

WT UK Opco 4 Limited

Parker Meadows

Inspection report

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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

Parker Meadows is a residential care home providing personal and nursing care to up to 89 people. The service provides support to younger adults and older people some of who are living with dementia, a physical disability or sensory impairment. At the time of our inspection there were 68 people using the service.

Parker meadows accommodates people in a purpose-built building across 3 floors. One of the floors specialises in providing care to people living with dementia and another provides nursing care. The ground floor accommodates people with less complex needs and bungalows on site provided accommodation for people over age 55 who were living independently.

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

People told us they were happy living at Parker Meadows and relatives said the service provide a safe and comfortable environment which met people's needs.

People received safe care. Staff understood how to safeguard people from abuse and minimise risks to their health and wellbeing. The registered manager acted on any concerns. Risks to people from the environment were safely managed, and people were protected from the spread of infection. The management of people's medicines required some improvements and issues found on inspection were promptly rectified.

Peoples needs were assessed, and care was planned to meet them. Staff completed training to enable them to care for people effectively. Staff acted to ensure people received the healthcare support they required in a timely way. The environment was maintained to a high standard and adapted to meet people's needs. People and relatives confirmed the food available was nutritious and enjoyable. Peoples dietary and hydration needs were met.

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 told us they were cared for by kind and compassionate staff. Staff showed a good knowledge of people's individual needs, likes and dislikes and how they preferred to be supported. People made their own decisions and choices, as far as they were able, and were treated with dignity and respect.

The service encouraged people to engage in meaningful activities and supported them to follow their interests and hobbies. Care was planned to meet people's individual needs and staff understood how to provide person centred care. People and relatives told us any concerns were promptly acted on to achieve a satisfactory outcome.

The service was well-led and provided an inclusive and welcoming culture where feedback from people, relatives and staff was sought and acted on. An effective system was in place to monitor and improve the quality of the service. Staff and managers were clear about their roles and responsibilities and worked with others to achieve good outcomes for people.

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

Rating at last inspection and update

This service was registered with us on 10 December 2021 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 11 October 2017.

Why we inspected

We inspected this service because it has not been rated since the provider changed.

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 ●

Parker Meadows

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 was carried out by 2 Inspectors, a Pharmacist Specialist and 2 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

Parker Meadows 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. Parker Meadows 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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. 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.

During the inspection

We spoke with 15 people and 16 relatives, the registered manager, deputy manager and 16 staff members. This included; an activities coordinator, maintenance manager, chef, housekeeping staff and 9 members of the care and nursing team. We observed interactions between staff and people in communal areas of the home.

We reviewed a range of records. This included 5 people's care records and 14 medicine administration records and associated care plans. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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

- All the relatives and people we spoke with told us the staff provided safe care. Relatives comments included; "If anything happens, they're on to it straight away and they let me know and keep me in touch on what's happening." A person said, "I came here in February and I've been very happy and safe here."
- Staff understood how to identify and act on allegations or concerns about abuse and had completed training in safeguarding people. Staff supervision included a review of safeguarding procedures to ensure staff remained aware of their responsibilities.
- We saw the registered manager acted on any concerns about abuse and reported these to the local authority safeguarding team and CQC.

Assessing risk, safety monitoring and management

- People and relatives told us risks to their safety and wellbeing were managed safely. A relative said "They understand [person's] care needs, and they are definitely safe there. They're caring and I'm impressed with the nurse's knowledge and understanding of their needs. When [person] moved in last June the nurse looked me in the eye and asked me, "What do I need to know about [person]" and they've got up to speed with their needs very effectively since then e.g. he was having a lot of falls in his last home and they put in crash mats and sensors and put his bed closer to the floor and he's had far fewer falls than he previously had."
- Staff spoken with had a good knowledge of people's individual risk areas and how to support them safely. People's care records and handover notes included guidance for staff to follow and we observed staff safely supporting people to move and assisting people eat and drink in line with their assessed needs.
- The premises and equipment were well maintained and risks to people from hazards in the environment had been assessed. This included; risks from fire, legionella (water borne bacteria) and utilities. Equipment used for people's personal needs such as hoists and slings had been regularly checked and serviced.

Staffing and recruitment

- There were enough staff to meet people's needs safely. A relative said, "There seems to me to be enough staff when I've been there and there's always been someone senior in charge on the floor; they've come straight away when the bell's been rung in her room while I've been there."
- A staff member said, "The staff ratio is adjusted according to which residents we have and their needs. [Registered manager] would accommodate additional staff if requested and needed." Staffing levels were based on people's assessed needs and rotas showed staffing was in line with this calculation.
- There was a low use of agency staff in the home and a good retention rate for permanently employed staff. This meant people benefited from staff who were consistent and knew them well.

