

English Dominican Congregation Trust

St Mary's Nursing Home

Margaret Street Stone

Inspection report

Margaret Street
Stone
Staffordshire
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St Mary's Nursing Home Margaret Street Stone is a residential care home providing personal and nursing care to people aged 65 and over. The service can support up to 59 people in one adapted building. At the time of the inspection, the service was supporting 46 people.

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

The service was particularly skilled at helping people and their families to explore and record their wishes about care at the end of their life. People told us end of life care was exceptional, they told us they received kindness, time together and spiritual support towards the end of life.

The service took innovative steps to meet people's information and communication needs. People were supported to communicate in a manner to suit their preferences and abilities.

The service found innovative ways of supporting people to maintain relationships with family and friends, particularly throughout the pandemic, when visits were not always possible.

Visiting professionals told us how the service focused on providing person-centred care and support, and achieved exceptional results.

People told us how staff had outstanding skills, and had excellent understanding of their individual needs relating to their protected equality characteristics and their values and beliefs. People told us they were listened to by staff and were confident to voice their opinions.

People felt actively involved in decision-making and empowered to make choices in daily life; they were also encouraged to remain independent where possible.

Arrangements for social activities were innovative and followed best practice guidance ensuring people could live as full a life as possible.

People were encouraged to maintain hobbies and interests; there were opportunities throughout the day for people to engage in fun and interesting activities. People told us they were happy and enjoyed living in the home.

The registered manager was visible, approachable and acted as a role model for staff. There was a positive culture of inclusiveness within the service, which ensured people were part of their individualised care. Staff and visiting professionals told us the registered manager was a passionate leader, focused on promoting people's wellbeing.

Feedback was welcomed to drive improvements in people's support, which had made a positive difference

to people's quality of life. The registered manager continually looked for ways to improve and learn through involvement in projects and leading meetings with other professionals within Health and Social Care settings.

People received their medicines safely and we observed safe medicine administration practices.

People told us they felt safe and well supported. The staff described how they could recognise unsafe care practices and the action they would take to report poor practice. Lessons were learned when things had gone wrong.

There were enough trained and competent staff, people did not have to wait long for support. Staff were recruited safely. People were protected from the risk of cross infection and the home followed government guidance in relation to the COVID-19 pandemic.

Care plans were robust and detailed people's preferences, risks and health requirements. These were regularly reviewed by management. People and relatives told us they felt included in the care planning process. People were supported to access other health professionals when needed, and advice was followed.

People and relatives were positive about the food and drinks available and people had choices over menus and where they wanted to eat. The home was adapted to meet the needs of those living there and people could personalise their own rooms to feel more at home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in line with their best interests; the policies and systems in the service supported this practice.

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 good (report published 09 September 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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 to show how the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed, it remains 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 Mary's Nursing Home 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Mary's Nursing Home Margaret Street Stone

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

This inspection was carried out by an inspection manager, two inspectors and an Expert by Experience. 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

St Mary's Nursing Home Margaret Street Stone 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 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

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We requested information from Healthwatch. Healthwatch is an independent consumer champion who gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and 13 relatives. We spoke with 11 staff which included nurses, care assistants, activities co-ordinator, domestic staff and members of the management team including the registered manager.

We looked at three care files, two staff recruitment files and numerous records held by the service including audits, medication records, and maintenance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed training data, policies and procedures and quality assurance records. We spoke with two professionals who regularly visited the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely by suitably trained staff. People got their medicines at the right time and medicines were reviewed regularly.
- We observed medicines being given safely and stored securely.
- People and relatives were aware of medication being taken. One relative said, "They include me in everything, the nurses met with me and we discussed dementia medication for [the person]".
- Safeguards were in place to ensure people received the right medication safely. Each MAR contained a recent photograph and highlighted allergies to mitigate any risks of mis-administration.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt the service was safe. One person said, "I feel safe because it is safe and the carers are wonderful, they are like my family".
- Relatives told us they felt the service was safe. One relative said, "Yes I feel [my family member] is safe, it's because of the staff, they are so kind and very funny. You can hear laughter in the activities room all the time".
- Staff received safeguarding training and had access to relevant policies and guidance. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- The registered manager clearly understood their safeguarding responsibilities, including when and how to raise a safeguarding concern with the local authorities.

