

Apsley House Care Home Limited

# Apsley House Care Home

## Inspection report

86 Barrack Lane  
Bognor Regis  
PO21 4DG

Tel: 01243267755

Website: [www.apsleyhousecarehome.co.uk](http://www.apsleyhousecarehome.co.uk)

Date of inspection visit:  
09 March 2021

Date of publication:  
27 April 2021

## 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

Apsley House Care Home is a residential care home providing personal and nursing care to 20 people at the time of the inspection. The service can support up to 35 people. Apsley House Care Home is a large converted period property located in Bognor Regis, West Sussex.

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

People spoke highly of the care they received. They told us they were involved in their care and had freedom in how they spent their time at the home. Relatives were equally complementary. One relative told us, "I just can't praise the home highly enough, we are lucky to have found it." Another said, "They have been brilliant. I can't really give you anything other than incredibly positive feedback about the place."

People felt safe and told us they enjoyed living at the service. There was a calm and happy atmosphere when we visited. Care staff were well informed about risks to people's health or wellbeing and knew how to deliver care safely. Staffing levels were enough to meet people's needs. Medicines were managed safely. Lessons were learned if things went wrong.

The home was clean and staff had been trained in infection prevention and control. There were clear measures in place to manage the risk of the COVID-19 pandemic. We signposted the registered manager to guidance on personal protective equipment (PPE) for staff unable to wear face masks and to guidance on restricting staff movement between care homes. One staff member told us, "We've all pulled together, and I feel safer in here than I do in the outside world."

People received good quality care that improved their wellbeing. People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff felt supported and were assured their views and opinions were valued. People spoke enthusiastically about the food and were able to make suggestions for additions to the menu. Snacks and drinks were readily available throughout the day. People had access to a range of healthcare professionals and support. Premises were suitable, comfortable and met people's needs.

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.

Strong relationships were formed between staff and people due to the continuity and caring approach of staff members. People were encouraged to be involved in decisions relating to their care and were treated with dignity and respect.

Staff were skilled in supporting people at the end of their lives. They took time to understand the person's wishes and worked to facilitate these. Relatives spoke highly of the care their loved ones had received.

People's communication needs were identified and planned for. People expressed confidence they could raise any issues or concerns with any member of staff or the management team and these would be addressed.

The management team had clear systems in place to monitor the care people received and to drive improvement.

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

The last rating for the service under the previous provider was good, published on 16 August 2019.

Why we inspected

The inspection was prompted in part due to safeguarding concerns. 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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Apsley House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

#### Service and service type

Apsley House Care Home 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 of the COVID-19 pandemic. We wanted to check if anyone was displaying any symptoms of the virus and to be aware of the provider's infection control procedures.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection under the former provider. We sought feedback from the local authority and professionals who work with the service. 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 used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, nurses, care workers, chef, housekeeper, activity coordinator and administration staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. 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 registered manager to validate evidence found. We spoke with four staff and four relatives on the telephone. We followed up with professionals regarding the safeguarding concerns raised.

# 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

- People told us they felt safe. They appeared comfortable and happy in the presence of staff. One person told us, "Everything is lovely here."
- Staff had a good awareness of safeguarding and knew what to do if they had any concerns about people's safety. One staff member told us, "I would report anything that concerned me, it could be my parents or grandparents". Another said, "I feel confident reporting it."
- Guidance on how to raise a safeguarding concern was displayed in the home. The registered manager demonstrated a good understanding of their responsibilities and how to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and assessed. Clear guidance was in place to support people in a safe way and to minimise limitations on their freedom.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan included risk assessments specific to their needs, such as risk of falls, medicines or nutrition. For example, where people were at risk of choking, their care plans contained comprehensive and specific details for staff on how to manage the risks involved with their intake of food and drink.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Systems were in place to evacuate the premises in case of emergency.

Staffing and recruitment

- We observed care delivery in all areas of the service. The deployment of staff met people's needs and kept them safe. One person told us, "We've got the run of the place and they're (staff) always on hand if you need anything."
- Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. Staff told us the registered manager and deputy would work on the floor to support at busy times. Absences were covered from within the staff team. This was a decision the home had taken to minimise the use of external agency staff and to reduce the risk of COVID-19 infection.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing and Midwifery Council (NMC).

