

Sutton Veny House Limited

Sutton Veny House

Inspection report

Sutton Veny
Warminster
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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

Sutton Veny House is a care home providing personal and nursing care to up to 28 people accommodated in one adapted building. There were 25 people living at the service at the time of our inspection. People had their own rooms, some of which had en-suite toilet and shower facilities. There were communal rooms and extensive, well maintained gardens. There were six bungalows in the grounds. Staff from the home provided emergency call out cover for people living in the bungalows.

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

Risks people faced had been identified, with action taken to minimise harm. Equipment had been serviced to ensure each item was safe to use. There were enough staff to support people safely and robust recruitment procedures were being followed. The home was clean, and there were effective infection prevention and control measures in place. Reflective practice was an integral form of staff's learning, and also used to improve the service.

People felt safe at the home although one person told us night staff were rough when repositioning them in bed. The registered manager took immediate action in response to this allegation.

Staff received a range of training and support to help them do their job effectively. Staff felt valued and morale was good within the team. People were assessed before being offered a place at the home.

The home was a grade 2 building with original features. Due to this, there was a delay before hot water reached the handwash basins in some people's en-suite facilities. One room was also prone to being cold. The registered manager said in the future, they would carefully consider the appropriateness of the rooms and the people being placed in them.

Whilst people received a choice, and alternatives to the main menu were accommodated, there was variable feedback about the food. The registered manager said they would look into this, and work with people to enable them to have food which met their preferences.

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.

People and their relatives were complimentary about the staff, although two said the practice of the night staff could be improved upon. The registered manager took immediate action, and devised an ongoing plan to improve the night-time culture. People were encouraged to make decisions, and their rights to privacy, dignity and independence were promoted.

People received person-centred care, which reflected their needs and wishes. Each person had a care plan

in place that covered a range of topics including communication. People were encouraged to maintain relationships, and additional phones were purchased to enable this. Opportunities for social activities were arranged, although not all met people's preferences and at a time that was convenient. People and their relatives knew how to raise a concern, and were confident they would be listened to. End of life care could be provided at the home if required. Staff were passionate about ensuring good care to people and their families at this time.

People, their relatives and staff were complimentary about the new manager. New processes had been implemented and the culture of the home had improved. There were a range of audits to assess the safety and quality of the service. The registered manager spent time with people, to build relationships and monitor care provision. There was a desire to continually develop the service, and respond to feedback that was received.

We have made one recommendation for the provider to keep the hot water and heating systems under review.

We have made another recommendation about the social activity provision available to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 08 August 2020)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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, 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?

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 ●

Sutton Veny 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

This inspection is undertaken by one inspector 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

Sutton Veny 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. Sutton Veny 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of the monitoring activity that took place on 12 April 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with eight people and three relatives about the service, and spoke to eight staff including the registered manager, registered nurses, catering and housekeeping staff. We toured the environment and observed interactions. We looked four care records and multiple medicine administration records. We considered three staff personnel files, and various records related to the management of 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 our last focused inspection in July 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

- Potential risks to people had been identified, with action taken to minimise the risk of harm.
- On the first day of the inspection, there had been a burst pipe in the basement. The registered manager immediately instigated the emergency contingency plan and turned off the electricity as a precaution. As this affected the fire alarm systems and people's pressure relieving mattresses, additional checks were implemented.
- Assessments of risks people faced had been completed, and formed part of each person's care plan. These assessments addressed areas such as skin integrity, nutrition and the risk of falling.
- Other environmental risks, such as those associated with the stairs had been completed. There were many steps within the building, and ramps had been installed to enable better accessibility. However, the ramps were quite steep and presented risks to those using a wheelchair or with poor mobility. The registered manager told us the ramps would be risk assessed without delay. This was completed before the completion of the inspection. No changes were required at that time as people in those areas, used the passenger lift. The registered manager told us the assessment would be kept under regular review.
- There were regular checks to ensure the safety of the building and equipment. This included checks of the fire alarm systems, emergency lighting, portable electrical appliances and pressure relieving mattresses.

