

WCS Care Group Limited

# Attleborough Grange

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Attleborough Grange is a 'care home', which provides accommodation and personal care for up to 32 older people, some of whom are living with dementia. The home has two floors, with four 'households' – Abbey and Newdegate are on the ground floor and Chilvers and Griff are on the first floor. People had their own bedrooms, some of which had en-suites. People had access to communal lounge and dining areas and an outside garden area. At the time of our inspection there were 28 people living at Attleborough Grange.

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

There was a momentum for improvement within the service which meant previous breaches of regulations had been met. The provider had systems and processes to audit the quality of the service provided and any improvements identified had been incorporated into a service improvement plan. However, some checks needed to be more robust, for example medication audits and checks of care and risk management plans.

There were enough staff to provide safe and effective care. Staff were recruited safely and understood the action to take if they had any concerns or suspected abuse was taking place. Risks to people's health and well-being had been identified and there was detailed guidance for staff on how to mitigate those risks. However, some identified risks were not always managed in line with people's care plans.

The provider had policies and procedures to minimise the risks of an infection outbreak which were understood by staff. People's medicines were available to them, but some improvements were required in the checks to support safe medicines practices.

Staff received appropriate training, support and supervision to carry out their roles effectively. People were encouraged to eat and drink enough to maintain a balanced diet. Where people had specialised diets, this was known by staff. People were referred to other healthcare professionals in a timely way and communication of information was effective. Improvements had been made to the environment which had a positive impact on the well-being of people living in the home.

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

People and relatives were positive about the caring attitude demonstrated by staff. Staff enjoyed their work and were motivated to provide people with a warm and caring environment. Staff promoted privacy and independence and respected people's individual beliefs and values.

Care plans considered all aspects of people's care and included their care preferences in relation to their health, emotional and social well-being. People were offered regular opportunities for social engagement either in group settings or one to one to prevent isolation or loneliness. People's communication needs

were assessed and supported. People were supported to stay at Attleborough Grange as their health deteriorated. Care plans contained some information about people's wishes for their end of life care.

The culture of the service had improved, and staff felt able to raise concerns and share suggestions, confident they would be listened to. Managers were visible and supportive, and relatives were well informed about what was happening in the home. The provider supported staff well-being and had introduced initiatives to develop working relationships and improve outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (5 November 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We previously carried out an unannounced comprehensive inspection of this service on 14 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing levels, compliance with the Mental Capacity Act 2005 and the good governance of the service.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

We have found evidence that the provider still needs to make some improvements. Please see the safe and well-led sections of this full report. The overall rating for the service has remained requires improvement following this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Attleborough Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Attleborough Grange

## 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 was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Attleborough Grange 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. Attleborough Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The 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, professionals who work with the service, an independent advocacy service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

During the inspection we spoke with 6 people who lived at home and 10 of their relatives. We carried out observations in communal areas to help us understand the experience of people who could not talk with us.

We spoke with 13 members of staff including the registered manager, the area manager, 2 care coordinators, 6 care staff, the lifestyle coach, the chef and a member of the housekeeping team. We spoke with two external healthcare professionals for feedback on their engagement with the service. We reviewed 6 people's care records and 3 people's medicines records. We also reviewed records relating to training, recruitment and quality assurance.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. The rating has remained Requires Improvement. This meant some aspects of the service were not always safe and there was an increased risk people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1). However, further improvements were still required.

- Risks to people's health and well-being had been identified and assessed. Records contained detailed information on how staff should mitigate risks in areas such as skin integrity, diabetes, moving and handling and nutrition.
- However, some identified risks were not always managed in line with people's care plans. One person had been assessed at high risk of choking and their care plan stated they should be sat upright when eating. During our visit, we saw this person being assisted to eat whilst lying down. The care co-ordinator took immediate action to reduce this risk and a supervision was planned with staff to ensure risk management plans were followed.
- One person had epilepsy and records stated this person required assistive technology to monitor potential seizure activity. This was not in place at the time of our visit. The registered manager took immediate action to order this equipment and increased the checks on this person whilst waiting for delivery.
- Some people were at high risk of developing sore skin. There were processes in place to ensure pressure relieving equipment was set correctly for people's weight to ensure they received the desired pressure relief.
- Care plans recorded that some people needed to be supported to change the position of their body every two hours to prevent skin breakdown. Although we found no evidence people had been harmed, people were not always repositioned in line with their care plan. Following our visit, and in consultation with healthcare professionals, people's repositioning care plans were changed to include less frequent positional changes.
- Improvements had been made following our last inspection to ensure the call-bell system was working correctly and staff were alerted when people called for assistance. A further upgrade to the system was planned.
- Staff told us handovers took place between each shift, so they always had up to date information about risks to people.
- The provider had systems to ensure the environment and equipment was maintained and safe for use. Emergency situations were planned for and there was information to support people's safe evacuation from the premises.