Assessing risk, safety monitoring and management

- People told us their safety was monitored. One person said, "I feel safe. I am very independent and do quite a lot for myself. I know they [the staff] are there if I need them".
- Risk assessments were in place and reviewed on a regular basis. These were person centred and focused on enabling people rather than restricting them.
- Staff members were aware of people's risk assessments and how to mitigate known risks. For example, we saw detailed diabetic risk assessments, which meant staff could identify who was diabetic and they told us where they could access relevant information.

Staffing and recruitment

- People told us there were adequate levels of staff available. One person said, "No worries here. I am happy. I think there are enough staff. If I press this [pointing to call system] the staff come to me. I don't have to wait". Another person said, "There are enough staff, the registered manager fills in if needed".

- Relatives told us there were adequate numbers of staff on duty. One relative said, "There are always enough staff available to help".
- Staff members felt there were sufficient staff on duty. One staff member said, "The rotas are very good. We are a team, we work together". Another staff member said, "There is quite a good staffing level, nice staff morale, we have pulled together and supported each other."
- The rota showed shifts were covered in advance and in line with the staff dependency tool. This tool helps providers assess the number of staff required.
- Staff were recruited safely. Recruitment files showed that all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

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 using personal protective equipment (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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a culture of learning lessons when things went wrong. One staff member said, "When things go wrong it is shared in handovers and in the communication book."
- We saw the communication book; one entry detailed a discussion with a relative regarding poor appetite. The person only liked eating from a small plate of food. This detail was observed on a white board in the kitchen and observed in practice during lunch time.
- Accident and incident forms were completed and investigated by the management team. Trends were examined and referrals made to other agencies such as physiotherapists and falls teams.
- One person had been experiencing regular falls. The manager explained how they used innovative and individualised strategies to prevent falls. We reviewed these strategies and could see a reduction in the number of falls for this person.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 felt involved in the care provided. One person said, "Yes, [staff members] talk to me about my care." A relative said, "I can confirm that I was always kept informed of the care [my family member] was receiving and my authority was always sought when deemed necessary".
- People's care plans contained a range of assessments related to their physical, mental and emotional wellbeing. These were reviewed on a regular basis.
- Visiting professionals reported positively on the care people received and confirmed they were regularly consulted.

Staff support: induction, training, skills and experience

- Staff told us there were regular staff meetings and one to one supervision. This ensured staff were supported in their role.
- We saw documentation to confirm staff received one to one supervision and an annual appraisal. A member of staff said, "The appraisals are good as they give me an idea of what I have done well and where I need to do better".
- Staff received training to ensure they had up to date knowledge and skills to carry out their role. One staff member said, "We receive regular training, it is really good".
- Training records confirmed staff received induction and training.

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

- People were supported to eat and drink enough to remain healthy. Lunch time was a very sociable occasion. People we spoke with commented positively, one person said, "The food is good here".
- Relatives praised the food and mealtime experience. One relative said, "It is lovely food, there is a choice to eat. The food always has the right amount of thickener and everything".
- People were supported to eat with dignity, patience and respect.
- We saw how a person had spilt food over their hands and clothing, they started to become distressed. A staff member recognised the signs of distress and provided reassurance. They changed the person's clothing protector and wiped their hands to ensure dignity was maintained. The person smiled showing how this had promoted their wellbeing.
- Lunch was delivered to a person's room, showing people could choose where to eat. The food looked appetising and appealing. There were three courses and people had choices of meals and drinks.

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

- People were supported to live healthier lives and to access healthcare services when they needed. One relative said, "If the GP is contacted, I am informed immediately. I was contacted when [the person] went into hospital in the middle of the night. [The person] does have access to opticians as well".
- A visiting healthcare professional told us staff were proactive and asked for regular reviews where required. They said, "When considering any additional health care needs the team will seek advice from people like myself, the pharmacist, dementia specialists and so on. Any changes are discussed with the person and their family."
- Healthcare records showed how people's health needs were regularly assessed and reviewed. Staff followed recommendations made by healthcare professionals.