Staffing and recruitment

- There were enough staff to support people safely.
- The registered manager told us staffing levels were always sufficient, and flexible according to the number of people and the complexity of their needs.
- The home was calm, and people told us there were enough staff. One person said, "If I press my call bell [staff] come quickly depending on where they are in the building and if they are dealing with someone else."
- Staff confirmed there were enough staff to support people safely. They said staff sickness was low, and they tried to cover this themselves by doing extra shifts. Staff told us agency staff were used if required, with the same staff requested to ensure consistency.
- Robust procedures were undertaken when recruiting new staff. The information within staff's personnel files showed the applicant's past employment and performance, their identity and suitability to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from the risk of harm.
- People said they felt safe, but one person told us night staff were rough, when assisting them to change

their position in bed. The registered manager immediately spoke to the person and raised an alert with the local authority safeguarding team.

- As the alleged staff members could not be identified, the registered manager spoke to all within the night staff team. They made it clear, that any rough handling, even if not intentional, would not be tolerated and disciplinary action would follow.
- As a result of the allegation, all staff undertook additional training in moving people safely and communication. This covered how language and body language could be interpreted by others, in order to make staff aware of their approach.
- Other feedback from people and relatives about safety included, "I feel safe because of the routines they have. For example, they have a fire alarm test every Friday," and, "I trust the girls implicitly and the job they are doing. [Family member] is happy and we are happy they are safe and happy."
- Staff had completed up to date safeguarding training, and knew how to report a concern. The registered manager told us safeguarding was regularly discussed with the staff team.

Using medicines safely

- People's medicines were managed safely.
- People were given their medicines in a way which met their needs. For example, there was guidance for staff to ensure medicines to be taken 'as required' were taken as prescribed and to maximum effectiveness.
- All medicines were stored securely, and safely disposed of if no longer required. Appropriate stocks of medicines were maintained.
- The medicine administration records had been fully completed to show people had received their medicines as prescribed. The registered nurse was required to check the records after they had administered the medicines. This enabled any gaps in the recording to be immediately identified and rectified.
- There were medicine policies in place and regular audits were undertaken to ensure safe practice.

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 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.

Visiting in care homes

Visiting was encouraged, in line with government guidance. Within the early stages of the pandemic, one of the communal areas had been allocated to people's visitors. This room was spacious, and enabled all surfaces to be easily wiped clean.

Learning lessons when things go wrong

- Reflective practice was promoted as a means to improve the service.
- The registered manager had reviewed many of the home's systems and processes. They said they had streamlined and made protocols much clearer, by using step by step guidance. This had enabled staff to be more confident and efficient in their role.

- Further staff training and a review of staff's competency had been completed, as a result of the person raising concerns about staff practice at night. The registered manager told us they would continue to talk to the person, to ensure the situation had improved.
- Accidents and incidents were appropriately considered, with action taken to minimise a reoccurrence. The registered manager told us they had a responsibility to keep people safe. This involved involving other agencies, and the use of equipment where relevant.

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 our last comprehensive inspection in December 2019, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection, the provider had failed to make sure staff received appropriate training to enable them to carry out their duties. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- There was a positive approach to training and ongoing development. As a result of this, a varied programme of training had been implemented.
- Records showed staff had completed training in moving people safely, communication, skin integrity and people's health conditions. Registered nurses confirmed this, and said they also received training to maintain their clinical skills. This included training in catheterisation, wound care and verification of death.
- People told us staff were well trained. One person said, "They are trained to use the hoist to get me in and out of bed." Another person said, "They are very competent in doing what they do."
- Support was seen as integral to staff's wellbeing and morale, as well as ensuring good performance. Staff received informal support from the registered manager and each other, and more formal one to one meetings with their supervisor. Annual appraisals were being undertaken to recognise good practice and any areas which needed to be worked on.
- Staff told us they felt valued and very well supported. One staff member said, "The atmosphere here has changed completely since the new manager started. I look forward to coming to work. We have a good team and the support is fantastic."

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

- The home was a spacious, grade 2 listed building with original features, set in extensive well-maintained gardens.
- Due to the age and layout of the building, there was a delay in the hot water getting to some people's bedrooms. A contractor had reviewed the hot water system, but required all floorboards in the home to be lifted to determine where the pipes ran. As this would be detrimental to the building, the registered manager said they would only admit people into those identified rooms, if they were nursed in bed. This needed to be documented in the home's Statement of Purpose. This is a document about the service, its facilities and staffing, which all registered services are required to have.
- There was variable feedback about the environment. One person told us, "It is a lovely building, but it is

not really suitable for a care home. The hallway is grand and not a cosy place to walk into when you first visit." Another person said they did not like their room, as it was often cold, and their hot water was often cold as well. The registered manager told us they had supplied additional heaters, but would offer the person an alternative if this would help. They said they would review the room in terms of its future use.

