

MMCG (2) Limited

Princess Lodge Care Centre

Inspection report

17 Curie Avenue
Swindon
Wiltshire
SN1 4GB

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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

Princess Lodge is a purpose-built residential care home providing personal and nursing care to up to 59 people. The service provides support to older people some of whom living with dementia. At the time of our inspection there were 51 people living at the service.

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

People living at Princess Lodge received safe care from skilled and knowledgeable staff. Staff knew and were confident on how to identify and report any concerns.

Risks to people's safety and well-being were managed through a risk management process. Peoples care plans provided staff with the information they needed to manage the identified risks.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults and staffing arrangements met people's needs. There were sufficient staff deployed to meet people's needs. The home was using agency staff to ensure continued safety. The provider was continuously recruiting using several staff recruitment and retention initiatives.

Medicines were managed safely, and people received their medicines as prescribed. The provider had an electronic self-auditing system which allowed safe management of all aspects of medicines. Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for regular supervision and observations of their work performance.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People had access to other healthcare services, ensuring a holistic level of support was provided.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

The manager and staff demonstrated a commitment to people and displayed strong person-centred values. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

The home was well-led by a new manager who was committed to continue improving people's quality of life. They and the provider had identified areas of improvement which they were already working through to ensure high quality of care. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had effective quality assurance systems in place that they used to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

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 the service under the previous provider was good, published on 11 December 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 ●

Princess Lodge Care Centre

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of three inspectors and two Experts 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

Princess Lodge 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. Princess Lodge 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 manager in post who was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and two relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from four relatives. We looked at five people's care records and six medicine administration records (MAR). We spoke with 13 members of staff including the area operations manager, the manager, the clinical lead, nurses, carers, the chef, domestic staff and activities coordinator. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, five staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating 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.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm and they said they trusted staff to keep them safe. People told us, "Never been as happy as I am here. Had lots of falls at home so GP knew about this place, not as many falls since I've lived here" and "Yes, feel safe. All very comfortable to be with staff. Nobody that I say I don't like them. Not under pressure here and can be a bit independent."
- People were supported by staff that knew how to raise safeguarding concerns. Records showed staff had received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks allowing personalised planning of care.
- People's risk assessments included areas such as nutrition, choking and pressure area management. Staff were familiar with and followed people's risk management plans.
- People felt safe and acknowledged that the team was meticulous in preventing infections and noted that extra regulations had been introduced recently to augment existing procedures.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- Princess Lodge had enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The manager told us they were using regular agency staff when needed and that recruitment was on-going.
- People and relatives told us there were enough staff to meet their needs. One relative said, "I think there are enough staff when all staff are present, but they can be short staffed when people are either on leave or, as during Covid, people are off sick." People told us, "If I press the bell they come. If they are going to be a while one of the carers pops in and tells me they will come as soon as they can" and "Sometimes there hasn't been enough staff but more now. Response to calls at night quick as lightning getting to me, ever so good."
- The provider followed safe recruitment practices and ensured people were protected against the

employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Staff used an electronic system to manage medicines which allowed real time auditing, therefore reducing the possibility of errors.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

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.
- The provider supported people with safe visitation and this aligned with government guidance. People and relatives told us visits were facilitated and encouraged. We evidenced that staff at Princess Lodge had taken many steps throughout the pandemic to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather. The addition of a visiting pod with enhanced safety features, has enabled people to maintain contact with their relatives.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, a monthly analysis of incidents showed increased urinary infections. As a result, people at high risk had their fluid intake monitored and reviewed. This resulted in less urinary infections.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support that was centred around their assessed needs, choices and decisions. This was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Records showed people's needs were assessed before they came to live at Princess Lodge.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff. New staff also shadowed experienced members of staff during and after induction.
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.
- Staff were offered development opportunities, and these were often discussed in team meetings.

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

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was well-presented.
- Mealtimes were set to suit people's individual needs, were not rushed and were supported by enough members of staff who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and that they were always offered choices. They said, "Food very good, don't starve by a long way. Parties now and again very good we like parties. Eat in the dining room, meet up with friends-made quite a few friends here" and "Food fine for me. Eat anything and everything, but I don't like fish much but there are alternatives."
- Relatives were equally complimentary of the food. One relative commented, "There is a good variety of meals and they are served on a tray and presented well. When we are visiting staff do offer us choices."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.
- Where referrals were needed, this was done in a timely manner. One healthcare professional told us, "In regards with my involvement with them they generally will react with the urgency necessary to either refer or put in place plans suggested to them after our assessments."
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- Princess Lodge was a purpose-built home spread across two floors. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- There were several sitting areas around the home where people could spend their time. The manager had a plan to further improve the several communal areas following consultation with people and staff.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful landscaped gardens with several sitting areas.

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.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We give people choices and assume capacity in the first instance. If we have cause to think they might lack capacity, we complete mental capacity assessments and support them in their best interest."

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 and relatives were consistently positive about the caring attitude of the staff. People said, "Always going above and beyond, everybody very happy here. Good laugh now and again" and "All go out of their way to make you feel settled. Get on well with the staff. If strangers [agency staff] come in they introduce themselves."
- Relatives told us staff were caring and provided compassionate care. They commented, "Core staff go over and beyond. Dads reaction to them says it all", "The staff are always very patient and respectful when dealing with my mum, even when she can be difficult to deal with due to her behaviour caused by her dementia" and "All staff are extremely caring, helpful and attentive, my relative is exceptionally well cared for."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were happy in the presence of staff and other residents.
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "Generally check the care plan with me. Never had to say what about so and so, got it covered. They are very good."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement. For example, during lunch one person had not eaten much so the member of staff started chatting with them knowing they would eat if distracted. This distracted the person and between conversations they ate most of their meal.
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. One person told us, "When I have a bath, they put towels over me, treat me with respect and keep my dignity. I have choice of male or female carers but I don't mind, never bothers me."