- Recruitment checks were carried out to ensure people were protected from the recruitment of unsuitable staff.

Using medicines safely

- The registered manager acted promptly when we found some improvements were required in the management of people's medicines. This included updating some records to ensure guidance was clear and personalised for staff and securing free standing oxygen cylinders.
- Medicines were administered safely. Staff completed training in medicines administration and had their competency assessed to check they continued to do so safely.
- Medicines were stored securely. Records indicated medicines were also stored within their recommended temperature range.
- Information was available for staff providing personal care to apply creams as prescribed. The application of these medicines was recorded within the care records.
- People told us they were satisfied with the way in which their medicines were managed.

Preventing and controlling infection

The service appeared clean and hygienic and people and relatives spoke positively about the standard of the environment.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 arrangements in the service were aligned with current government guidance and people received visitors without restrictions. During our visit we observed people with visitors in their rooms and in communal areas. In addition, a person said, "Animals are encouraged, you'll often see dogs visiting." which we did.

Learning lessons when things go wrong

- Incidents and accidents were responded to appropriately and actions were taken to prevent a reoccurrence. The provider carried out quality and clinical checks on incident reports to consider whether any further actions were necessary. The registered and deputy managers ensured identified actions were completed and a root cause analysis was carried out to identify lessons learnt.
- Incidents had been shared with the staff team to enable learning. The registered manager told us how they used incidents in staff meetings and staff supervisions to encourage staff to contribute to making improvements in people's care.
- Records were kept of incidents so they could be reviewed for trends, for example how and when a person had fallen which could be used to identify any patterns and remedial actions.
- Daily meetings were held between heads of departments, and weekly meetings with all staff. This meant

incidents and accidents could be reviewed promptly and any learning shared.

Is the service effective?

Our findings

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

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

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

- People and relatives told us care was delivered in line with people's assessed choices.
- Records showed people's needs were assessed prior to their admission and thereafter on a regular basis. The assessment included asking people about their protected characteristics under the Equality Act except for their sexual orientation. This information is important to help providers consider the full range of people's diverse needs and prevent discriminatory practice. Following the inspection the registered manager added this to the needs assessment and provided a prompt for staff to explore people's needs in relation to all their protected characteristics.
- The provider used nationally recognised tools to assess people's needs. For example, in relation to skin integrity and malnutrition. The regular review of these enabled staff to minimise the impact to people from these risks.
- Staff followed guidance following assessment from other health and social care professionals such as Speech and Language Therapists (SaLT), falls clinic and the older people's mental health team. This supported good outcomes for people.
- Technology was used to record and monitor people's care and to promote safety. For example; sensor equipment to alert staff to movement from people at risk of falls.

Staff support: induction, training, skills and experience

- People and relatives told us they were supported by well-trained staff. A relative said, "Are staff well trained? Yes, I think they are. Mum had some falls, and the staff were amazing. They will always phone me to keep me updated and if I'm worried, I can sit and talk to them." Another relative told us about how supported they felt by the staff during a difficult time.
- The register manager told us that "Training is key" [to good outcomes for people]. Records showed staff completed training in the provider's mandatory subjects. This was in line with nationally recognised training standards for care staff including 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 the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Supervision and appraisal were used to support staff to identify their training needs and for professional development. We saw examples of how staff had identified their needs, and training was planned or delivered to meet them.
- Staff told us they had training and supervision which met their support, skills and knowledge needs. A staff member said, "Yes, we have training online, and moving handling face to face. All other mandatory training completed. We have done falls training and booked for a refresher course. If [person has] a new condition I

would ask advice and where to go to get training. If I asked [registered manager] he would look out for it. We had someone with Parkinson's, he got in touch with Parkinson's nurse, she was a lot of help."

