

Redwood Tower UK Opco 1 Limited

Wimbledon Common Care Home

Inspection report

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Wimbledon
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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

Wimbledon Common Care Home is a residential care home providing personal care to up to 79 people accommodated across 3 separate communities, each of which has their own adapted facilities. The first floor community specialises in providing care and support to people living with dementia. At the time of our inspection there were 62 older people residing at the care home.

People's experience of using this service

People living in the care home, their relatives and community health and social care professionals spoke positively about the standard of care and support provided at the service. A relative told us, "The friendly staff understand my [family members] needs and wishes. They [staff] work really hard to give people good quality care here." A community care professional added, "The staff have proved themselves to be very safe at delivering good standards of care and support to my clients."

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.

The service was adequately staffed by people whose suitability and fitness to work at the care home had been thoroughly assessed. People were kept safe and were confident any concerns they raised would be listened to. Staff understood how to safeguard people. People were cared for and supported by staff who knew how to manage risks they might face. The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. Medicines systems were well-organised, and people received their prescribed medicines as and when they should.

Staff had the right levels of training, support and experience to deliver effective care and meet the needs of people living at the care home. People had access to a wide variety of food and drink that met their dietary needs and wishes. People were helped to stay healthy and well. People lived in a suitably adapted and comfortable care home that had been decorated and furnished to a good standard.

People were treated equally and with compassion, and had their human rights and diversity respected. Staff treated people with respect and dignity and upheld their right to privacy. People were encouraged and supported to maintain their independence. People were encouraged to make decisions about the care and support they received and had their choices respected.

People had electronic care plans in place that were up to date, detailed, and person-centred. This enabled staff to understand and meet their needs and expressed wishes and preferences. Staff ensured they communicated and shared information with people in a way they could easily understand. People were supported to participate in meaningful recreational and leisure activities that reflected their social interests. People's concerns and complaints were well-managed, and the provider recognised the importance of

learning lessons when things went wrong. People were supported to maintain relationships with people who were important to them. Plans were in place to help people nearing the end of their life receive compassionate palliative care in accordance with their needs and expressed wishes.

People living at the care home, their relatives and staff working there were all complimentary about the way the service was managed, and how approachable the staff in-charge all were. The provider promoted an open and inclusive culture which sought the views of people living at the care home, their relatives, community health and social care professionals and staff working there. The provider worked in close partnership with various community health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at last inspection and update

This service was registered with us on 1 June 2023 and this is their first inspection. The last rating for the service under the previous provider was good, published on 18 December 2019.

The provider is 'dual registered' with us, which means Wimbledon Common Care Home is owned and managed by two different providers known as Willowbrook Healthcare Limited and Redwood Tower UK Opco 1 Limited. Hence the CQC has produced 2 separate inspection reports for this one location.

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. 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 ●

Wimbledon Common Care Home

Detailed findings

Background to this inspection

The inspection

We conducted 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 conducted by an 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

Wimbledon Common 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.

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, but as of June 2023 they now split their time between two of the providers care homes in the area, managing both part-time. The services former deputy manager was appointed the new permanent manager in June 2023, and they have submitted an application to be registered with us.

Notice of inspection

This inspection was conducted over two-days and the first day was unannounced.

What we did before the inspection

We sought feedback from partner agencies and various community health and social care professionals including, a GP, district nurses and a physiotherapist. We reviewed all the information we held about the provider including, notifications we had received from the service. We used all of this information to plan our 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.

During the inspection

We spoke in-person with 10 people who lived at the care home, and 3 visiting relatives and a district nurse. In addition, we met various people who worked at the care home including, the new acting manager, the services part-time registered manager, a visiting regional quality auditor, the dementia community manager, the residential communities manager, the estates manager, 8 care workers, including 2 senior's, the activities coordinator, the head chef, and the services head of maintenance. We also received feedback about the service from 11 relatives we telephoned.

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.

Records looked at as part of this inspection included 8 people's electronic care plans and multiple staff files in relation to their recruitment, training and supervision, and various electronic medicines records. A variety of other records relating to the overall management and governance of the service, including policies and procedures, were also read.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training and the outcome of a recent internal audit.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- We received mixed feedback about staffing levels at the care home from some people living there, relatives, and staff. Most people told us the service was usually adequately staffed however, a third of people we spoke with expressed being concerned about the new provider recently reducing the number of care staff working across the day on the dementia community unit. A relative said, "The staff can be overstretched at certain times of the day, but I think staffing levels are adequate as they stand. However, like a lot of people, including staff, I'm worried about the new provider's plan to reduce staffing levels on the dementia floor." A community professional added, "In my professional opinion staffing levels are sufficient, but I am very concerned that reducing the number of care workers from the dementia community will adversely affect the good standards of care they provide people here."

