Hamberley Care (Wixams) Limited

Elstow Manor

Inspection report

Elstow Manor
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
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
Elstow Manor is a residential nursing home providing personal and nursing care to up to 80 people. The service provides support to people living with dementia as well as some physical health conditions. At the time of our inspection there were 38 people using the service.

People were supported in a purpose built building across three floors. The top floor was currently unused. There were lounges, dining areas and other communal spaces on each floor. One floor had a cinema and on other floors there was a hairdressing salon and bistro. There was a garden area which included a small play area for visiting children. There was an office onsite and the layout was designed in a way to support people with mobility needs to freely access any area.

People's experience of using this service and what we found
People were supported to safely administer their medicines and agreed with staff and medical professionals what time they would like to take them. However, the registered manager was taking action to improve the administration records and systems for managing excess stock of medicines.

People were supported by trained staff in all aspects of their daily life. This included going out of the home, maintaining contact with friends and relatives, having meals and drinks, socialising and meeting their health needs. However, people felt that staffing shortages had an impact on some people's experiences of their care. The registered manager was in the process of a recruitment drive to help with the continuity of care.

People were able to speak with the registered manager when they had concerns and told us they acted very quickly to resolve them. The registered manager monitored all aspects of people's care but medicines audits were not always effective at identifying areas for improvement. The registered manager was aware of this and taking action to improve systems and processes.

People told us they felt safe living at Elstow Manor. They liked the staff and told us staff treated them well, were kind and met their needs. Staff knew how to keep people safe and what to do if they had any concerns. People told us living at Elstow Manor was like living in a five star hotel.

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

The registered manager made sure all staff and visitors followed the latest government guidance for reducing risks about COVID-19 and the spread of infection. Staff had received additional training on this topic to ensure they could keep people as safe as possible.

People had access to health professionals who worked closely with the staff and management team to

ensure all health concerns were looked into straight away. The nursing staff were able to observe and record basic health observations such as blood pressure and oxygen levels to help professionals get the right information and monitor people's well-being quicker.

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

Rating at last inspection
This service was registered with us on 16 July 2021 and this is the first inspection.

Why we inspected
This inspection was planned based on the date the service was registered with the CQC. 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 not always effective. Details are in our effective findings below.	**Requires Improvement**
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**

Elstow Manor

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 two 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
Elstow Manor 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. Elstow Manor 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. The registered manager was due to move on to another role within the company and so was in the process of handing over to another manager. The new manager will be applying to the CQC to become the registered manager.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since it was registered with the CQC. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 to eight people and 16 of their relatives about their experiences of living at Elstow Manor. We spoke with four professionals who worked regularly with the service and 16 members of staff. This included the registered manager, the new manager and the clinical lead. We also spoke with staff from various departments such as catering, housekeeping, maintenance, wellbeing and lifestyle coach, nursing, support staff and agency staff.

We reviewed seven people's care records and 12 people's medicine records. We looked at two staff files to review recruitment processes and documentation. We looked at various policies and other health and safety and quality assurance records.

Good

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

- The registered manager had systems in place to ensure people were protected from the risk of avoidable harm. Any concerns were quickly identified and action taken to safeguard people and where required, seek treatment and support. The registered manager notified the relevant organisations of any notifiable events.
- People told us they felt safe and their relatives echoed the same thoughts. One person said, "I feel very safe, the staff are always around. The staff check on us at night and make sure we are okay." A relative told us, "The home is extremely safe. My [family member] has extreme dementia. They care for them with diligence. I'll give [staff] a 10 out of 10 they are amazing."
- People were supported by staff who had received training about safeguarding and abuse awareness. Staff understood what to look for that might indicate something of concern. They were also aware of how to record and report concerns both within the company and to external agencies such as the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and ways to reduce the risk were noted in their care plans to guide staff about how best to support them. This included fire risks and how each person would safely evacuate if required. This guidance incorporated people's needs with their preferences to ensure individualised care.
- Where risks were related to specific conditions such as Parkinsons disease or dementia, these had been considered in conjunction with external professionals to ensure safe practices were followed. Additional equipment had been put in place where required. This included sensory mats to alert staff when people were getting up so that they could reduce the risk of falls.
- Risks were monitored regularly for any changes. The provider had introduced an electronic care planning system. This meant changes to risks could be updated in care records immediately and staff had instant access to that information via handheld devices.