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

- People and relatives spoke positively about the quality and variety of food. A relative said, "The food is excellent." and a person said, "The food we have here is very palatable, no problems."
- Feedback we received consistently confirmed people's food needs and choices were met. When people made a request for an alternative meal this was met, and people's individual dietary needs were catered for. Our observations confirmed this.
- We observed people having lunch. Staff were patient and attentive and assisted people appropriately when they required this.
- Comments books were available to people and relatives in the dining room where they could leave feedback for the chef. We saw comments were acted on. We noted a person had persistently complained about their meals. The registered manager had responded by instigating a food diary to check for any issues and the chef visited the person daily to deliver their food and respond to any feedback. The person has become more satisfied with their food.
- Peoples weights were monitored and when a weight loss was noted remedial actions were taken. These included food supplements, GP referrals and an increase in snacks and nutritious drinks offered. We saw examples of how people had returned to a healthier weight due to these actions.
- Fluids were readily available to people. A person said, "There's always water ready for me to drink and I can ask for a cup of tea or coffee and they will get one straight away."

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

- People told us they received the healthcare support they needed. Nurses provided healthcare on site and a GP visited the home every fortnight and telephoned the home every other week. The registered manager confirmed urgent GP requests were responded to.
- People told us they were supported with hospital appointments, visiting opticians and chiropodists. Records showed people had received support from SaLT and mental health practitioners, Parkinson's nurses and other specialist assessments as required.
- People's care records showed guidance from other agencies was recorded and staff were able to describe how they followed this. For example, staff told us about the consistency of people's food and drinks when these had been modified by a SaLT assessment. We discussed the care of a person with Parkinson's with a nurse who explained how they were following the treatment plan developed by Parkinson's nurses.
- Staff attended handovers morning and evening to ensure care remained consistent between night and day staff.

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

- The service provided a welcoming and calm environment adapted to meet people's needs and was maintained to a high standard.
- A central communal 'bistro' area provided a space for people to meet each other, their visitors and for activities. Other facilities included a hairdressing salon, library, lounges and dining rooms on each floor and a well-tended accessible garden. At the time of the inspection the service had been beautifully decorated with Christmas decorations some of which had been made by people and their relatives.
- The memory care floor accommodated people living with dementia. This area had been adapted to create a stimulating environment for people. There were tactile boards on walls with gardening and maintenance themes providing tactile stimulation, objects of interest for people to handle and a specialist table which enabled people to play projected interactive tabletop games. The signage throughout the home was clear

with both words and pictures to aid orientation.

- Other areas of the home were themed with pictures and decoration. People's rooms had memory boxes outside with personal objects of interest to the person to aid recognition and personalisation. For example, a person had their golfing trophies on display.

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.

- When people lacked the capacity to make specific decisions about their care and treatment an appropriate assessment had been carried out and a best interest decision made. This included decisions relating to vaccination, the use of bedrails and administration of medication.
- Applications had been made for people requiring a DoLS. Some assessments had not been completed by the local authority due to a backlog of applications but were being followed up by the service
- Staff completed training in the MCA and those we spoke with showed an understanding of how to use these principles in their work. When asked about this a staff member said, "Do not presume, let people make their own choices and decisions even if unwise, help in least restrictive way. We have [person] and their mental capacity fluctuates, when they say no, they mean no, we don't force anything, if they say 'I don't want to get up' then we will come back later. [person] likes to get up and have a wash and shower and then lie on their bed, that's what they want to do."
- People told us staff did ask for their consent prior to supporting them. During our visit while walking around the home staff were heard staff knocking on doors, asking consent to perform tasks.

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 were cared for by kind and compassionate staff. All the people and relatives we spoke with told us staff were caring. A person said, "The staff are very good, they don't quarrel amongst themselves, they are very kind to me. I fell over one day and got stuck in the corner of the room. One of the staff stayed with me for 4 hours until the ambulance arrived, she didn't leave me." A relative said, "The staff are kind, caring and patient. For example, [person] thinks they want to go to the loo every five minutes which is trying for her carers, but they're very patient with her and talk to her and check to make sure that she really does need to go... They speak kindly to her and handle her very well and I'm reassured that there's an experienced senior person on the floor who knows about dementia."
- Our observations of staff interactions with people showed people were well treated with dignity and respect. For example, in a communal area a staff member arrived with a tea tray. Each person was individually asked what drink they wanted by the staff member who got down to people's level to speak to them. A snack tray was brought to each person so they could choose what they wanted. One person who needed support to drink was supported by the staff member at their level who spoke with the person throughout.
- A relative told us about the caring approach of staff towards their relative. They said, "They have been fantastic here, they are taking [person] to a football match and I brought [person] in a football chart for the world cup but they [staff] had already got him one!"
- A staff member said, "We have a chat and a laugh, it's been difficult with masks on, but we have done well through the pandemic and looked after people. It's the little things you do, time to have a chat, do nails, 1-1 time listening to their life history and reminiscing, it makes their day."
- People were supported with their spiritual needs; faith services were available in the service. The registered manager told us people's faith needs would be supported if they were not already catered for by the service. The service encouraged a positive approach to diversity. The registered manager told us the diverse staff team had created a culture which valued and respected difference. We saw a display board was being used to educate staff, visitors and people about the subjects of transgender and gender neutrality. The registered manager told us the aim was to create conversations and encourage understanding and learning.