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

- People's needs were met by the design and decoration of the home. Handrails were fitted around the home to ensure people could walk safely. There were pictures and designs around the home to help people to orientate to their surroundings.
- The communal lounge was large and was the focal point where people socialised, this was bright and welcoming. Throughout the day we observed numerous activities taking place in the lounge.
- Large clocks and additional signage were placed around the home. This showed people the time, the day, the month and the weather. This design can lower stress for people with dementia who may become confused over the date and time.
- People's rooms were personalised with their own belongings and there were photographs of people engaging in activities on show in reception.
- The home was due some refurbishment work to the floors and skirting boards. The registered manager explained this was scheduled to take place.

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 and relatives confirmed they were asked for consent before any care was provided. People said, "Yes, they [staff] ask me for consent". A relative said, "Yes, they [staff] always gain consent, and they also will try again later, or in a different way if [the person] refuses medication or care etc."
- We saw staff gained consent before supporting people to eat or to take their medication.
- People's decision specific capacity was assessed and best interest meetings recorded to ensure decisions

made were appropriate and least restrictive. Deprivation of liberty applications had been completed and recorded. Examples included sensor mats, bed rails and healthcare decisions.

- Staff received training on the MCA and DoLS and understood the importance of ensuring people's rights and choices were respected.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's religious needs were identified when they moved into the home. One person said, "I am a devout Catholic and it's so lovely that they understand this here. I go to Church, and we can have a service on a big screen. It is so important to me; I was raised a Catholic and I raised my children this way too".
- People were treated with kindness and respect by the staff who supported them. One relative said, "They [the staff] are so kind. The staff fall over themselves to please [my family member] and they look after me as well."
- Relatives felt the care was personalised. One relative said, "Nothing is too much trouble for them here. They are so very specific, so very personal. It's not just for show, they genuinely care" Another relative told us how the cook had prepared runner beans out of their garden for the person. Commenting, "It meant so much".

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

- People told us they could make their own choices and daily decisions. One person said, "You can have breakfast anytime you like." Another person told us, "The staff are very nice and do anything I ask. Even when I wake early, they bring me a cup of tea. I go to bed early and rise early as this is what I like to do".
- Relatives told us decisions were respected. One relative said, "[Family member] prefers to be in their own room, they feel better there, but they will come out for lunch". Another relative said, "They encourage [family member] in their exercise plan, in a friendly and motivating way."
- Relatives felt included in the care being provided. One relative told us they felt able to contribute in best interest meetings.
- Staff had a good rapport with people, they knew people exceptionally well and could comment on each person's likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- People receiving support and their relatives told us the home respected privacy and dignity. One relative said, "Staff treat [my family member] with dignity, respect and they are very patient. I couldn't ask for a better set of carers to look after [my family member]".
- Staff understood the importance of promoting independence. One staff member said, "When I am supporting someone to wash, I give them the sponge and encourage them to do what they can. When I am supporting a person to eat, I cut the meat and encourage them to use their own cutlery".
- When carrying out personal care in bedrooms we observed 'dignity signs' being placed on the door, these stated 'please knock and wait, nursing care in progress'. This meant people would not enter when personal

care was occurring, therefore respecting their dignity.

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 good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support.

- People who were nearing the end of their life, consistently received compassionate and supportive care. One relative said, "The dignity after death was absolutely astounding".
- Relatives shared their personal accounts of their family member's end of life experiences. The relatives were deeply moved by the compassion shown by the staff members. They spoke about the registered manager going above and beyond to ensure that all steps were taken to make the end of life experience a uniquely special time for all concerned.
- Relatives repeatedly told us they were welcomed into the home during their family members end of life. They were encouraged to spend the night and share meals and precious time with their family members.
- During the inspection we saw family members bringing in chocolates and flowers to thank the staff team following the passing away of their family member. These relatives said, "Near to their end of life, we could have meals with [our family member], staff kept us informed throughout. It was a special time".
- People's care plans contained end of life wishes and choices. The home used ReSPECT forms to gather people's wishes for end of life treatments. ReSPECT forms record a summary of a patient's wishes for emergency care and treatment. The home also worked closely with a local hospice which offered specialised care for patients who have a life-limiting illness when a cure is no longer possible.

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.