Staffing and recruitment

- The provider ensured that all staff had received full employment checks to assure themselves of the staff members suitability for the role. This included a disclosure and barring service check. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had a number of staff vacancies. The registered manager had utilised agency staff to ensure there were enough staff on shift to monitor and support people safely. People were not left alone in communal spaces and people who chose to spend time in their bedrooms were regularly checked on.

Using medicines safely

● Staff supported people to have their medicines safely. There were some discrepancies in stock control but no evidence of any medicine errors or harm. People told us they received their medicines on time and did not have to wait long for pain relief when requested. One person told us, "The staff help me with whatever I need. It is great to not have to worry about my medication, [staff] do all of that. And they make sure we have the help we need to take our medication."
● Staff had received training in safe administration of medicines. They were also observed in practice by a competent person to check their practice was correct.
● The registered manager had written clear guidance for staff in people's care records about when and how people liked to take their medicines. This included how to support with any known risks and when to offer medicines prescribed as and when required, such as pain relief.

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 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. One person told us, "I am very happy. It is lovely and clean."
● 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
People were supported to have visitors when they wished to do so without restriction. The provider promoted visiting and this had been the case throughout the COVID-19 pandemic. The provider had measures in place for visitors to follow to minimise the risk of infection spreading. One person told us, "My [relative] is visiting in a minute, there are no restrictions on times or numbers. [My relative] is currently getting pampered with hot chocolate in the bistro." A relative said, "Visiting has been really well managed throughout the [COVID-19 pandemic]. The primary carer could still go in with a mask and a negative [lateral flow] test. We can visit freely but we do have to time our arrival carefully to get back in as [the front door] is locked [in the evening], this does clip our wings."

Learning lessons when things go wrong
● The registered manager regularly monitored risk assessments and incidents and accidents. They reflected on these and then shared all lessons learnt with the staff team and other relevant people involved in reportable events. Staff told us they were given the opportunity to reflect on these in supervision and staff meetings to agree ways of working that would improve practices and keep people safe.

Requires Improvement

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received a thorough induction when they first began working at the service and told us they felt very supported by the management team. This included training and the opportunity to shadow more experienced staff. Each staff member was then observed carrying out their role so that their competence in practice and theory could be assessed by a senior member of the management team.
- The registered manager arranged for staff, a combination of e-learning and face to face courses training courses. Staff told us they felt the training would be beneficial for them if more courses could return to face to face. They told us they struggled to keep up to date with and absorb the learning from online training. Other staff felt skills were not being utilised and were not being given the opportunity to develop and support colleagues (for those trained to do so), due to staff shortages and lack of time. They also felt stretched and unable to spend quality time with people. The registered manager was taking action to improve this.
- Almost all people and relatives we spoke with told us they too had felt the impact of staffing shortages on the care. While they were happy with the care provided overall, they felt there was a lack of continuity of care. They told us this meant not all staff fully understood the approaches to use to encourage independence or to be able to meet people's gender preferences such as female only staff support. One person told us, "I don't feel there is always enough staff." A relative told us, "I'm concerned about the recent high turnaround of staff…It seems since the home is now filling up, staff are more stretched, as known countrywide in the care industry." Another relative said, "There have been some lovely staff but [my family member] suffers a loss every time there is change due to the staff turnover."
- An example we observed was staff busy supporting with meals, not stopping to listen to a person's concerns before trying to persuade them to eat. The person was unable to settle to eat as they were worried about another issue. The person was difficult to understand due to their speech but could be understood if given time. Another example included the differences in quality of service from temporary staff such as tea served with a saucer and biscuits for one person but not another and not always waiting for consent when entering people's bedrooms.
- People were not at risk of harm as the registered manager had ensured shifts were covered with enough staff and tried to ensure regular agency staff were used to help with continuity. The registered manager was also undertaking various measures to try and recruit more staff and develop staff retention strategies. However, the number of agency staff currently used each day had impacted people's experience and was an area for continual review and improvement.

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

● The registered manager ensured people's needs and preferences were assessed prior to providing their care. This included looking at their personal history, likes, dislikes, relationships, cultural, religious or sexual preferences, medical history and current conditions. This information was then used to develop the person's care plan and assess any risks.
● Staff had a good understanding of people's health conditions such as dementia and Parkinsons disease and knew the signs of deterioration and what they should do in that scenario. This showed the information in assessments had been implemented into the care delivery.
● The staff team also liaised regularly with relevant health and social care professionals to ensure the care being delivered was safe and in-line with current best practice guidelines.

