and risk guidelines were now more effective.

#### Why we inspected

This inspection was prompted by a review of the information we held about the service and in part due to concerns received about staffing levels, staff safety and general care people received. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspray House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Aspray House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection team consisted of two inspectors, a specialist nurse adviser, a medicines inspector and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 13 people who used the service and 12 relatives. We spoke with 15 staff including the registered manager, deputy manager, clinical lead, nursing staff, care staff, the maintenance person, an activity co-ordinator, kitchen staff and laundry staff. We looked at a range of management records including, supervision, quality audits and minutes of meetings. We also reviewed six staff recruitment records and eight people's care records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

# Is the service safe?

## Our findings

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

At our last focused inspection in November 2020, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At the last inspection, we made a recommendation around reviewing the maintenance reporting procedures and bedrail risk guidelines to ensure they were effective and staff followed these. During this inspection we saw improvements had been made in this area. The maintenance person carried out monthly checks on bedrails and risk assessments around this were reviewed monthly.
- The provider carried out required building safety checks including gas safety, and portable electrical appliance testing. The maintenance person carried out regular equipment checks. We reviewed these and found they were up to date.
- Staff recorded any faults or repair jobs needed in their unit's maintenance book. The maintenance person told us they checked these several times a day. They said, "The new owners have pumped a lot of money into revamping [the premises]. If something is needed, it is never a problem."
- During the inspection, we noted there were raised paving stones on the pathway in the garden area which could be a trip hazard. We raised this with the registered manager who showed us evidence this had already been identified and a price fixed. Following the inspection, we received evidence the job had been completed.
- Staff knew how to manage the risks of harm people may face. One staff member said, "Ensure after personal care lower the bed, make sure [person] is comfortable and make sure [person] is okay. No-one has had a fall."
- People had risk assessments in their care records. These included assessments relating to nutrition, mobility, falls, skin integrity, use of call bell, and use of bed rails. People had a personal emergency evacuation plan in case of needing to leave the building in an emergency. Risk assessments were reviewed monthly.

### Staffing and recruitment

- At the last inspection we made a recommendation about the safe deployment of staff. At this inspection, we found improvements had been made and staff were deployed safely.
- People gave mixed feedback about whether there were enough staff. One person said, "The wait for care is not that long." Another person told us, "Sometimes there's not enough staff. You have to wait sometimes."
- Relatives told us there were enough staff. Comments included, "There always seem to be staff on duty and the call bells don't go off for very long before being answered." and "I think there are enough staff there to keep it all safe for [people using the service]."
- Staff told us they thought mostly there were enough staff on duty to meet people's needs and records confirmed this. We observed there were enough staff on duty and nobody had to wait for assistance. Call

bells were responded to in a timely manner.

- The provider carried out relevant recruitment checks before employing new staff. The checks included right to work in the UK, obtaining references for the applicant and proof of identification.
- The provider conducted Disclosure and Barring Service (DBS) checks for new staff and regular DBS updates for other staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. However, one person told us sometimes their call bell dropped to the floor when care was being given to them and staff would forget to pick it up which meant they had to shout when needing assistance.
- We raised the above issue with the registered manager who told us they would remind staff to check call bells were within people's reach before leaving their room. Following the inspection they sent us evidence this had been done.
- Relatives told us they thought their family member was safe at the service. One relative said, "I couldn't look after him like that at home so [person] is much safer there [at the service] and I can visit whenever I want again now."
- Staff knew how to report safeguarding concerns and understood what whistleblowing was. One staff member said, "When you see something that you are not sure about, you need to blow the whistle, telling the nurse or management."
- The provider notified the appropriate authorities about any safeguarding concerns.