We recommend the provider keeps the hot water and heating systems under review and takes action if problems continue.

- There was a lounge, drawing room and separate dining room. Some rooms had en-suite facilities, whilst others were shared between two people. The registered manager told us consideration was being given to developing some of these into individual en-suites.
- There were extensive, well maintained gardens with two verandas and seating areas. These could be accessed using a ramp to the rear of the building if steps were difficult to use. Some people enjoyed growing vegetables in the raised vegetable garden.
- On their admission, people were encouraged to bring their own furniture and personal possessions with them. One person told us, "I have a lovely room with my own pictures that I love." A relative said, "The room is very large and staff have helped her make her room really homely and comfortable with things from her home."

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

- People's needs were assessed before a placement at the home was offered.
- When receiving an enquiry about moving to the home, the registered manager or a senior staff member visited the person and/or their family. This enabled the person to discuss their needs, wishes and expectations, and for aspects such as their medical conditions and mobility to be assessed.
- People and their relatives were encouraged to visit the home, and look at their prospective room. This enabled further questions to be asked, and the atmosphere and facilities on offer to be seen.
- People and their relatives told us about the admission process. Specific comments were, "An assessment was carried out at the hospital," and, "We visited before [family member] moved in and met some of the staff. When [family member] moved in, there were some of the staff they recognised from the visit, which was really nice."

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

- Clear focus was given to food, with an aim to make the meal a pleasant experience, as well as being nutritionally balanced. For example, the tables were nicely laid, food was carefully presented and general conversation took place.
- There were positive comments about the food, but one person explained it was not seasoned enough. Another person said, "It isn't cordon bleu, but it is sometimes tasty." Other comments were, "The kitchen staff are attentive and come and ask me what I like to have," and, "They will give you an alternative if you do not like what is on the menu." A relative told us, "I have seen the food. It looks lovely. The lamb looked tasty. [Family member] ate most of it and said it was soft as they liked it. They also have lovely deserts and fruit in their room."
- One person told us they chose to have a sandwich to eat at night, as they did not like the supper that was offered. The registered manager told us they would remind everyone of the "Bite size menu" which offered snacks over the 24-hour period. They said they would also look at widening the supper menu and developing snack boxes, based on people's individual choices. They said questions about food would be included in the next resident's survey.
- The chef met with people to discuss their preferences, what they would like on the menu and any feedback they had. The menus were seasonal, and always contained a meat and meat free option. The chef

told us attention was given to portion sizes and how the meal was presented.

- People's risk of malnutrition was assessed, and their weight was monitored. Action was taken in the event of a person declining food or losing weight. Staff said discussion would also take place with the person, their relatives and GP as required.

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

- People received a range of health care services to meet their needs.
- People's health care needs, and the outcome of any interventions or appointments, were detailed in their care records.
- Staff told us people received good support from the local surgeries. A GP did a weekly visit and also visited when called, if needed. This ensured they knew people well and could identify any changing needs.
- The registered manager said there were multi-disciplinary meetings to discuss those people with complex needs. They said the GP, geriatric psychiatrist, community team and care liaison team were part of these meetings.
- People were complimentary about the healthcare they received. Specific comments were, "Yes, I had my covid injection last week," and, "I wasn't very well last week. The staff came into check and look after me regularly." A relative told us about their family member's need for urgent hospital care. They said, "The staff have been wonderful sorting everything out for them."

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. 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, 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.

- The registered manager and staff were working within the principles of the MCA.
- People were presumed to have capacity, and enabled to make their own decisions. Records showed assessments had been undertaken, when concerns about capacity had been identified. The assessments clearly showed the process followed and who had been involved in any best interest decision making.
- Staff told us they always asked people's consent before undertaking any task or care intervention. One staff member said, "If people are unable to choose, we like to ask their family what they would have liked previously." A relative told us, "If [family member] doesn't want to do something they won't, but the staff understand them and work with them."
- The registered manager told us they monitored staff practice to ensure people were encouraged to consent. They said restrictive practices were always avoided where possible, but some equipment such as alarm mats and bed rails had been deemed appropriate to enhance safety.
- The registered manager told us DoLS applications had been submitted as required. A record showed which applications were waiting for approval, and when any would need to be renewed.
- Records showed staff had completed training in MCA. This had involved training facilitated by the local

DoLS team.