- Records showed accidents and incidents had been recorded and were audited by the provider. This meant any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced.

### Using medicines safely

At our last inspection the provider had failed to ensure safe medicines management practices were maintained. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(2)(g). However, further improvements were still required.

- Overall, medicines were ordered, stored, administered and disposed of safely. However, we identified one person's 'as required' medicine had been incorrectly entered on the electronic system as being administered every day. This meant the person was not receiving their medicine in accordance with the prescriber's instructions. Action was taken immediately to rectify this error.
- Where people's medicines were given in food or drink, staff used a pill crusher in accordance with good practice. However, advice had not been sought from a pharmacist to confirm crushing the medicines and giving in drinks was a safe way of administration. The registered manager acted in response to this feedback.
- People had their prescribed medicines available to them and they were only given by staff trained in safe medicines management. Since our last inspection, improvements had been made to ensure there were medicines trained staff on every shift.

### Staffing and recruitment

At our last inspection the provider had failed to ensure safe staffing levels were maintained. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to provide safe care. Feedback from staff confirmed this.
- Relatives told us staff were available and responsive to requests for assistance. Comments included: "There is plenty of staff", "There is always staff around somewhere" and, "There seems to be adequate staff, there is no problem."
- At our last inspection we found issues with staffing levels at night. Although staffing levels had not been increased, a staff member told us it was safe now because, "We have more competent staff." Another member of staff told us it could be a challenge if there was an emergency, but the on-call system enabled them to call for assistance from a duty manager.
- The provider regularly reviewed people's support needs to ensure staffing levels and the allocation of staff on each unit remained safe and appropriate.
- Staff were recruited safely. Pre employment systems included reference and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt protected from the risk of abuse. Comments included, "I feel quite safe. I have no reason not to feel safe with staff", "I feel very content and safe. I am not worried about anything here and, "[Person] is safer here than at home. The staff look after them and care about them."
- Staff were confident of the action to take if they had any concerns or suspected abuse was taking place.

One staff member explained, "I would report them to the manager. I wouldn't hesitate. These are vulnerable people and sometimes they can't speak for themselves."

- Any concerns raised were fully investigated and reported as appropriate to the local safeguarding team for external investigation.

#### Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Overall, the home was clean and tidy. However, some equipment required cleaning. For example, one person's walking aid was notably dirty, and another person's commode was stained and rusty. The registered manager addressed these issues at the time and has since put in a more robust equipment cleanliness programme and check.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no visiting restrictions and people could have visitors when they wished.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider did not consistently meet the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Staff sought consent and involved people in making their own decisions. Staff said they would speak with senior staff if people were putting their health at risk by declining the care and support being offered.
- Where there was reason to question a person's capacity to understand information related to their care and support, their care plans included a mental capacity assessment relating to the decision that needed to be made.
- When people were assessed as not having capacity to make a specific decision, others involved in their care were consulted to ensure any decisions made were in the person's best interests.
- Where people had restrictions within their care plans, the appropriate legal authority had been sought. There were no conditions attached to any authorisations.

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

- People's needs were assessed, and care plans developed from the assessment. Care plans incorporated

recognised risk assessment tools.

- Staff checked people's baseline health every month including their oxygen levels, pulse rate and blood pressure. This was reviewed remotely by healthcare professionals to identify any emerging signs of ill-health and reduce demands on GP and hospital services.

Staff support: induction, training, skills and experience

- Relatives told us staff had the skills to meet the needs of their family members. Comments included: "I have never seen any problems, they are always calm" and, "They hoist [Name] in and out of bed and into the chair, no problems."
- Staff told us they received regular training to enable them to be effective in their role. One staff member told us they had been given a more senior role and had received specific training to enable them to meet their new responsibilities.
- New staff received an induction which included working alongside more experienced staff. One staff member told us, "I shadowed [name of staff member] for a while to see how everything was done and to get to know the residents."
- Staff had regular opportunities to meet with managers to discuss their training and developmental needs.