Using medicines safely

- Medicines including controlled drugs were stored safely and securely. Controlled drugs are prescribed medicines that are subject to strict legal controls to prevent their misuse, being obtained illegally or causing harm.
- Medicine administration records showed people received their medicines as prescribed. Protocols were in place for medicines prescribed on a 'when required' basis to enable staff to give these medicines consistently.
- All units within the service had registered nurses who administered medicines. This meant medicine administration training formed part of their professional revalidation.
- The registered manager showed us documentation about how staff assessed people's pain when they had dementia and could not verbalise their need for pain relief. This was in people's care records and guidance around this could be found in the staff dementia training pack.
- During the inspection, we did not see medicine risk information in the medicine records for one person who was prescribed an anticoagulant medicine. Anticoagulant medicines are prescribed to thin the blood and appropriate action needs to be taken if the person bleeds.
- However, when we raised this with the registered manager at the end of the inspection, they explained people on blood thinning medicine had a separate anticoagulant care plan within the care records so that care staff would have access to the guidance in addition to the nurses who administered medicines. The registered manager immediately sent us evidence of the anticoagulant care plans.

Preventing and controlling infection

- People and relatives thought staff kept the environment clean.
- Staff knew how to prevent the spread of infection. One staff member said, "We have enough personal protective equipment [PPE]. Washing hands when going in or out of rooms. Make sure we use mask, PPE, and taking off before leaving the room."
- Staff were observed to be wearing appropriate PPE correctly. They confirmed they had received infection



control training and records confirmed this.

- Appropriate checks were carried out when visitors came to the building, including temperature check and COVID-19 testing. Visitors were required to wear a mask for the duration of their visit.
- During the inspection, we found the premises were free from malodour and were overall clean. Regular cleaning took place throughout the inspection.
- However, we noticed in one of the lounges, there were tea or coffee drip stains on the wall behind a chair. We raised this with the registered manager who took immediate action and ensured this was cleaned off.

#### Visiting in care homes

The provider's approach to visiting was in line with government guidance. The only restriction to visitors was they needed to book an appointment to ensure there were not too many visitors in the building at the same time. People were able to receive visitors in their room or could choose to use the garden for this purpose.

#### Learning lessons when things go wrong

- The provider had a system of recording incidents and accidents. Records showed these were analysed to identify ways of preventing reoccurrence and lessons learnt were shared with staff.
- Staff confirmed lessons learnt from accidents and incidents were shared with them. A staff member said, "[We] go to the nurse, make a report or incident form. The nurse discusses [accident/incident] at team meeting. Anytime they call me for a team meeting I go."

# 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.

We did not look at this key question at the focused inspection in November 2020. At our last full inspection in March 2020 we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they began using the service. The assessment was detailed and included cognitive, psychological, physical, social and end of life care needs. People's likes and dislikes were documented.
- Care records included a summary of need including a medical summary and key information staff needed to be aware of.
- The registered manager told us the person and their family were involved in the assessment and said, "We do the pre-assessment and involve the professionals. I speak to the family and the person. I do quite a comprehensive assessment."

Staff support: induction, training, skills and experience

- Most relatives told us staff had the skills needed to provide care. Comments included, "The nursing staff are excellent at their job and have put all our minds at rest that [person] is getting the care she needs" and "[Staff] do a great job of looking after [person]."
- However, one relative told us, "I am not sure the staff have the training to know what to do with [person]."
- Staff told us they felt supported with supervision, appraisal and received enough training which was helpful. A staff member told us, "I get any training I need." Another staff member said, "I get good supervision and I can ask questions."
- The registered manager told us, "We offer comprehensive training and we have competencies for staff."
- Records confirmed staff received regular supervision. New staff received an induction which included training in fire safety, manual handling, care topics and three days shadowing more experienced staff.
- The training matrix showed staff completed training in a range of topics including dignity, equality and diversity, first aid, food safety and oral health.
- Staff received training in dementia and were given a dementia pack which gave guidance on the best way of working with people living with dementia.

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

- People told us they enjoyed the food. Comments included, "The food is excellent. It's always hot", "The food is good. It tastes nice" and "It's very good food. The chef does their best to accommodate us. There's always been something I could eat."
- Relatives thought their family member was supported to eat a balanced diet. One relative explained they were allowed to bring in certain cultural foods and the chef had asked their family member what food they

would like prepared.