We discussed this staffing issue with the managers at the time of our inspection who told us recent changes to staffing levels had now been reviewed and the new provider had agreed to immediately reinstate previously agreed staffing levels at the care home. We saw on the second day of this inspection staffing levels on the dementia community had been increased by 1 care worker during the day in line with previously agreed staffing ratios for that floor/unit.

- We saw there were enough staff to meet people's identified needs throughout this inspection. Staffing levels matched the rota and enabled people's needs to be met safely. Staff were visibly present, providing people with the appropriate care and support they needed. For example, we observed staff were always quick to respond to people's requests for assistance or to answer their queries.
- The provider's staff recruitment process was thorough, and records demonstrated that it was followed. The provider conducted thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staff's identify, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People told us they felt safe and well cared for at the home. Typical feedback we received included, "I do feel safe living here", "My [family member] is kept completely safe at the care home by the unbelievably kind and competent staff" and "I believe the home is a very safe place for my clients to live".
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place.

Whistleblowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.

- Staff received safeguarding adults training as part of their induction which was routinely refreshed. Staff knew how to recognise and report abuse and were able to articulate how they would spot signs if people were at risk of harm. For example, a member of staff told us, "I've had safeguarding training and know I need to report any abuse I see immediately to my line manager."
- The managers and staff understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay, ensure they were fully investigated and to take appropriate action to minimise the risk of similar incidents reoccurring. A relative told us, "We raised an issue with the home and it was reported to the local authority safeguarding team straight away and it was investigated. The managers took the allegations very seriously and dealt with it in an open and transparent way."

Assessing risk, safety monitoring and management

- People were risk assessed and their safety was monitored.
- People had up to date care plans that contained detailed person-centred risk assessments and management plans to help staff keep people safe. These plans covered every aspect of people's lives including for example, mobility and risk of falls, nutrition, skin integrity, and COVID-19 and infection control.
- Risk assessments and management plans were regularly reviewed and updated as people's needs and the risks they faced changed.
- The service had an experienced staff team who were familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. For example, staff were aware of the signs to look out for and the action they needed to take to minimise the risk of people with mobility needs from falling. We observed staff follow people's risk prevention and management plans and this enabled individuals to take reasonable and acceptable risks.
- Regular checks were completed to help ensure the safety of the home's physical environment and their fire safety equipment. There was clear guidance available to staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency.
- General risk assessments were regularly reviewed and updated including reference to equipment used to support people, such as mobile hoists. This equipment was regularly serviced and maintained.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19.
- The provider no longer insists all staff and visitors to the home must wear appropriate personal protective equipment (PPE) to reflect the governments risk- based approach to wearing PPE.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People told us, and we saw that the care home, looked and smelt hygienically clean. A relative told us, "The home always looks immaculately clean whenever I've visited. I see the domestic staff constantly cleaning the home to ensure it stays that way. They do a very good job."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider continued to access COVID-19 testing for people living and working in the care home when they showed signs and symptoms of COVID-19.
- Staff had received up to date infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands and using hand gel.

Visiting Care Homes

- The home's approach to visiting followed government guidance and the impact on people in relation to

this was that they could receive visitors safely.

Using medicines safely

- Medicines systems were well-organised, and people received their medicines safely as they were prescribed.
- The provider had introduced an electronic medicines system which ensured medicines records were kept up to date. We found no recording errors or omissions on any electronic medicines records we looked at.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. If appropriate, people were encouraged and supported to administer their own medicines.
- People told us staff made sure they took their prescribed medicines as and when they should.
- Staff authorised to manage medicines in the home were clear about their responsibilities in relation to the safe management of medicines. These staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by managers and senior nursing staff.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The home had regularly reviewed accident and incident records to reduce the possibility of reoccurrence.
- Any safeguarding concerns and complaints were reviewed, analysed, and responded to with emerging themes identified, necessary action taken and ways of avoiding them from happening again looked at.

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 of 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.

Staff support: induction, training, skills, and experience

- People were supported by staff who had received the right levels of training and support they needed to effectively meet their needs.
- People told us staff who worked at the care home were competent and well-trained. A community professional said, "The training and development staff receive has helped create a regular team of carers who provide excellent services to our clients."
- Staff told us the training they received was a mixture of electronic learning and in-person practical training courses that were refreshed at regular intervals. This ensured staff knowledge and skills remained relevant. A member of staff said, "My induction was very thorough and we have lots of days set aside to refresh our training. I thought the dementia awareness training we had recently was very good."
- The training of new staff included a comprehensive induction programme, which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed from their line managers and co-workers to perform their duties well.
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular in-person individual and group supervision meetings with their line manager and co-workers, and annual appraisals of their overall work performance. A member of staff said, "I feel I get all the support I need from the managers and my follow co-workers."