- The service took innovative steps to meet people's information and communication needs. There were communication packs freely available in the corridors. These were aimed to encourage communication between people and their relatives. They contained games, puzzles and aids to help with communication. They were stored in handy bags and a sign encouraged families to use them.
- One relative told us how the communication packs had supported them to interact with their family member who had dementia. They said, "These packs are really good, especially for people who struggle to communicate. They have really helped us".
- We reviewed staff communication books handing over information relating to communication needs such as a person needing new hearing aid batteries and an entry confirming this had been completed.
- People's communication needs were assessed and recorded in their care plan.

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 participate in activities which reflected their social interests. One relative said, "It's amazing. When [my relative] first came here, they were barely eating and drinking, they [staff] got her out of bed and now they come down for activities."
- People were encouraged to continue their individual interests. One staff member said, "One person is a Stoke City fan, I support them to attend football matches. Another person has expressed an interest in going down to the pub on weekends, I will be taking [the person] down there". We observed staff members spending time, talking and playing games with people.
- Staff took an interest in people's hobbies, staff told us people's interests. One relative said, "The staff give [family member] magazines and they watch 'Strictly Come Dancing' with [family member]".
- We spoke to people and reviewed notes showing how people were being supported to attend places of worship regularly. People told us how important this was to their wellbeing and identity.
- People were supported to maintain relationships. Relatives commented on being involved in the service and being encouraged to come into the home and share a meal with their family members. Relatives were encouraged to volunteer and take on the role of essential care giver. Essential Care givers provide additional care and support to the person in the care home. They are able to visit more often, including times when there is an outbreak of coronavirus in the care home. So long as neither person tests positive for COVID-19. This means people can continue to see their relatives.
- Visiting professionals told us how the culture was innovative. One professional told us how vaccination day had been turned into a celebration day and how during lockdown they had introduced a mobile café for each isolated floor to bring some fun into a difficult situation.
- People maintained relations throughout the pandemic. One relative said, "They were brilliant throughout the pandemic, we were able to use video calling with relatives, I was kept informed all the time and I never felt anxious".
- During the pandemic each family was assigned a keyworker to ensure they were sent photographs and updates. We saw evidence of these photographs and kind messages sent to the families.

Improving care quality in response to complaints or concerns

- People knew how to raise their concerns regarding the care provided. One person said, "I can express my views very easily and my views are acted upon".
- Relatives were confident to provide feedback to the registered manager about their experiences of care. One relative said, "I would speak to the manager or any of the management team, they are all very approachable"
- Feedback from people was acted upon by the service. One relative said, "I have spoken with the registered manager and things changed from my feedback. I suggested putting some hanging baskets outside in the little courtyard and in a week or so some arrived". This meant that relatives felt included and the registered manager respected their choices and opinions.
- There was a clear complaints policy in place for people, relatives and professionals to use.

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

- People and their relatives were fully involved in planning care to make sure they received support which met their preferences and needs.
- One person told us, "They [staff] talk to me about what I want to do." A relative told us, "I have seen the care plan and feel involved in decisions about [my relatives] care". Another relative said, "I filled out a form with all [my relatives] preferences on, even little things like having the curtains closed or open".
- People received a service which promoted choice and control. One person told us, "They [the staff] help me with my walking and assist me if I need them, but they let me try by myself first".

- People received a service which was responsive to their preferences. People could choose their preferred time to wake in the morning and sleep at night. Meal and drink choices were promoted, there was an alcoholic drinks trolley for those who chose to enjoy an alcoholic beverage. Choices were sought over all aspects of daily life and decisions respected.

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 good. At this inspection this key question has remained the same. 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

- The registered manager passionately promoted a culture of person-centred care through engaging with people and their relatives using the service. One relative said, "I think the care is excellent here. They go above and beyond".
- Relatives consistently told us how staff provided personalised care for their family member, they passionately explained how staff celebrated special events with their families and made them feel special on birthdays.
- Relatives told us the culture was extremely person centred. One relative said, "I think the staff are compassionate and they are person centred." Another relative said, "They are so caring, and the manager is so caring, kind and passionate".
- Staff were consistently positive about their work and the support from the registered manager. One staff member said, "I love my job. It is very rewarding, We [staff] all work as a team." Another staff member said, "I just love the manager, [registered manager] is fantastic".
- Staff repeatedly told us the service achieved good outcomes for people. One staff member said, "There is a great morale, we are a team. If something goes wrong or if there is an incident the manager calls a meeting and we all discuss it and learn from it openly".
- Visiting professionals praised the culture of the team. One professional said, "I would like to say how great it's been to work with a dedicated manager, one who puts the health and wellbeing of their residents and staff at the foremost. Their passion shines through". Another professional said, "I visit several providers, if I had a relative requiring care, I would encourage them to come here".