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 our last comprehensive inspection in December 2019, we rated this key question requires improvement. At this inspection the rating has changed to 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 and their relatives were complimentary about the staff. Specific comments included, "The staff are friendly and it's an easy-going atmosphere," "They are kind and helpful" and, "They do their job beautifully. They are thoughtful and kind." A relative told us, "Here the emphasis is on love and business is second."
- Interactions between staff and people who used the service were friendly and respectful. Staff spoke kindly and politely to people. One staff member, whilst removing a person's lunch tray, said "Hello [person], how are you today? Are you sure you've had enough? Can I get you anything else?" They gave the person time, and did not rush.
- Records showed staff had received recent training in equality and diversity.

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

- People's wishes, preferences and choices regarding their support, were detailed in their support plans.
- People were encouraged to make decisions, and be as independent as possible. One person told us, "Oh yes definitely. I can make my own decisions. I can do what I choose to do. I please myself. There are no rules." People told us they were able to choose their preferred routines. This included when they got up, how they spent their day and where to eat their meals.
- Staff told us they had a good team, who worked together to give people the best quality of life possible. One staff member told us, "This is people's home so they should do what they want and make decisions about their lives." Another staff member said, "We're like a little family. We look out and care for each other."

Respecting and promoting people's privacy, dignity and independence

- People's rights, including those of privacy and dignity, were promoted.
- Staff knocked on people's bedroom doors before entering, and addressed people by their preferred name. They were friendly and respectful, and asked if there was anything the person needed before they left the room.
- New staff always worked with senior staff for a period of time when they first started at the service. This enabled people's rights to be at the centre of any staff member's learning.
- The registered manager told us they walked around the home at varying times of the day, to monitor care delivery. They said promoting people's rights was always key and an integral part of the home's philosophy.
- Staff told us they had completed training in communication. This was done in small groups with role play, to improve non-verbal and verbal communication. The registered manager told us the training was aimed to help staff think about their own communication, and how it made others feel.

Is the service responsive?

Our findings

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

At our last comprehensive inspection in December 2019 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At the last comprehensive inspection, the provider had failed to provide care records that were fit for purpose. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- People received person-centred care which reflected their needs and wishes
- Each person had a personalised care plan in place, which incorporated information gained from the assessment process. The plan covered a comprehensive range of topics such as personal care, nutrition, mobility and skin integrity.
- Information within care plans was well written although some terminology would benefit from further expansion and clarity. This included the use of the phrase 'needs assistance with.'
- Staff were very clear when asked about people's needs. Positive relationships had been developed and they knew people well.
- People and their relatives were complimentary about the standard of care provided. One person said, "I can live my life like I would have done when I was at home." A relative said, "They follow the care plan to the letter. They turn [family member] every 4 hours so you can't say they are not caring."

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 service met the Accessible Information Standard.
- The registered manager told us people with various communication needs were supported at the home. This included speaking to people clearly, using a white board to write, or a computer with adapted software. They said one person used their thumbs to communicate. This was either thumbs up or down, to show yes or no, or happy or not.
- Some people found staff wearing masks, was a barrier to communication. The registered manager therefore purchased visors for staff to wear as needed. They said if a person's communication needs were

complex, they would gain advice from the Speech and Language Team.

- Feedback forms, which were used to gain people's views about the service, had been adapted to make the information more accessible. This included pictures showing different expressions so people could tick a smiley face if they were happy with the service.

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

- A member of staff was responsible for organising social activities for people to join in with. They were allocated 20 hours a week, and worked in the afternoon and sometimes at weekends, in line with the provider's instructions.
- Some people told us they liked to follow their own solitary interests. This included one person who said, "I like to read my newspaper and do the cross word." Other people took part in the activities, but felt they could be improved. One person told us, "Sometimes I do go down and make things. I think it is so miserable down there though." Another person told us they did not like crafting activities as they felt as though they were treated like children, not adults.
- One person told us the activities were held at the wrong time, straight after lunch when most people wanted to dose. A staff member agreed with this and said they had to catch people before they went upstairs, otherwise they were reluctant to join in.
- During the inspection, staff supported some people to walk in the garden. Others were watching a film on the television. On another afternoon, people had a talk about the history of the home and its previous uses.
- There was a sensory garden including raised beds, so people could get involved in planting and then eating what they had grown.

We recommend the provider considers the social activity provision available to people in the home and within the local community.