### Using medicines safely

- People received their medicines as prescribed. Registered nurses and senior care staff were trained in the administration of medicines.
- We observed a member of staff giving medicines sensitively and appropriately. They administered medicines to people in a discreet and respectful way, and stayed with them until they had taken them safely.
- Medicine Administration Records (MAR) were completed accurately.
- Medicines were stored appropriately and securely and in line with legal requirements. Stocks were checked to ensure that the records matched the actual stock at the start of the medicine cycle. Stock audits during the month identified the risk of shortages and enabled steps to be taken to replenish supplies and address other issues.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Some staff were unable to wear a face mask for health reasons. They had been provided with a visor that included a lower section to cover the mouth. We discussed with the registered manager how this did not offer the same level of protection as a face mask, to the staff member or to others. We signposted the registered manager to resources to develop their approach.

Not all staff worked exclusively at Apsley House Care Home. The registered manager was aware of the government guidance about restricting staff movement between care homes to minimise the risk of infection and had looked at alternatives. This included the possibility of using an agency member of staff on an exclusive basis. Unfortunately no agency had been able to guarantee this.

### Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- Incidents were discussed to see where improvements could be made.

# 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

- People and their relatives spoke highly of the care they received. One relative told us, "I feel the home has been outstanding in giving Mum the care she has needed. As far as I can see they have gone above and beyond to give Mum the care she requires." Another relative shared in online feedback that, '(Person) really did look better than I have seen her in a very long time' describing how their physical health and wellbeing seemed to have improved since they moved to the home.
- Staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people and relatives were involved in the formation of an initial care plan. This enabled staff to have the correct information, to ensure they could meet people's needs.

Staff support: induction, training, skills and experience

- People and relatives spoke highly of the staff team at the home. One relative shared in a provider survey, 'I have complete confidence in both the management and all the staff, who I find to be thoughtful, kind and professional to the residents in their care.' A relative told us, "There does seem to be a really good continuity of staff. The nurses always seem very, very good."
- Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety and equality and diversity. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism.
- Where people had specific health or care needs, staff had received additional training. One relative told us, "They have looked into her condition and done training, they are well aware of her condition. I have always felt the staff have been very good with Mum."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Staff felt supported. Systems of staff development including one to one supervision meetings and annual appraisals were in place. One staff member told us they had regular supervision and added, "But they (management team) are there every day to speak to if we need help."
- The provider supported equality and diversity of staff. For example, complex information in respect to health and safety was available for staff in their first language to assist them to understand and learn.

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

- People spoke enthusiastically about the choice of meals at the home. One person said, "Very good food."

Very imaginative cook." Another told us, "The food is brilliant and there are different choices. I like to have a glass of wine at lunch."

- We observed lunchtime in the dining room and conservatory. Colourful pictorial menus were on the tables showing the options for that meal. Staff were on hand and supported people in a relaxed and sensitive way.
- There was a varied menu and people were able to contribute ideas for dishes they would like to try or used to enjoy, for example steak and kidney pudding and treacle tart had been added. The chef told us, "We are such a small nursing home and we know each individual's needs and wants. They all just ask for what they want." One person told us how they liked a sandwich in the evening after supper and how the chef always made and put one aside for them.
- Staff were aware of best practice guidance for people at risk from swallowing difficulties, this included the use of the IDDSI Framework, which describes food textures and drink thickness. People who required specific diets were catered for.
- Snacks were placed around the service for people to help themselves to and drinks were always available. One person told us, "They have a private bar here. I can make my own tea and coffee."

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, such as GPs, chiropodists and social workers. Feedback from staff and documentation we saw supported this.
- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. For example, speech and language therapists and dieticians.
- The home had received a government-funded tablet, used to facilitate video calls with GP practices and other professionals. Staff had been trained to use an Oximeter, this gives a reading of oxygen saturation levels in a person's blood and is useful when discussing a person's support needs with healthcare professionals.

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

- People's individual needs around their mobility were met by the adaptation of the premises.
- Handrails were fitted and a lift enabled people to access other floors. Slopes allowed people in wheelchairs to access all parts of the service, including the garden and there were adapted bathrooms and toilets.
- Dementia friendly and clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.
- The provider was upgrading the premises. At the time of our visit a new wet room was being installed. There were also improvements to flooring and lighting underway.