- We observed lunch being served in various dining rooms across the service and saw overall people were given a positive dining experience. Tables were set with tablecloths and napkins. Staff supporting people to eat sat next to them and supported them in an unhurried manner.
- We saw people were given choices of food and drink they wished to have. For example, we saw one person asked for just fruit at lunchtime and a bowl of fruit was provided.
- The chef was knowledgeable about people's nutritional needs and dietary requirements. This included people who required a soft diet, those who needed their meals fortified to provide extra calories and those with cultural needs.
- The kitchen was well stocked with nutritious food which was stored and labelled appropriately. We noted some of the plastic storage containers were past their best and the registered manager agreed to replace these.

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

- Relatives told us their family member had access to healthcare services. Comments included, "[Staff] do seem to call the GP out for Mum quite a lot" and "[Relative's] hospital appointments are all organised and they go via ambulance and there is always a meal waiting for them when they get back."
- Care records showed people had access to healthcare services. However, we noted one person needed to have their toenails cut. We raised this with the manager who took immediate action and ensured this person was on the list for the chiropodist's visit which was due soon.
- The registered manager told us the chiropodist, dentist and optician visited the home and they were hoping the optician would start doing hearing checks.
- Appointments with healthcare professionals were documented in the care records along with the outcome.
- People with specific health conditions had appropriate care plans in place to manage their condition which gave clear guidance to staff.
- We noted that none of the people suffered from pressure sores. One staff member told us, "We take pressure sores seriously. Sometimes [people] come with them but we work hard to heal them or stop them getting worse."

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

- People's rooms were laid out across four floors in an adapted building. Each floor was accessible by a lift. Bathrooms were accessible and there were grab rails in the corridors which meant the premises were adapted for people with mobility difficulties.
- People could choose to sit in the communal lounges or dining rooms and were able to access the communal garden area.
- The provider was in the process of refurbishing and redecorating communal areas and bedrooms in the home. The registered manager sent us the plan which showed how much progress had been made and the next steps towards completion by the end of the year.

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. 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.

- At the time of this inspection there were 29 people who had appropriately authorised deprivation of liberty safeguards (DoLS) in place. 19 people were waiting for the outcome of their DoLS application.
- Staff had received training in MCA and DoLS. Staff demonstrated they knew how to obtain consent before delivering care. One staff member told us, "I ask [person] before doing anything."
- Where appropriate, people had mental capacity assessments in place. Examples of these were to receive one to one care, for locked doors and keypads, administration of medicines and to have their medicines crushed or administered covertly.

# 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.

We did not look at this key question at the focused inspection in November 2020. At our last full inspection in March 2020 we rated this key question good. The rating for this key question has remained 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 caring. Comments included, "We have a laugh together. There's none that are not nice" and "[Staff] are all so kind and nice and helpful and they're always there for me. They're all very kind and gentle."
- Comments from relatives included, "[Staff] really are a lovely bunch of people and they make it a pleasure to come here and visit and they always include me" and "The staff are caring and kind and do seem to have unlimited patience."
- A relative told us the service was proactive about meeting people's cultural needs. They said, "The family are working alongside the [service] to address the cultural needs [of family member]. We think the sun shines out of [staff]."
- Staff were observed taking time to sit beside people and chat with them. We observed kind interactions between staff and people using the service. People were supported in an unhurried manner.
- We observed one person having a banter and a laugh with the maintenance person about the bingo session that was due to start. The maintenance person was observed to make time to stop and talk to everyone.
- Care plans included people's cultural and spiritual needs.

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

- People and relatives were supported to be involved in making decisions about their care. One relative told us, "[Staff] go out of their way to keep me informed of what is happening with [relative]."
- Another relative said, "During Covid, [staff] have kept the family informed and have made sure if there was a way to visit or communicate, they have found and organised it"
- Staff confirmed people were involved in decisions about their care. A staff member explained, "If they don't like something they will say and sometimes they will ask for what they like or change their mind."