Improving care quality in response to complaints or concerns

- There was a positive approach to complaints, with information used to drive improvement within the service.
- People and relatives told us they would talk to the registered manager if they had concerns. They were confident any concerns raised would be properly investigated and resolved.
- Feedback from a recent survey showed the registered manager was responsive to concerns and suggestions made.
- New feedback forms had been introduced, which let people know the service welcomed complaints.

End of life care and support

- The service was able to provide care to people at the end of their life if needed.
- Staff were passionate about ensuring people had a comfortable, pain free death. One member of staff told us the GP would prescribe 'just in case' medicines, which could be used if the person was very anxious or in pain. Another staff member told us it was important to support relatives as well as the person. This included offering food and drinks, privacy and emotional support.
- People's wishes such as whether they wanted to be resuscitated, go to hospital or stay at the home, were detailed in their care plan. However, there was little detail about how the person wanted to be supported as their health deteriorated. Staff told us they would talk to people about this, and include any wishes in their care plan.
- The registered manager had recently undertaken a 6-week course regarding end of life care, at the local hospice.

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 Jul 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.

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

- A positive, relaxed culture, which encouraged people's views had been developed within the home.
- People and their relatives were complimentary about the registered manager. One person said, "The Manager is nice. She comes into have a chat with me. She is also a nurse and will put on her uniform and work if she is needed. She leads the team very well". Comments from relatives included, "The Manager is wonderful" and, "The Manager is lovely and charming."
- Staff were equally complimentary about the registered manager. One staff member said, "She is absolutely brilliant. What she doesn't know isn't worth knowing." Other comments were, "Since the manager started, the culture has improved significantly. We have a brilliant team, and they keep us together", and "They are good at being silly. They encourage staff to dance in the drawing room and then put it on [social media]. It's so funny and good for morale."
- The registered manager told us empowering the team and enabling an open, learning environment was essential to ensuring a good service. They told us they spent most of their time around the home, rather than being in the office. This involved talking to people, and offering staff support wherever possible.
- Relatives told us they had regular contact with the registered manager. They said they were open and approachable. One relative told us, "[Manager] communicates well with us. I sent her an email yesterday and she replied straight away. We agreed to meet when I visited today."

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 responsibilities of being open and honest when things had not gone well.
- During their induction, the registered manager told us there was an emphasis on openness. They said they always ensured anything was put right, and people were kept informed of what action was being taken.

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

- There were clear management systems in place, to ensure the effective running of the service. These had been embedded, so were working well.
- Records showed there were a range of audits, with varying frequencies for completion. This included checks of the kitchen, people's daily records and safeguarding processes.
- The registered manager had simplified processes and written step by step protocols which were easier for

staff to follow. These covered topics such as skin integrity, nutrition and end of life care. A whiteboard had been implemented to give visual reminders, such as dates of catheter or dressing changes. This minimised the risk of things being missed.

- Staff had been allocated individual roles to enable increased responsibility and additional monitoring. This included making sure people's pressure relieving mattresses were on the correct setting, and topical creams were being applied as prescribed.
- The provider regularly visited the service and undertook their own quality checks. The outcome of these were discussed with the registered manager, and followed up at their next visit.
- The registered manager told us the whole staff team had worked hard to develop the service and improve the home's rating. All were open to suggestions, and willing to implement new processes as needed.

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

- Systems were in place to involve people, their relatives and staff in the running of the service.
- Any feedback received via surveys, was coordinated within a 'You said, we did' format. The registered manager told us it was essential for people to know they had been listened to, with action taken where necessary.
- There was a suggestion box, where people could give their views anonymously. People and/or their relatives were also encouraged to review the home on a recognised care home review website.
- New telephones had been ordered at the start of the pandemic, to make it easier for people to talk to their friends and relatives. Improved Wi-Fi had also been installed to ensure better reception.
- There were newsletters, which kept people and their relatives informed of what was going on at the home.

Working in partnership with others

- The registered manager and staff worked closely with a range of other services.
- During the pandemic, there was regular contact with the local authority and local infection control agencies.
- There was liaison with other health professionals such as the GP, speech and language therapists, occupational therapists, dieticians and tissue viability specialist nurses. There had also been contact with members of the care liaison team, community reablement service and memory team.
- The registered manager worked with the local surgery's vaccine team. This enabled them to deliver the COVID-19 and flu vaccinations to people and staff at the home.