Supporting people to eat and drink enough to maintain a balanced diet
● People who required special diets had this recorded in their care plans and staff were aware of this. However, not all people's diet sheets were available in the kitchen for catering staff at the time of the inspection. This meant some people's dietary needs could be missed. The registered manager has since addressed this to ensure they are now available.
● People were supported to eat and drink enough to promote a healthy diet and good nutrition. The staff team monitored people's weights and used assessment tools to determine the level of risk and support required. People who required their food and fluid intake to be monitored had clear targets and the outcomes were recorded in their care records for monitoring purposes.
● People who wanted alternative choices or meals and snacks outside of typical mealtimes were supported to do so. Most people thought the food was very good. One person told us, "The food is great and it is just such a lovely place to live." Other people told us the food was not always hot enough. While the new manager had recently addressed systems for keeping food hot, we observed hot puddings being served before people had finished their main meal. This would account for food sometimes not staying hot.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked well with external health professionals to ensure people's health needs were met with the least distress for the person. The service had recently changed pharmacists to better improve the service for people and ensure less errors at point of dispensing medicines.
● In the event of changes to people's health, staff contacted the relevant health professional for advice and updated their care plan. They worked closely with the local GP service who conducted weekly telephone call rounds in addition to when people required an individual visit. One professional said, "[The registered manager] is very efficient, a 'can-do' approach and leads by example." Another professional told us, "We work closely with the clinical lead who is approachable and responsive."
● People told us they had access to health professionals they needed and were encouraged and supported to access a variety of health professionals such as the GP, optician, chiropodist, and dentist. Staff supported people to attend health appointments where required. A relative said, "[Staff] have been brilliant taking [my family member] to their hospital appointments." Another relative said, "The home goes above and beyond. The GP, district nurse, DoLS assessor and social worker have all visited my [family member] to give them the best possible chance."

Adapting service, design, decoration to meet people's needs
● The service was tastefully decorated to a high standard. People were able to personalise their bedrooms and each person had their own ensuite bathroom facilities adapted to meet their needs such as different coloured toilet seats, covering up mirrors and changes to lighting. This helped prevent the risk of falls for people living with dementia as it is easier for them to distinguish the seat colour. There was an allocated maintenance worker who people told us was very quick to fix any problems or support them to put up

pictures and other personal items. One person told us, "We came and had a look before moving in. We could bring our own furniture, pictures and things. They were very good and put our pictures up."

● There was some signage for communal spaces to support people living with dementia to orientate themselves. Each bedroom had the option of filling a glass box outside of their bedroom door to fill with what they wished to represent who they were as a person. This could also further help people to remember which bedroom was theirs and to prevent them accidently entering another person's bedroom. However, the majority of these boxes were empty.

● One person mentioned the complexity of their television controls which meant they were unable to watch their favourite shows. The new manager was quick to try and resolve this and the registered manager told us of plans they had to make the environment more dementia friendly for people while maintaining the high standards of décor.

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.

● The registered manager ensured anyone who was thought to not have the mental capacity to make their own decision, had been assessed. They used the best interest process to involve relatives and professionals in agreeing what would be the least restrictive option for each person.

● Staff had received training about MCA and DoLS and had good understanding of the principles of the MCA and how to promote choice and consent. Staff were passionate about ensuring people's wishes based on their preferences when they were able to make decisions for themselves, were still always considered and promoted where safe to do so. This meant people's rights were upheld and protected and their views valued.

Good

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

- Despite concerns about staffing shortages, people told us they were happy with the care and treated well by the staff team. One person said, "So far, I could not have picked a better place. It is not just the people, it is the atmosphere." Another person said, "[The home is] absolutely fantastic, staff are amazing and couldn't treat you nicer." A relative told us, "The staff are phenomenal and very well trained. They are brilliant. They try their best to do all they can for [our family member]. Anything the staff can do they will."
- People's diverse needs were respected. For example, one person who held a great importance to relationships and conversations with people who were not there in person, was supported to be asked if they had 'guests' today and would like tea for two instead of one. By not forcing their own reality on the person, staff respected what the person was experiencing, supported them with dignity and reduced any unnecessary distress.
- People were supported with local church groups and promotion of their faiths, although some people and relatives felt this could be increased as they said involvement in church groups had decreased in recent months.