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

- People received care and support that was planned and delivered in line with their assessed needs and wishes.
- People's dependency needs were assessed before people were offered a place at the care home and these assessments were used to help develop people's individualised care plans. People, their relatives and health and social care representatives were all invited to participate in the pre-admission assessment process.

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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People told us they were pleased with the quality and choice of meals and drinks they were offered at the care home. 1 person said, "The meals are fairly good here...You always get a choice at least," and a relative added, "The food from what I've seen of it always looks well-presented and healthy".
- The atmosphere in all the communal dining areas during mealtimes remained relaxed and congenial throughout.
- Care plans included assessments of their dietary needs and preferences, including if people needed any staff assistance to help them eat and drink.
- Staff demonstrated a good understanding of people's dietary needs and preferences. We observed catering staff had prepared a range of soft and fortified (high calorie) meals to meet the needs of people with specific nutritional requirements.

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

- People were supported to stay healthy and well.
- People told us the service was good at helping people access external health care services and support when they needed it and collaborated well with community health care professionals and agencies. A relative said, "The staff will call the GP or an ambulance if they need to, and will always closely monitor any minor injuries people might pick up. They're [staff] straight on it and they make the necessary changes, so it doesn't happen again."
- Care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- Records showed staff ensured people routinely attended scheduled health care appointments and had regular check-ups with a range of community health and social care professionals.

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

- People lived in a suitably adapted care home that had been decorated and furnished to an extremely high standard.
- People told us the service was a relaxed and comfortable place to live and liked the interior design and layout of the care home. A person said, "I like the way my bedroom has been decorated and they did allow me to bring my own television in from home." A relative added, "It's like a hotel here. It's extremely comfortable and the garden is lovely."

- We saw the premises were kept free of obstacles and hazards which enabled people to move safely around the home.

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 had their human rights and diversity respected and were treated with compassion by staff.
- People looked at ease and comfortable in the presence of staff. Staff interaction with people was characterised by warmth and kindness. We observed staff frequently sit and chat with people relaxing in the communal areas. Staff always spoke about people in a very respectful and positive manner.
- People spoke positively about the care and support they or their family members received at the service. A relative remarked, "I like the caring and friendly approach of the staff. My [family member] is well looked after here by very kind and friendly staff." A community care professional added, "I've been very impressed with how caring and friendly the staff are. I can't fault the staffs energy and enthusiasm for their work."
- Staff knew about people's cultural heritage and spiritual needs and how to protect them from discriminatory behaviours and practices. People's care plans contained information about individual's spiritual and cultural needs and wishes.

Respecting and promoting people's privacy, dignity, and independence

- People's privacy and dignity were respected by staff.
- People told us staff respected their privacy and dignity. A community health care professional said, "They [staff] treat residents with respect, dignity and compassion, it is a delight to work with a team that truly care."
- We observed staff knocking on people's bedroom doors and waiting to be invited in by the occupant throughout our inspection. A person told us, "Staff always knock on my door and ask for my permission to come in." In addition, we saw several instances of staff sitting next to people they were assisting to eat at mealtimes. This enabled staff to make good eye contact with the person they were supporting and to engage people in some meaningful conversations about what they were doing and the meal they were assisting them to eat.
- The service has a separate dining area which peoples family and friends can book to have a meal together in private, which we saw was popular with some people's visiting families and friends.
- People were actively encouraged and supported to maintain their independence.
- Care plans reflected this enabling approach and set out clearly people's differing dependency levels and what they were willing and could do for themselves, and what tasks they needed additional staff support with. For example, it was clear which individuals living in the care home were willing and capable of safely managing their own prescribed medicines or travelling independently in the local community.

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

- People told us they were able to express their views and were involved in making decisions about the care

they received.

- People, and those important to them, took part in making decisions and planning of their care. For example, people's views were sought in relation to planning the food menus, social activities programme and how they liked to spend their day. Staff respected people's choices and supported them to make informed decisions about their day-to-day care and support. A relative said, "Yes, we're very much involved in helping to plan with staff the care my [family member] receives here. We have half yearly care plan reviews and staff are always inviting us to comment on it when things change."

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 of 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 meet people's needs, preferences, interests and give them choice and control

- People received care and support from staff according to their individual assessed needs and wishes.
- People told us staff supported them to make informed decisions and choices about the care they received. A person said, "Staff always ask me what time I would like help to get up or have a shower. I go where I want when I want." A relative added, "I saw a lovely carer who looks after my [family member] put out 3 scarves so she could choose which one she wanted to wear that day, which I thought was marvellous."
- People's electronic care plans were up to date, personalised and contained detailed information about their unique strengths, likes and dislikes, and how they preferred staff to meet their care needs and wishes.
- People told us staff provided them with all the care and support they needed. A person said, "The staff know how to look after me and what I need and like."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed. Reviews took place at regular intervals and as and when required if people's needs and wishes changed. They included summaries of the support people had received since their last review and updates that needed to happen to ensure their care plan continued to reflect their current support needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- People's information, communication needs, and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the Accessible Information Standard.
- People told us staff communicated clearly with them, which enabled them to understand what they meant and were saying. A relative remarked, "They [staff] communicate with my [family member] in the right way for someone living with dementia."
- People's communication needs were identified, recorded, and highlighted 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 develop and maintain relationships, avoid social isolation, and take part in a variety of recreational activities at the care home and in the wider community that reflected their social interests and culture.
- Activity coordinators and the rest of the staff team all helped plan and deliver appropriate activities and events that people had expressed a wish to participate in. Weekly activity calendars indicated people could