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

- People told us their decisions were respected. For example, a person said, "I prefer to be on my own a lot. I leave the door open though even at night so I can call out to people if I like." And "I can get up when I like, often I wake up at 5.30 as I used to when working. I can ask for a cup of tea at that time."

- People's care plans included their decisions about their care and treatment including advance decisions (decisions about treatment in the future).
- Relatives told us that when people were unable to express their views staff were responsive to their [relatives] input. A relative said, "I feel that the staff understand [person's] dementia and understand their needs. I've got to know the staff and I feel they listen to me and respond."
- Staff we spoke with consistently demonstrated an understanding of the importance of supporting people to make their own decisions about their care. A staff member said, "On a day to day basis, we ask if [people] want something and if they say no, they say no. Just because they come into the home, doesn't mean they have to do what they are told. "

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided respectful care and our observations of Interactions between staff and people confirmed this.
- People were supported to maintain their independence and do what they could for themselves. For example, a person said, "I have glaucoma and am allowed to put the eyedrops in myself, I prefer that."
- We observed people's doors were shut when personal care was provided. Staff were discreet when assisting people in communal areas. We saw people receiving visitors in private in their rooms. There were also lounges and area of the home which provided more private areas for people.
- We asked the registered manager how they monitored the day to day behaviour of staff in the home and they said, "When I do my walk around, I stand and listen in doorways I listen out for teamwork and support. Watch how staff and residents interact, and I feed that back to the team."

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 told us they received care which met their needs and preferences. A person said, "The staff are all lovely, I like it here, we choose what we want to do, there are no restrictions." Another person said, "I had an eye test here recently and was offered a flu and covid booster, but I refused, I don't want them." A relative said, "The staff are very professional and know what they're doing. They're so patient with [person] and if they need anything, they're there for [person]. They are diabetic and eating well and loves the food. If anything happens to [person] they're on to it straight away and let me know about it. I've no cause for concern about [person]."
- People's care records included their preferences and needs. This guided staff on how to provide person centred care. We found staff we spoke with had a good knowledge of people's individual preferences and needs. A staff member said, "For each new resident we get a rundown of their needs, likes and dislikes. I would also use the care plans for people if I needed to check food and fluids, female/male carers, hoisting etc we have folders in our cupboards and info on the system."

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.

- People's communication needs were assessed prior to their admission to the service. Information was available to people in their preferred format. For example; large print or pictorial. Technology was also used to assist people as required.

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 person said, "It's great. I have been here 3 years and my view is it's brilliant, food is good, staff are brilliant. The 2 activities girls have set up some great entertainment for us, singers and groups they play bowls and balls and new age curling – you would be surprised by the number of people that turn up for it." This person went on to tell us how they were supported to maintain their interest in gardening, growing vegetables and plants, indoors and outdoors.
- At the time of our visit some people were making Christmas cards and decorations in preparation for a Christmas fete to be held at the home. The money raised was going to the local foodbank. A visiting entertainer led singing in the afternoon which was well attended. People told us about trips out of the home

and as well as the variety of activities provided on-site. One person told us about meeting others and said "There's another chap living here who I get on with. I like to talk to him."

- We noted throughout the inspection people were engaged in meaningful activity and were actively participating. An activities worker told us how they planned events based on people's interests and feedback. They confirmed resources were available to support people's interests and said, "We have enough resources and if we want or need something we come to [registered manager], he has never said no."

Improving care quality in response to complaints or concerns

- No one we spoke with had cause to make a complaint. Some relatives said when they had raised a concern this had been dealt with promptly. A relative said, "Any concerns we've raised they've followed up on them straight way and addressed them." A person said "I've never needed to complain, just had a couple of niggles like being ready for activities but when I asked, they now always make sure I'm ready to go downstairs in good time."

- People and relatives told us they felt able to talk to staff or the registered manager about any concerns. The provider had policies and procedures in place to support the effective management of complaints.