Supporting people to live healthier lives, access healthcare services and support

- People received effective care and their individual needs were met. One person told us, "I had a letter from NHS, I gave it to them (staff) to sort out and they did."
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- We saw how staff had worked with speech and language therapy professionals to support people with eating and drinking. The chef described how two people had been able to move from pureed food to eating a normal diet thanks to this support. They told us, "They are eating much better and enjoying their food. Meals were coming back as 25% eaten but it is much improved and now 75% or 100% eaten."

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 had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately. The team acted in the best interests of people, respected their choices and understood the role of relatives with power of attorney.
- We noted staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do. One person told us, "They talk to me, they ask me."
- DoLS applications had been made where appropriate and people were being supported in the least restrictive way.

# 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 spoke positively about the care they received. One person told us the staff were, "Very pleasant". Another said, "They treat me well." Relatives were enthusiastic in their praise of the service. One told us, "The staff are brilliant, they are so caring and they are so welcoming." Another wrote in an online review, 'They all were always so kind, helpful and understanding. Nothing was too much trouble.'
- The atmosphere in the service was positive and it was clear people had good relationships with staff who understood their needs. One staff member described how they sang to one person during personal care. They told us, "She loves it".
- We heard and saw staff being attentive and reassuring to people. Staff engaged with people frequently and spent time with them.

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

- People's views were central in determining the care they received. Where people were unable to share their wishes and needs, relatives had been involved in describing their life history, likes and dislikes to inform the plan of care.
- We saw staff checking with people what they wanted to do throughout the day and how they wished to be supported.
- Prior to the COVID-19 pandemic, there had been regular meetings with people and their relatives. Staff had maintained communication on an individual basis. Relatives told us they were kept up to date with any changes in their loved-one's care, or if they needed any new clothing or supplies. One relative told us, "They always let me know what's going on."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. We saw examples of people being supported to assist with making drinks and to carry out tasks for themselves.
- The registered manager described how they supported one person with their medicines. The person did not always remember they had taken them, so staff had devised a form the person signed on each occasion. This helped the person feel assured they had taken their medicines.
- People's privacy and dignity was protected. One staff member described how they involved people to make sure they are a part of whatever support is being provided. They told us, "If you start telling them what to do it takes away from them, it's not the right way to treat them."
- Staff were aware of the need to preserve people's dignity. We were given examples of staff respecting people's alone time and their space.

- Records and personal information were held securely to promote confidentiality.

# 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

- Detailed individual person-centred care plans had been developed, enabling staff to support people in line with their needs and preferences, including any individual religious beliefs. These included people's choices around what they enjoyed doing during the day and their preferences around clothes and personal grooming. For example, one person wished to be dressed in a specific way and ensure they wore perfume, this was respected by staff.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- This detailed information gave staff a good understanding of people's family history, their individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.
- Technology was used to support people to receive timely care and support. Care plans were electronic, which allowed staff to access and update information on people's care quickly and effectively.
- Staff spoke positively about the care plan information and how it enabled them to support people. They had regular handovers and told us they could access past handovers on the system. One staff member told us, "This system is brilliant, now if a GP rings and they want to know about (area of care), we can bring it up so quickly for them."

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.

- Care plans contained information about people's communication needs.
- Pictorial menus were used to support people in understanding meal choices for the day.
- Information about the home, such as the Statement of Purpose, is offered on the provider's website in various formats including large print, braille and audio CD.

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 received opportunities to participate in a range of social, recreational and pastoral activities. These were based on people's interests, hobbies and pastimes.
- During our visit people were engaged in a variety of activities, including balloon tennis where people were smiling and laughing as they played. One person showed us their copy of the weekly activity schedule and

spoke about the activities they enjoyed. One to one time was given to people who preferred individual pursuits or liked to spend time in their rooms. One relative told us, "My Mum used to love reading so (staff member) tried to read to her but because of her dementia she doesn't concentrate for very long. (Staff member) asked the guitarist that came to go up and sing to her, she loved it and would sing with him! And they would take the dog up to see her, Mum loved that too."

- People were supported in their faith. Ministers of religion visited the service prior to the COVID-19 pandemic. One person told us how they had access now to online services and articles. There was a poster advertising a free phone line to hear hymns, reflections and prayers.
- People and relatives told us they had been supported to keep in touch. Electronic tablets were used to facilitate this. The provider had upgraded the broadband and added WiFi boosters in the service, to ensure that people had good internet access to allow them to stay in touch with their relatives and friends during the COVID-19 pandemic. One relative told us, "The home are very good in that whenever we ring the nurses take the phone to her. They're always very sweet and get Mum's phone working for her. They turn the phone off and make sure it is charged."
- In the week of our visit, the home had opened to nominated visitors in accordance with government guidelines. Prior to this, visitors had been able to use a visiting pod with floor to ceiling screening. This option remained available to additional visitors. Relatives told us staff were very accommodating, arranging for visits at specific times to suit their individual circumstances if required. The registered manager told us how much they had all missed regular visiting. She told us, "We love a busy home, we love all the people coming in and visiting."

