

# St David's Home For Disabled Soldiers, Sailors and Airmen

## St. David's Home

### Inspection report

12 Castlebar Hill  
London  
W5 1TE

Tel: 02089975121  
Website: [www.stdavidshomealing.org](http://www.stdavidshomealing.org)

Date of inspection visit:  
10 August 2021  
11 August 2021  
12 August 2021

Date of publication:  
08 November 2021

### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

St David's Home is a care home with nursing providing personal and nursing care for up to 76 adults living in four units. One unit is used to provide rehabilitation support to people with a range of physical disabilities with the aim of being able to live a more independent life and to return to their home or move to other accommodation. At the time of the inspection there were 54 people staying at the home. The home is operated by St David's Home For Disabled Soldiers, Sailors and Airmen, a registered charity.

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

There were infection prevention and control procedures in place but these were not followed consistently. Staff wore suitable personal protective equipment to work safely.

People's medicines were not always managed in a safe way. The provider had recently introduced digital medicines management systems to make improvements to this support.

People who had recently moved to the service did not always have personalised care plans in place.

Some aspects of the building needed repairing and improving. The provider had a plan of work to make these improvements.

People told us they felt safe. Staff treated people with respect and promoted their dignity and privacy.

Most people spoke highly of the programme of the engaging activities provided by staff and volunteers throughout the day.

There was a new manager in post who had started six weeks before our visit. People, relatives and staff were uniformly complimentary of the manager, their approach and leadership and positive effect on the culture of the service.

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.

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 (published 18 December 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the

last two consecutive inspections where we have rated the service.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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.

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection control, medicines support, person-centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

## 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# St. David's Home

## Detailed findings

### Background to this 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 Care Act 2014.

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 undertaken by two inspectors, a member of the CQC medicines team, a specialist nurse advisor 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

St David's Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We checked with the local Healthwatch Service to see if they had any feedback about 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and nine relatives about their experience of the care provided. We also spoke with 15 members of staff. This included care workers, nurses, the assistant head chef, a housekeeper, laundry worker, the maintenance manager, an administrator, the receptionist, the acting clinical lead and the manager of the service. The manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the chair of the provider's board of trustees and with six professionals who have worked with the service recently.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our inspection in October 2020 we found the provider had not always managed medicines safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While we found there had been improvements at this inspection, the provider was still in breach of regulation 12 regarding the safe management of medicines.

- There was not always appropriate and correct information about people's prescribed medicines documented in their care plans. A person had recently moved to the home and was at risk of experiencing seizures but there was no plan for how their medicines supported them to manage this. There was no information about the side effects of another person's anticoagulant medicine and how to manage or monitor them. Another person's end of life care prescribed medicines were not recorded accurately in their care plan. These issues placed people at risk of harm from not safely receiving their medicines as prescribed.
- Some people were prescribed medicines to take PRN or 'when required', such as for pain relief. There were not always protocols to guide staff on when they should support a person to take these. The information in some protocols that were in place was not always accurate. This meant the provider could not always ensure people received these medicines as and when they needed them.
- The service stored some prescribed medicines in a refrigerator. Records showed the maximum storage temperature had been above the recommended range during the two months before our visit, but there was no evidence staff acted to address this. This meant some people were at risk of not receiving their medicines as prescribed as not storing these at a temperature recommended by the manufacturer may alter their desired effect.

While the provider had made improvements to people's medicines support, these issues indicated this was still not always managed in a safe way. This was an ongoing breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the manager. They took prompt action to address some of them, such as ensuring the PRN medicines protocols were put in place and they addressed the medicines refrigerator temperature monitoring.
- The provider had recently introduced a new electronic medicines administration system (eMAR) system. This meant staff could record digitally people's medicines and their support to take them, which could be monitored by senior staff. This had helped make improvements to the management of people's medicines.

There were adequate stocks of people's medicines, which staff checked daily and recorded on the eMAR system.

- The staff received training on how to handle medicines safely and their competency to do so was assessed. People said they felt they were supported well with their medicines. One person told us, "The medication is all dealt with very well by the nurses."

#### Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection but these were not applied consistently.
- We were not assured that the provider was always preventing visitors from catching and spreading infections. Staff conducted a COVID-19 lateral flow test with a visitor but did not wait the required amount of time to achieve an accurate result before the visitor was admitted to the home. Also, we saw staff did not record conducting or obtaining evidence of a safe lateral flow test with another visitor.
- We were not assured the provider was always admitting people to the service safely. Staff had not established the COVID-19 status of a person who had moved into the home recently nor conducted a COVID-19 test with them. This meant the provider could not be assured as to whether the person presented a risk of infection to others.
- The home appeared free of offensive odours, but some areas were not always clean and hygienic. For example, a regularly used shower room had damaged and dirty tiling and cracked flooring. We saw doors between dining rooms were dirty with finger marks. People told us of how dropped, rotten food had not been cleared from a person's room.
- We discussed these issues with the manager so they could address them. They had already noted issues since starting in post and developed a plan of work to make repairs to the environment.