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

- People were encouraged to eat and drink enough to maintain a balanced diet. One person told us, "The food is pretty good and if I feel peckish, I only have to ask, and staff would give me something."
- Relatives spoke positively about the quality and variety of meals offered. Comments included: "There is a good variety" and, "The food is excellent. I was there for Christmas lunch and it was really nice."
- Where people required special diets, this was known by staff. One person required their food to be pureed. This was presented in line with best practice with each food pureed separately to promote a variety of flavours. One relative told us, "The foods are pureed but moulded into the shape of what they are. I have tasted it, it's fine."
- Staff were available to support people with their meals if needed. One relative told us, "The staff have changed [Name's] mealtimes so they can give her more help and it's a quieter time."
- Some people were at risk of losing weight and required their weight and nutritional intake to be monitored. Where necessary, referrals were made to dieticians for support.
- Staff recorded electronically what people drank to ensure they remained healthy. This meant staff could check throughout the day and at the handover between shifts whether people needed to be encouraged to drink more.

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

- People had access to a range of healthcare professionals to ensure they remained well. This included district nurses, chiropodists and opticians.
- Relatives told us staff were responsive when healthcare professional advice was needed.
- Records showed people's health was regularly reviewed and people received timely care.
- Improvements in communication between staff and healthcare professionals had been made since our last inspection. A healthcare professional confirmed, "We don't have an issue with them sending things to us and they are very good at handing over information. Any guidance, they implement it straightaway and document it on their system."
- A 'hospital pack' was available if a person needed to be admitted to hospital as a prompt for healthcare professionals involved in their care. This set out any risks to the person's health and important information about their medication and support needs.

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

- Since our last inspection changes had been made to the home environment. This included improvements to communal areas and the addition of items of interest to promote conversations and engage people.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were positive about the care they received whilst living at Attleborough Grange. Comments included, "Staff are very kind and cheerful", "I am happy because people are kind to me" and, "We often have a laugh with the staff and put the world to rights."
- Relatives were also positive about the caring attitude demonstrated by staff. One relative commented, "The care is fantastic. I couldn't ask for a better place." Another relative told us, "When [Name] was 90 they gave her presents, a bouquet of flowers and a card. The staff all seem to be as good as gold."
- All the staff we spoke with enjoyed their work and were motivated to provide people with a warm and caring environment. One staff member explained, "It is just about making somebody's day different. It is important how they feel and to make them feel valued." A visiting healthcare professional told us, "It is a lovely little home and staff are really caring. They treat them as they should be treated."
- We saw people were comfortable in the presence of staff and observed some kind interactions. For example, one staff member recognised a person was not their usual self. They approached the person, gently stroked their hair out of their eyes and sat holding their hand. The person clearly appreciated this interaction as they placed their head on the staff member's shoulder.
- People were included in making decisions about their care. One staff member explained how "interaction and communication with the residents" ensured people's voices were heard.
- Staff respected people's individual beliefs and ensured their diversity was respected. One staff member gave an example of a person who had chosen never to eat red meat but was no longer able to express this. They explained, "We still take it into consideration that [Name] has their own beliefs and values and that was important to them."

Respecting and promoting people's privacy, dignity and independence

- Our observations showed staff had a good understanding of the importance of respecting people's privacy and dignity.
- Relatives were happy with standards of personal care and told us this was provided discretely and people's privacy was maintained. One relative told us, "In every respect they protect [Name's] privacy."
- People were encouraged to keep their independence. For example, one person required support when eating their meal. Staff guided the person to load their fork and the person was then able to continue eating independently.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- Since our last inspection, improvements had been made to ensure people's care plans were person centred. They considered all aspects of people's care and included their care preferences in relation to their health, emotional and social well-being.
- Staff understood the importance of knowing people well to enable them to deliver person centred care that met people's individual needs and preferences. One staff member explained, "It helps you to communicate and to understand their life and keep it in their day now. It is important for them to remember."
- People's care plans were regularly reviewed to ensure they continued to meet people's changing needs. One staff member told us, "We are finding out something different about residents all the time as their illnesses and dementia progress. We find out more and alter our way of working."

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 could take part in various activities, either independently or with the lifestyle coach. An activity board displayed information about what activities were taking place each week in the home. These included activities to enhance people's physical, emotional and social well-being.
- Activities were designed in line with people's preferences. The lifestyle coach told us, "I speak with people and their relatives. I have gone through their care plan to know what people are interested in. This is their home, and I am in their home, so we do whatever they want to do." One relative told us, "[Name] does knitting and has a TV and joins in the activities. The activity lady is good; we are very impressed."
- Improvements had been made to ensure people cared for in their bedroom had more opportunities for social engagement. The lifestyle coach explained how they spent time with these people on a regular basis to reduce feelings of loneliness. They told us, "It is probably more important I spend time with these people. For some, they may not communicate, but I can tell from changes in expression they are enjoying my time with them."
- Care staff told us they had time to spend with people individually and relatives explained how this improved people's wellbeing. Comments included: "The staff show her pictures and talk about her grandchildren" and, "The staff talk to her and she has that smile when they walk into the room."
- People's cultural and religious beliefs were supported. The lifestyle coach adapted their hours to ensure one person could attend a regular church service outside the home.
- Visitors were encouraged to spend time with people living at the home to reduce feelings of isolation.