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

- The provider had a clear complaints policy, which was available in the Statement of Purpose on the provider's website.
- People felt confident any concerns they had would be listened to. One person told us, "I would go to the manager. I haven't needed to." A relative told us, "If there was anything I wasn't happy with I feel comfortable enough I could speak to (registered manager and deputy)."
- Complaints and their handling formed part of a monthly audit completed by the registered manager. This included details of any follow-up or further action required.

#### End of life care and support

- People's end of life care was discussed and planned. People could remain at the service and were supported until the end of their lives. Observations and documentation showed that people's wishes about their end of life care had been respected.
- The home was accredited under the Gold Standards Framework for end of life care. Specific training and support was given to staff in order to care for people at the end of their life. Staff used alternative therapies such as aromatherapy and massage to enhance the support for people if they wished.
- Relatives spoke highly of their experiences. One relative told us, "They were very tender and loving towards (name of person). They dealt with (name of person's) end of life phenomenally well. It was as lovely as it could be. They were wonderful." Another relative had written an online review saying, 'You are an amazing and incredible team! We are eternally grateful for all the love, care and kindness you showed our Mum at her end of 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.

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

- There was a good atmosphere and positive attitude within the home. People and relatives spoke of the family atmosphere and friendliness of staff. One relative told us, "As soon as we walked in it was very homely and very warm and that has been the experience. It isn't a front, it is a warm and welcoming place."
- Staff said the home was a good place to work and that they were able to seek support if needed. One staff member said, "We have very lovely care staff, they are caring, supportive and friendly. I would admit my Mum to Apsley House. I trust the care staff."
- Some of the relatives we spoke with had, at times, more than one relative at the home. They told us this was testament to the care and the confidence they had in the staff team.
- Staff cared about people and their wider family. One relative had written thanking staff for marking a special occasion for their parents and for considering both of their needs, when just one was resident at the home. They wrote, "We want to thank you for everything you have done over the past year looking after BOTH our parents in such difficult circumstances. We were very lucky to have found you!"

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. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- There were clear management and staffing structures in place. The registered manager was supported in the running of the service by a deputy manager and senior nursing staff. People using the service, their relatives and staff spoke positively about the way the service was managed. One staff member said, "I am not stressed out, I am confident to ask for help."
- Managers understood their responsibilities under the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected the care home and the people who lived there.
- There were systems in place to assess and monitor the quality of care people received. These ranged from daily checks by senior staff to monthly audits of specific areas including medicines, incidents and infection

control. Each audit had an action plan which was reviewed to ensure improvements had been made.

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

- People were valued as individuals and they were asked for their views on their care, how they would like to spend their time and on the menu. As a result of the COVID-19 pandemic, group resident meetings had been replaced by staff seeking individual feedback.
- There was good communication between relatives and staff. One relative told us, "The lines of communication are very strong." The deputy manager said, "If any relative is here I will ask them how things are going. Usually relatives will come in and raise things directly." Relatives were also asked for their views in surveys.
- Staff had opportunities to share their views during staff meetings and supervision. One staff member told us, "They ask us about issues and we're given opportunities to talk. They listen." Another staff member said, "They act on it (feedback) straight away."

Continuous learning and improving care

- Staff were encouraged in their training and professional development. They told us they were supported to pursue additional training in areas of interest or to improve their support to particular people.
- The registered manager and deputy had participated in a variety of learning events and webinars over recent months. Learning and new ideas were cascaded to staff.

Working in partnership with others

- The management team participated in local forums to share best practice. In order to support care homes during the pandemic, a local GP practice had set up a group which involved care home managers and local healthcare professionals. A GP told us, "They (the managers at Apsley House Care Home) actively talk to and help other care home managers." The registered manager told us, "The local group has been a blessing. They have been really, really good, a font of knowledge."
- The managers were working in partnership with their local GP practices to answer questions or concerns in the staff team around the COVID-19 vaccination programme.