- Relatives told us staff treated people respectfully and maintained their privacy. People's care plans highlighted the importance of respecting privacy and dignity.
- Staff knew how to support people to be independent. During the inspection we saw many good examples of people being supported to be independent. On one occasion we saw a member of staff supporting a person to walk to the dining room. The staff member followed good safe practice and ensured that the resident felt independent and valued. On another occasion, a person was encouraged to stand independently before they were offered help to move to another area.
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in the main office as well as on electronic systems and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support specific to their needs, preferences and routines. Care planning was focused on the person's whole life, including their goals, skills and abilities. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- It was clear staff knew people very well, had a good understanding of their individual needs and made sure those needs were met. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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 provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to look out for facial expressions, observe body language and maintain eye contact to promote communication and minimise frustration.
- Information was accessible to people in different formats such as audio, pictorial, large print as well as in different languages. Staff were advised of any significant communication barriers via a pictorial handover where significant risks are highlighted.

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

- Activities at Princess Lodge were facilitated by a dedicated activities team of three who supported people with partaking in hobbies and activities that were meaningful to them. This allowed a shift system coverage for activities for weekends as well. One activities coordinator commented, "Of the Activities that are held here it depends what each resident wants. We do life stories some are still to come in."
- People had access to a variety of activities which included individual and group activities some of which were linked with public holidays such as Christmas and Halloween. Activities also included arts and crafts,

gardening, reminiscence and different country themed days.

- People and staff had opportunities to participate in fundraising projects. At the time of our inspection people and staff were participating in fundraising 'Walking for Ukraine'. People told us they enjoyed being part of such community projects.
- On the day of the inspection we observed a well-attended session of Bingo which was held in the garden of the home. People enjoyed the session and loved being outside.
- People told us they were involved with the activities and said, "Love doing Bingo, enjoy the group crossword session with [person]. Like it when I beat [person]. Get on well with things", "Like the garden, feel better been out the first time this year in the garden- weather not good enough. Happiest when my dog comes in, haven't seen it for a while" and "Anything going on go and attend it. Love reading book, library here."
- Some people chose not to attend activities and staff respected their wishes. They told us they that they were not put under pressure to attend activities if they did not wish too. They were supported with 'in room' entertainment as they wished. One person commented, "Activities, don't get mixed up in that kind of thing. Do like to get out in the garden, otherwise watch TV -normal life really."

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. Since registration, the provider had received non-formal complaints which had been investigated and addressed in line with their policy.
- People and their relatives told us they knew how to make a complaint. One relative told us, "I would raise them with the nurse, or email the manager. Not ever had to complain." There were many compliments received regarding good care.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The manager informed us one person was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people had a dignified and pain free death.
- People were supported by staff who understand their needs, were competent and had the skills to assess their needs. Staff involved family and friends in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on. One relative told us, "No words can express our gratitude to Princess Lodge care home team for their outstanding care they have given [person] over the last year. The team have become our extended family. They go over and beyond the call of duty."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been a change in managers since the new provider took over the service. Staff told us the management of the home had continued to improve and we saw there was a general sense of calm and pleasantness in the home. Staff looked happy.
- People were positive about the new manager and commented, "I know the manager, wrote a note to say thank you for something so he rewarded me with a planter outside my window and he helped me plant them" and "Manager has been good and effective since he arrived. He has answered any calls, and we have built up a rapport."
- Relatives were complimentary of the way the home was managed and recognised the continued improvements since manager came in post. They told us, "In light of Covid it's been managed well. The new manager is moving it forward and has great vision and ideas. More individual activities and staff morale", "Despite difficult times care for my dad did not changed. Previous manager was always very welcoming, and felt his door was always open if we wanted to talk to him about anything" and "I feel that Princess Lodge has been managed very well. All of the staff are always ready to help and are very courteous, the management always seem to be available to answer any questions and show a keen interest in my visits."
- Staff were complimentary of the support they received from the management team. Staff said, "Manager is new but keen to make improvements. He is approachable and listens to us. We are having meetings to bring things to the manager's attention" and "New manager is good and still learning. He listens to us and is approachable."

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 manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- The manager had been in post for only four months and they were registering with CQC. They were a

knowledgeable and established manager with lots of experience. They knew the service very well as they had supported it in a different role.

- The manager had identified some areas of improvement and introduced some changes since their appointment which had already had positive impact on people's care. For example, the change in environment to maximise and allow full usage of the many communal areas.
- Staff understood their roles and responsibilities, were motivated, and had confidence in the management team and the provider.
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through audits. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Relatives commented about the positive communication with the home. One relative said, "I find it very easy to get the information I want as I have got to know the staff over the past six months. I find they are all willing to go out of their way to provide any information or help I need."
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through meetings and surveys. The information gathered was used to improve the service. For example, a mealtime survey had identified differences in food choices. As a result, the hospitality team arranged taster sessions and menu building workshops for people. A four weekly menu was developed and rolled out which people enjoyed better.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working.

Continuous learning and improving care

- The provider had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care. For example, following inspections of the provider's other services, the outcomes were shared and used to improve care across board.
- The manager told us they attended home managers' meetings which were a good support network and also used to share practices.
- Staff had objectives focused on improvement and learning. Staff told us they had opportunities to develop and that the manager was supportive. Records of staff meetings showed staff development was a main feature on the agenda and discussed to identify staff progression.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