choose to take part in a variety of meaningful activities every day if they wished. On both days of the inspection we observed external musicians and a choir perform recitals in the main communal lounge on the ground floor, which were both well attended and received by people living in the care home.

- People told us they were able to pursue leisure activities they enjoyed. A relative said, "There's lots of good activities that suit people's interests and abilities. My [family member] loves to join in the daily exercise classes, the quizzes, and particularly likes listening to the excellent live music which is regularly performed in the home by visiting professional musicians and choirs."
- To prevent people who were bed-bound becoming socially isolated the activities coordinators offered these individuals regular one-to-one support, which included hand massages or listening to their favourite music.
- People were also supported to maintain positive relationships with people that were important to them.

End of life care and support

- People nearer the end of their life were supported to have a comfortable and dignified death.
- People's wishes for their end of life care, including their spiritual and cultural wishes, were discussed, and recorded in their advanced end of life care plan. This ensured staff were aware of people's wishes and that people would have dignity, comfort, and respect at the end of their life. The manager gave us a good example of how staff had acted quickly to ensure a person's end of life wish to donate a specific organ to help advance medical research in a particular field of science was met within the agreed time limit for action to be taken.
- The care home maintained close links with a local GP surgery, Trinity Hospice, and district nurses to ensure people who had died at the home had experienced dignified and comfortable end of life care. A community care professional told us. "The staff are particularly good at caring for people nearing the end of their life."
- All staff received end of life care training.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have. A person told us, "I feel confident about raising any issues I have with the managers. I've never felt inhibited in expressing my views to them and they've always done their best to resolve any problems I've had." A relative added, "I told staff I was concerned about some of the personal care my [family members] received. The home apologised and looked into how they could improve the personal care she was provided, which was brilliant."
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

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 of 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.

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

- People living at the care home, their relatives and community health and social care professionals spoke positively about the way care home continued to be managed by the former registered manager on a part-time basis and the new full-time acting manager. A person said, "The home is very well managed, always has been." A relative added, "All the managers they've had here in the last few years have been charming. I would say the care home is still well-managed."
- Staff also told us the care home was well-managed. They said they received all the support they needed from their line managers. For example, a member of staff remarked, "All the managers here are easy to approach and always accessible."
- The managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Continuous learning and improving care

- It was clear from the feedback we received from people that the management team recognised the importance of learning lessons and continuous improvement to ensure they maintained high-quality, person-centred and safe care for people.
- The quality and safety of the service people received was routinely monitored by managers and nursing staff at both a provider and service level by carrying out regular audits and checks, and obtaining stakeholder feedback.
- Furthermore, managers and senior nursing staff met every morning to discuss any changes to people's needs and the packages of care they received and conduct walk-about tours of the premises to observe staffs working practices. This was also used as a spot audit and visual inspection of the premises.
- The outcome of these audits and feedback from stakeholders were routinely analysed to identify issues, learn lessons and develop action plans to improve the service they provided people. These quality assurance systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. The care home has also transitioned to a new electronic care planning system to further improve recording efficiency.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received personalised care from staff.
- The managers had a clear vision for the care home. They told us they routinely used individual supervision and group team meetings to remind staff about the provider's underlying core values and principles.
- The managers understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives, and the staff team.

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, and staff.
- People told us staff repeatedly asked for their views about what the service could do better. A relative said, "Yes, the staff do listen to us and act upon what we say."
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included a monthly food forum where the catering staff would ask people for feedback about the meals provided at the home. In addition, people living in the care home and their relatives were routinely invited to attend group meetings with staff and participate in the providers own customer satisfaction surveys.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. For example, staffing levels had been returned to previously agreed daytime ratios after some people living in the care home, their relatives, and staff expressed their concern about the negative impact having less care staff working on the dementia community might have. This showed the provider was willing to listen and take prompt action in response to feedback received from stakeholders.

Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies including, a local GP surgery, district and palliative care nurses and the Local Authority. A community care professional told us, "The staff are good at identifying peoples changing care needs, and ask for support with complex cases appropriately. I have seen them work closely with the local GP surgery and NHS outreach services to ensure people are provided with good quality care and support."
- The managers told us they regularly consulted with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with their staff.