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

- People and relatives were supported to be involved in reviews of people's care. Not all people had experienced an annual review as they had not lived there long enough. In this case, people's views were sought through a variety of methods such as, meetings, suggestion boxes and informal chats. One relative told us, "We have a care plan review booked for next week to go through it." Another relative said, "The staff are very approachable and responsive if I bring anything up."
- Staff understood the need to offer people choices and respected their decisions. One person told us, "They asked me about my likes and dislikes and if there are any problems."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and helped them where they needed support. Staff respected people's choices and spoke to them in a dignified but friendly manner. One person said, "[Staff] are getting me an electric wheelchair so that I can access the inside and outside [of the premises] myself without needing staff support. I can cling on to any last bit of independence."
- Staff told us how they also tried to encourage people to do what they could for themselves. This included in the areas of eating, walking, bathing and dressing while giving consideration to their privacy.
- The registered manager had risk assessed people's desires to go out alone against the risk of harm if they fell or became confused and lost. They put safety measures in place which enabled one person to walk to

the local shop by themselves each day to get their daily newspaper. This was a daily task that meant a lot to the person to maintain.

Good

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; 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

- The registered manager planned a personalised approach to care in people's records. Care records gave detailed guidance for staff about how to support people and a personal life history to get to know them better. The management team conducted regular unannounced observations of staff practice to ensure they were applying this approach and also meeting people's needs in a timely manner.
- People's care was planned individually and they told us they were given choices about what to do. One person told us, "[Staff] did their best to introduce me to people who had similar interests [for friendships]." Another person said, "I choose to not attend activities. I know they are there, but I choose to not go. They had wine tasting and they have meetings. I have a choice of newspapers brought to my room. I like to look through those."
- Feedback from relatives about the variety of options available for how their family members spent their time was mixed. They told us most people felt there was enough to do and enjoyed meeting friends for a drink in the bistro or getting involved in a craft making event. People we spoke with told us they were not bored even if they chose not to get involved with planned events. Some people linked up to a bridge club with friends in the nearby retirement village. Some people told us they would like to do things of interest off site more often.
- People were involved in regular meetings where they could make suggestions and offer feedback about their preferences. These were taken forward to be actioned by the well-being and lifestyles coach who was highly thought of. A relative said, "We communicate with the key worker. We've had conversations about [my family member's] leisure activities and what they can do. I mentioned that they liked animals, so the petting zoo visits now."
- Staff supported people to maintain their relationships with their partners, relatives and friends. Visitors were free to come and go. Relatives told us they were supported to maintain visits in one form or another throughout the COVID-19 pandemic. They told us they were made to feel welcome and involved in the home and in the care of their family member.

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 registered manager had assessed people's communication needs which were recorded in their care plans. One person's care plan was very detailed in relation to using nonverbal methods of communication and recognising what they were typically trying to say with specific sounds, movement of the body or facial gestures.
● Staff understood to be aware if anyone needed information in other formats such as other languages or large print. They were also aware of positioning to ensure a person could hear and see them when speaking.

Improving care quality in response to complaints or concerns
● There was a complaint system in place and clear complaints policy. The registered manager had a system in place that recorded all concerns, what action had been taken and the outcomes. These were regularly audited to look for patterns in complaints and how they could make improvements.
● People and relatives told us the registered manager had always been open to complaints and responded very quickly to resolve anything they raised. A person told us of a negative experience with a specific staff member. They complained to the registered manager and said they never saw that staff member again. A relative told us, "I would also say the [registered] manager has been very receptive to what we have found difficult or not satisfactory."

End of life care and support
● The registered manager discussed people's end of life wishes with them and it was recorded if people wished to share or discuss them. Where people did not want to, this was also recorded.
● Staff were supporting people with end of life care and had received training in this area. Staff understood the additional sensitivities for all involved in the person's life. Pain relief medicines were not yet required but were in place to use if needed to ensure the person was made as comfortable as possible.
● The staff worked closely with other professionals such as the palliative care team and district nurses to ensure people were comfortable and as pain free as possible to support a dignified death. Some written feedback from relatives following the passing of their family member said, "I would like to thank you all for the excellent care that you gave to my [family member] during their time with you. I know that their last few months were as comfortable as they could have been. Thank you also for making family members and friends so welcome when they visited. All of the staff were extremely kind and professional. I would highly recommend Elstow Manor."