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

- People and family members felt actively involved in the service. People said they had attended resident meetings. One relative passionately told us about the positive impact of being involved in their family members care and being able to eat meals with their relative.
- Relatives felt consistently involved in the care planning process. One relative said, "I am involved in [my relatives] care planning and I have seen the care plan. It has been updated. The nurse has asked me several times about details." Another relative said, "There is a suggestion box to put in improvements".
- Staff members repeatedly told us they felt engaged in the service. One staff member said, "There are regular team meetings where everyone has the opportunity to express opinions or concerns." Another staff member said, "there opportunities to discuss concerns or make suggestions in handovers, team meetings

and in the communication book."

- The registered manager promoted and encouraged equality across the service. They explain that although the home is a Catholic service all religions are welcome and respected.
- The registered manager was currently in the process of starting an LGBTQ(+) project to encourage people to express their sexuality openly and spoke passionately about people moving into residential homes who were forced to suppress their sexuality. The project was to start with LGBTQ(+) visual aids. This demonstrated the registered manager's passion to continually strive to improve the service to ensure people's individual and diverse needs were respected within an inclusive environment.
- We saw evidence of regular team meetings, over the COVID-19 pandemic we saw there had been over 60 staff meetings. The registered manager explained how these were essential in order to keep everyone informed. A staff member expressed how useful these meetings were to voice their concerns and receive support.

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

- Relatives told us they had complete confidence in the staff team and management roles. One person told us that the care their family member received was totally transformative and said "[registered manager in particular is incredible". Another relative spoke about staff members caring for their relative during the height of the pandemic, when they could not visit, they said, "I do truly feel that even without loved ones attending it's like a big family".
- Managers and staff clearly understood their roles, and were clear about quality performance, risks and regulatory requirements.
- Staff members praised the leadership of the management team. One staff member said, "The management are an excellent team, it's been a difficult time for everyone, particularly when the pandemic was in full force. They are on the ball for everything, they are always so spot on". Another staff member said, "The whole management team is so passionate about what they are doing. [Registered manager] is an outstanding leader, who cares so very much".
- We reviewed numerous quality audits showing how the management team regularly monitored the quality of care and acted upon any discrepancies or concerns to ensure people's safety and individual outcomes were continually met to improve care delivery.

Continuous learning and improving care

- There was a clear culture of continuous learning and improving care. Relatives told us they had been part of resident's panels and had received surveys by post asking for their experiences and recommendations of the care provided. One relative said, "I would go to the management team, they are so approachable, and [registered manager] tells me if I have any problems to please come to them".
- The registered manager promoted a culture of encouraging people to raise concerns and recommendations to improve care. One person said, "The manager is lovely. They have told me time and time again that I must tell them about anything that concerns me."

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 promoted an ethos of transparency and clearly understood their responsibilities under the duty of candor.
- When specific incidents occurred, these were documented through the home's accident and incident processes.
- We saw a consistent culture of learning from mistakes. A visiting professional told us, "They are very open and very transparent, if they make a mistake they come forward".

- We reviewed how the registered manager acted on concerns from relatives. One concern reviewed concerned missing clothing. In response, the registered manager attended the care show and invested in a new initiative to stop clothing getting mixed up or lost. The Care Show is the UK's largest care home annual conference and exhibition. It provides training, solutions and networking opportunities. This showed the registered manager looked at different and creative ways to make improvements at the service.

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing. One relative said, "The handover from hospital did not include physiotherapy. The registered manager arranged for a community physiotherapist assessment, taking our family's concerns on board".
- The registered manager continuously liaised with others professionals in the Staffordshire Registered Managers Network. A professional said, "[Registered manager] has adopted a positive and engaged approach to information sharing and challenges in a friendly and influential way when responding to our local authority initiatives such as Recruitment and Retention".
- Records confirmed continued collaboration with health and social care professionals and showed the registered manager welcomed their views and advice. We saw records evidencing regular communication with Public Health England and district nurses relating to the pandemic.
- During the pandemic records showed how the provider was working closely with the Local Authority.