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 recorded in their care plan so staff understood what support people needed to help them communicate effectively. For example, whether they needed spectacles to read or hearing aids so they could better understand what was being said to them.
- Information could be made available in different formats if a need was identified. For example, in an easy read format or in a different language.

#### End of life care and support

- People were supported to stay at Attleborough Grange as their health deteriorated. One staff member explained, "When they are at end of life, they want to be here so we will do everything in our power to make their life as comfortable and pain free as possible. If we need to involve other healthcare professionals, we will do."
- A visiting healthcare professional told us, "I think the end of life care is fantastic because they know their residents. They have got really good support because we have a rapid response team who cover end of life patients."
- There was some information in people's care plans about how they would prefer their care to be delivered in their final days.

#### Improving care quality in response to complaints or concerns

- The provider had received 1 complaint in the last 12 months. This had been managed in accordance with the provider's policies and procedures.
- Relatives told us they had not had to raise any formal complaints and any minor concerns had been resolved. One relative commented, "The only issue was a while ago, but it was sorted." Another relative said, "I have not made a complaint but questioned things and had assurances."
- Systems were in place to manage and take learning from any complaints received.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management was sometimes inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; How the provider understands and acts on duty of candour responsibility

At our last inspection the provider's systems and processes did not always effectively assess, monitor or mitigate risks related to the health, safety and welfare of people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were still required.

- The provider had systems and processes in place to audit the quality of the services provided.
- Where audits had identified improvements were needed, these had been incorporated into a service improvement plan.
- Overall, audits had identified where improvement was needed. This meant failures to meet regulatory requirements identified at our last inspection had been addressed.
- However, improvement was needed in the monitoring of medicines. Despite the provider having a system of comprehensive medication audits in place, we identified some anomalies with the balance of medication stocks, 1 of which was due to a recording issue.
- Improvement was needed in the managerial oversight of important records. Checks of records had not identified when risks were not always managed in line with people's care plans.
- Staff told us the culture in the service had improved since our last inspection and the management were much more visible and supportive. Comments included: "[Registered manager] has always had an open door policy and she is always there for the staff if you want to raise any issues or concerns" and, "[Registered manager] is very proactive and if you want something done she will be on it."
- Staff told us they felt able to raise concerns and share suggestions, confident they would be listened to. One senior staff member told us, "We are always looking to improve and if the staff bring something up and say it is not working, then we will review it and see how we can make it better."
- Relatives told us they felt well informed about what was happening in the home and could approach senior staff and managers with any queries. Comments included: "[Registered Manager] has changed this place for the better" and, "We have seen the manager many times, she is very available." A visiting healthcare professional confirmed, "[Registered manager] is always around. Her office is on one of the wings and her door is always open."
- Following our last inspection, the provider had invested in the home. Improvements had been made to the environment and a new call bell system was being installed to ensure people consistently received safe,

effective and responsive care. Staff spoke positively about the impact these improvements had on staff morale and the quality of care provided.

- The provider understood their responsibilities under the duty of candour. Relatives told us they were kept informed of any accidents or incidents involving their family member.
- The provider is required to submit to us, CQC, notifications about significant events that occur in the home. These had been submitted as required.

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

- Relatives were able to see the care and support their family members received each day through the electronic 'Relative's Gateway'. One relative described the benefits of the system as they had, "Information every day without fail."
- The provider sought feedback from people and their relatives via meetings and questionnaires. One relative told us, "I have been to relatives' meetings; they are very good and the staff take on board what we say."
- The provider had introduced several initiatives to support staff and their working relationships in the home. One staff member spoke of the emotional impact of Covid and told us, "They (the provider) offered support through the 'Potting Shed' where you could meet up with other people in the company and do activities outside of work."

Continuous learning and improving care; Working in partnership with others

- The provider shared any learning from accidents and incidents throughout the provider group to drive up safety standards. A staff member commented, "If something does happen, we do learn from it and work round it to make sure it doesn't happen again."
- The provider was open to receiving support and advice from external professionals. One healthcare professional told us the provider engaged in any training opportunities and had recently signed up for specialist training in infection control to improve staff practice in that area.
- The registered manager responded positively to our inspection and took immediate action to address the issues identified.