Respecting and promoting people's privacy, dignity and independence

- A relative told us how people's privacy and dignity were promoted and said, "[Staff] seem to know exactly what to do and when to do it. Sometimes it's so discreet, it's done before you know it."
- Staff demonstrated they knew how to promote people's privacy and dignity. One staff member said, "Go in, shut the curtains and door. Ask if they want a shower or wash down."
- We observed staff promoted people's privacy and dignity by knocking on doors before entering rooms.
- We observed people were encouraged to be as independent as they wished and staff kept people safe in a

way that did not restrict their individual freedom.

# Is the service responsive?

## Our findings

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

We did not look at this key question at the focused inspection in November 2020. At our last full inspection in March 2020 we rated this key question good. The rating for this key question has remained 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

- Staff understood how to provide a personalised care service. They described to us people's preferences and choices.
- Care plans were detailed and personalised. They indicated what the person could do independently, what they needed support with and their preferences.
- Care records included a social assessment which included a brief history such as childhood experiences, working life and life since retirement. This enabled staff to get to know the people they supported and gave them topics of conversation.
- Care plans and risk assessments were evaluated monthly. Relatives confirmed they were involved in the six-monthly care plan reviews.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their 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 registered manager understood how to meet people's communication needs when they have a hearing impairment and explained that they wrote things down for one person. They also told us, "We would use transparent masks so they [the person] can read the lips."
- The registered manager explained how they ensured people with a sight impairment had access to written information. "We can read to them, the print can be bigger, we can use braille if they can read braille."
- The registered manager described how they used communication boards and pictures to help people living with dementia to communicate.
- We reviewed the dementia pack provided to staff and saw this had a detailed section containing communication tips and ideas for communication with a person living with dementia.
- Care plans contained information about the person's preferred way of communicating and included whether or not they wore glasses or used a hearing aid.
- For example, one person's care record stated, "[Person] likes to chat with staff, [person] likes to go outside and wander around. [Person] is able to say what they want to do on daily basis with the one to one carer."

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

- Relatives confirmed their family members were able to participate in activities that interested them. One relative told us, "[Staff] have even taken over the organisation of getting [family member] to their cultural club. [Family member] loves that."
- Care records detailed what activities the person liked. One person's care record stated, "[Person] likes to go outside in the community. Likes to go to the parks or walk around. [Person] also loves to draw [and] likes to chat to staff."
- Care records also detailed relationships and the people and places important to the person. These indicated activities in the service people participated in which included bingo, colouring, puzzles, grooming and the hair salon.
- The service produced regular newsletters which they distributed to relatives and stakeholders. These contained information about what was happening in the home. A relative told us, "They [the service] have re-started the newsletters again which is good."
- People who were cared for in their rooms were offered sensory activities using aromatherapy oils, hand massage, sensory lights and music.
- The activities co-ordinator told us people with spiritual needs were catered for. For example, a priest came in for people who were Christian. They also told us they used a tablet device to help people keep in contact and pray together with family.
- The service offered a range of activities which included activities outside the home such as day trips to a farm, coffee shop, and shopping. External entertainers visited the home which included bringing in small animals, children's ballet and a weekly visit from a belly dancer and singers.

Improving care quality in response to complaints or concerns

- People told us they had no complaints. One person said, "We never had anything wrong."
- Relatives confirmed they knew how to complain. Comments included, "I would have no hesitation in asking to see [registered manager] if I was unhappy. [Registered manager] is very receptive and gets things done" and "I would just speak to [registered manager] if I wasn't happy, but honestly, I can't see that happening any time soon."
- The registered manager gave an example of how lessons were learnt as a result of receiving complaints about personal hygiene. They realised from talking to staff people's personal care was not being done properly as staff were using wipes to clean people. As a result the registered manager now carries out regular checks.
- The provider had a complaints policy and records showed complaints made were dealt with appropriately and to people's satisfaction.
- The service kept a record of compliments. For example, a recent written compliment stated, "I just wanted to say a huge thank you to you and your staff for the care you gave to [relative]. [Relative] was really well looked after."