- We discussed how complaints had been used to improve the quality of care people received. The registered manager told us, and records showed, complaints had been thoroughly investigated and used to improve people's care. For example; following a complaint by a person's family, staff had been involved in discussing the situation and looking at ways of resolving their concerns whilst supporting the person's choices to achieve a satisfactory outcome.

End of life care and support

- We saw the service had received compliments from families whose relatives had been cared for at the end of their lives. These confirmed people had received person centred compassionate care and relatives had been supported.

- Peoples records included information about the treatment decisions they had made should they not be able to voice these in the future. However, people's care plans did not include their wishes and preferences for their end of life care including in relation to their protected equality characteristics, spiritual and cultural needs. We spoke with the deputy manager about this who told us they were developing their approach to include conversations with people and families to ensure people's wishes were known recorded and acted on.

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

- All the people, relatives and staff we spoke with told us the service was well-led. People and relatives knew who the registered manager was and feedback we received confirmed they were approachable, responsive and inclusive. A person said "[registered manager] is lovely. I cut out an article from the paper about boxercise classes, we were doing it the next week!" Another person said, "I wanted some hot and cold packs for my knees, [registered manager] arranged it within a week." Relatives said "The [registered] manager seems to know the staff and there seems to be a good interaction with the staff" and "If I had any concerns I would go to the manager; I think he's good and I feel he's a good communicator with his staff."
- Staff comments included, "We are lucky to have him [registered manager]" and "[registered manager] keeps things confidential. So far so good, not a bad word to say, he always follows up and gets back to me with an outcome. He tells me what he's done. He will always ask me how we can work together to move this forward."
- The registered manager promoted a positive culture through constructive engagement with people, relatives and staff. Regular meetings were held, and minutes showed feedback was acted on. The registered manager said, "It's about being a real and visible leader – approachable and dependable and when we say we are going to do something we do it. Treating people like how I would want to be treated when things go well and when things don't – unpicking things and challenging them [staff] to be the best version of themselves through training and development."
- The registered manager and deputy manager worked well together with clearly designated responsibilities. Both monitored the delivery of care on a day to day basis to check standards were maintained.
- There were appreciative and supportive relationships amongst staff and staff were recognised for their contribution to the service. For example; a scheme whereby people, staff, relatives and visitors could nominate a staff member for an award who then received a personalised gift.

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 and deputy manager understood their responsibilities under the Duty of Candour. We saw evidence this had been acted on appropriately.

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

- There was a system for monitoring the quality of the service. A series of audits carried out by the provider and registered manager informed a service improvement plan which showed the registered manager was acting to address risks and shortfalls identified.
- Daily meetings were held with heads of departments and weekly meetings were held with the whole staff team to raise and address any issues and make plans. This enabled managers, department heads and staff to share and act promptly on any concerns.
- Staff received regular supervision this supported them to be clear about their role and to plan training and development needs.
- The registered manager had carried out appraisals with all staff in the home. Information from appraisals was used to identify common themes for staff development in 2023. In addition, the registered manager provided supervision to 20 -30% of each department team which enabled them to monitor staff experience across the whole home.
- Staff told us they were well supported in their role. A staff member said, "Yes [I feel supported] by all the team, If I had any issues with anything I could go to [registered manager] his door is always open
- The registered manager notified CQC as required of incidents in the service.

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

- 'Residents meetings' were held, and minutes showed people were consulted about all aspects of the service. Actions arising from these meetings had been completed.
- Relatives told us they were consulted and informed about the service provided, a relative said, "I'm pleased that relatives have a voice." Relatives meetings were held and feedback we received confirmed relatives had been consulted about people's care needs.
- Emails and newsletters were also used to keep people and relatives informed about news and events in the home.
- The registered manager had planned meetings to enable maximum participation from people and staff. For example, residents' meetings had previously been open to residents and relatives however, the registered manager wanted to prioritise a space for residents to share their views, changing these to residents only. Staff meetings were planned at a suitable time to enable staff who were parents to attend.
- The registered manager gave us examples of how staff equality characteristics were supported, and this included; flexible working arrangements, support for staff who identified as LGBTQ+ and staff transitioning [gender].

Working in partnership with others

- The service had good working relationships with other health and social care providers to promote good outcomes for people. This included; the Clinical Commissioning Group (CCG) speech and language therapists, tissue viability nurses, dentists, GP's and community nurses. Care homes team and local authority safeguarding team.
- The service also had links with local community groups such as the scout's group, school, colleges, Age Concern, churches and HMS Sultan, a local Royal Navy base.