Requires Improvement

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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had a good understanding of the standards of care required and the responsibilities of their role. They had systems in place to monitor the quality of the service. These included a variety of audits, tools to reflect on events and tools for seeking feedback and observing staff practice. This information was used to develop improvement plans, staff skills and identify patterns.
- However, we found the management of medicines stock and administration records for excess stock had discrepancies that had not been identified on the two most recent audits. The registered manager was able to explain the reasons for some of the excess stock but the current recording systems made it difficult to be certain no medicine errors had taken place.
- The provider had oversight of the service through face to face visits and access remotely to electronic records for review. Following the inspection, the provider carried out further audits of medicines management by quality assurance managers and they have since put an action plan in place to make changes for the better. In addition to this the registered manager was making arrangements for support and audits by pharmaceutical professionals with a view to developing an action plan for improving these systems. The new manager had ensured all stock was now correctly stored and recorded.
- The registered manager told us all they were doing to recruit more staff and plans to engage agency staff in the company's own training in the interim. They had also arranged more training for all staff for medicines, some of with was in person and followed up with new assessment of competency. They also planned to arrange full reviews for everyone where any concerns or changes to the care delivery could be discussed and resolved. We recognised people had a settling in period when people fist moved into the service where care would change as staff got to know their preferences better.
- Staff had a good understanding of the requirements of their roles and the related legislation and how this applied to their practice.

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

- There was a culture of person focused care that the registered manager and whole staff team expressed passionately. They were constantly reviewing the care outcomes for people and making changes to better suit individual needs. They were creative when considering how to safely enable a person to do something they desired rather than deeming it too much risk. For example, moving people to the ground floor due to

phobias related to being upstairs or to promote people's independence for longer. For one person who was unable to cope with isolation during the COVID-19 pandemic, they created whole 'suite' isolating. This involved isolating part of a floor not used by others where the person would walk around safely without spreading infection to others and still not feel trapped.

● People and relatives spoke highly of the registered manager, how responsive they were and the positive impact they had on the service. They told us they were aware of the upcoming change in manager and most people had met the new manager who they thought was also approachable. A relative told us, "I built a good relationship with the [registered manager]. They responded to everything that we needed with a very open door approach so that was lovely." Another relative said, "I can see the [registered] manager at any time. The [registered] manager has great insight into [people's] needs. They know [people] well and they are candid and helpful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood their need to be open and share information and outcomes with the relevant people when something had gone wrong. They reported all concerns to the relevant organisations and shared outcomes with people, their relatives and the staff team. They were open with us about plans for continued improvements.

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

● People and relatives told us they were generally happy with the care and in some cases said the staff and the care were, "Exceptional." However, they also told us they were not regularly asked for their views about the care but were aware of other ways to make suggestions. They felt confident to raise concerns and that the registered manager would listen to them and act immediately. One relative told us, "[Staff] did have a meeting [with us] back in the summer and they do ask me [for my views] on an informal basis." Another relative said, "I think I've had a couple of email surveys. I think there's a comments form at reception as well. So, we could fill that in if we want to."

● People were supported to participate in regular meetings to seek their views and keep them informed of developments about the service and provider.

● The staff team received regular supervision and felt this was beneficial. Staff told us they felt very supported by the registered manager. Not all staff had met the new manager at the time of our inspection but a meeting was scheduled to enable them to. Staff members who had met the new manager were impressed with their passion for quality care and plans for improving training.

Continuous learning and improving care

● The registered manager promoted training and reflection as a way of continually growing staff members skills, knowledge and confidence. A staff member told us "This is the best place I have ever worked. Everyone here notices details." Another staff member told us how they and other colleagues had been trained in how to teach others in specific areas such as infection prevention and control, fire safety, falls prevention and safeguarding. This way they could offer 'on the job' support and coaching to ensure best practice was carried out.

● One staff member told us how senior nursing staff take time to sit down with them and reflect on the shift and what worked well and what they could do better. They said this was done in a way that was not about blame but about support and learning and sharing of knowledge and experience.

Working in partnership with others

● The staff team worked with a variety of health professionals to ensure people's needs were being met.

Some professionals felt that communication and staffing levels could improve but overall gave positive feedback about the care and environment. One professional told us, "Fantastic set up for [people] that were using the facilities. We saw [people] in their rooms as well as in a dedicated area. There were electric beds and chairs, wheelchairs, walking frames and walking sticks supplied for [people] who needed them. Some relatives were directly involved in their [family member's] care, they were very happy with Elstow Manor and felt their needs were being met. [Elstow Manor] was spotless. All members of staff had a good understanding of [people's] needs and were wearing PPE where necessary."