End of life care and support

- The provider had an end of life policy which gave clear guidance to staff about how to provide this type of care.
- People had end of life care plans which stated who they would want present for their final days, such as family and friends and what measures they wanted to keep them comfortable including symptom control measures.
- Where appropriate, people had a 'do not attempt resuscitation' agreement in place appropriately completed and signed.
- Records showed people at the end of life were cared for in a culturally sensitive and dignified way. People were supported by specialist teams if required.



- Staff received training in providing compassionate end of life care and had access to videos about this topic.

# Is the service well-led?

## Our findings

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

At our last focused inspection in November 2020, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, we found quality checks were not always robust in identifying and recording concerns. Enough improvement has been made and the service is no longer in breach of the regulations.

- The service had a robust quality audit system in place which included medicines, falls and mobility, infection control and bed rail checks.
- The registered manager conducted a daily walk around the service so they could observe care being given and identify areas for improvement.
- We reviewed records of unannounced monthly spot checks. A spot check conducted during the night in March 2022 noted positive findings such as the cleaning of equipment. A staff member was seen wearing an incorrect uniform. This was noted as an area for improvement and the staff spoken to about this.
- The registered manager completed a monthly environmental check list. We saw the checklist for 16 February 2022 noted they were awaiting a curtain delivery and this was updated to state they were delivered on 10 March 2022.

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

- People spoke positively about the management of the service. One person told us, "[Registered manager] is extremely nice, very clever, very pleasant. [They] will help you if they can but tell you if they can't. [They] tell you the truth."
- Relatives gave positive feedback about the management. A relative told us, "I attend the relatives' meetings and they are always very productive. [Registered manager] listens to what everyone has to say and then follows up with actions."
- Staff gave positive feedback about the registered manager. One staff member told us, "[Registered manager] always asks what we need. If any problem [we] knock on the door [of office] and go in. If I had any concerns, I would raise it."
- The registered manager told us how staff were supported, "We have an open door policy and I have done a staff surgery." They explained staff could access an external 24 hour service for financial and emotional support.

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 understood their duty of candour responsibilities. They told us, "If we do something wrong, we have to inform [person using the service], next of kin, families and we have responsibility of learning from it and apologising."
- The provider understood their responsibility of notifying appropriate authorities, such as, the local authority and CQC of serious incidents including safeguarding concerns and serious injury.

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

- The service had a system of obtaining feedback annually from people using the service. We reviewed the analysis carried out for responses received in a recent 2022 survey.
- The outcome of the 2022 survey was overall positive for all questions asked and the actions identified included to continue to maintain high standards of care and maintain people's satisfaction.
- The provider held regular meetings for people using the service. We reviewed the minutes for the meetings held in February and March which showed people were involved in the discussions and their questions addressed. Topics of discussion included visiting, activities and the food menu.
- Relatives were invited to regular meetings and we reviewed the meeting minutes for February and April which were organised as video call meetings. These showed relative were involved in the discussions and their questions addressed. Topics discussed included staffing, COVID-19 and the summer menu.
- The registered manager told us they had stepped up to the challenge of improving the relationship with relatives. They now had an open surgery session one day a week whereby relatives could pop in for a discussion without an appointment.
- The provider held regular meetings for staff. Topics of discussion included break times, infection control, meals and personal care. Staff also had a handover meeting each time they came on duty so they could be updated on people's wellbeing.
- The registered manager had a daily meeting with a representative from each unit and department so they could be updated on the wellbeing of people using the service and staff and be made aware of any issues or concerns.

Working in partnership with others

- The provider worked in partnership with others. A relative told us the service had developed links with local businesses and said, "[The service] get cupcakes and MacDonald's donated and there were visits by petting animals."
- Records showed the service worked jointly with healthcare professionals to improve outcomes for people.
- The registered manager told us they had a good relationship with the pharmacy and worked closely with tissue viability nurses and the continuing healthcare team.