We found no evidence people had been harmed however, these issues indicated the prevention and control of the spread of infections was not always provided in a safe way. This placed people at risk of harm. This was also a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were provided with suitable personal protective equipment (PPE) to keep themselves and people safe. This included face masks, gloves, aprons and hand sanitisers. People also told us staff wore their PPE and we observed staff doing so. Staff had training on how to use the PPE appropriately and said they always had access to supplies of this.
- Staff and people using the service accessed regular COVID-19 testing. This helped the provider to maintain people's safety.
- The kitchen was tidy and clean. There were systems for maintaining this and ensuring food was labelled correctly and food and fridge/freezer temperatures were checked. The home received a maximum five stars Food Hygiene Rating when last inspected in 2020.

#### Assessing risk, safety monitoring and management

At our inspection in October 2020 we found risks to people's safety were not always assessed, monitored and managed so they were supported to stay safe. This was also a breach of regulation 12 (Safe Care and Treatment) 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 this part of regulation 12.

- There was a range of checks in place to maintain the environment. These included health



and safety, water, electrical, mobility equipment and gas safety checks. We saw the provider had acted to address issues these checks had identified. However, this monitoring had not addressed the cleanliness and infection control concerns we found.

- The provider was working with a fire safety consultant to deliver a fire safety improvement plan. For example, we saw new fire doors being fitted when we visited. Staff completed regular fire safety checks, including of fire safety equipment and periodic fire drills. People had personal evacuation plans in place.
- Care and risk management plans set out how to support people to manage or avoid pressure sores. The service worked with tissue viability nurses who told us the service supported people well with this. Their guidance was included in people's plans. Risk management plans also set out when people were at risk of falls and the support they required to mitigate that risk.

#### Staffing and recruitment

- The manager supervised staffing rotas so there were enough staff to support people to stay safe. The service was reliant on engaging agency staff to cover vacancies and maintain staffing levels and engaged the same agency staff where possible to promote consistency. The manager was actively trying to recruit new permanent and bank staff. People told us that since the change in management some staff who had left were returning.
- We received mixed feedback from people about how long it took staff to respond to their call bells. Some people told us, "You have to wait if you use the bell – [staff] never arrive quickly"; others said, "You don't have to wait long for someone to arrive." We saw managers monitored call bell response times and had taken action when staff had not used the system properly.
- The provider had suitable recruitment processes to help make sure they only employed suitable staff. These included checking an applicant's work history, identity and previous employment references and obtaining criminal records checks from the Disclosure and Barring Service.

#### Learning lessons when things go wrong

- There was a process for recording and reviewing incidents and accidents. For example, following a medicines error incident staff had recorded what happened, corrective actions taken and lessons learnt from this.
- Incidents and accidents were reported to the provider on a monthly basis to monitor the service and identify improvement requirements.

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

- People told us they felt safe and there were systems in place to safeguard people from the risk of abuse.
- Staff had completed safeguarding adults awareness training and knew how to respond to safeguarding concerns, including whistleblowing and speaking to other agencies. Staff told us they felt the manager would listen to them if they raised such concerns.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people's outcomes were consistently good and people confirmed this.

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

- The home environment was warm, suitably ventilated and generally well-lit to meet people's needs.
- Some areas of the home needed repair and redecoration. We saw sections of the corridor floorboards and carpet tiling in one unit which needed replacing. Wall colourings did not always differentiate substantially between units so as to help people understand where in the building they may be. We discussed these issues with the manager and the provider. They were aware of them and had started refurbishments with a funded plan of work in place to address these. For example, the flooring was due to be repaired shortly after our visit.
- We saw people were able to contribute to discussions about updating the building and its fixtures during a residents meeting. People were able to personalise their bedrooms with their own furniture and decorations.
- The main activities room was a large, airy room that appeared well equipped and we saw people supported to try a range of activities they appeared to enjoy. There was space enough for various people to sit together, enjoy others' company or a group activity. People had access to outdoor spaces such as garden areas and places where they could meet with visitors.

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

- The provider assessed people's care needs before they moved to the service. These initial assessments recorded information about people's health conditions, preferences and some of their previous life history. One person commented, "I was impressed with the admission process, it was done thoroughly."
- People's care plans set out how staff should support them when they may show behaviours of distress.
- Care records showed staff made referrals to other services in order to meet people's needs, such as involving speech and language therapists, GPs and community nursing.

Staff support: induction, training, skills and experience

- Records showed staff received periodic supervision meetings with a senior member of staff. All staff said they felt supported by the manager who they could approach with issues. One member of staff said, "[The manager] has changed our lives for the better."
- Staff had completed a range of training, such as moving and handling, health and safety and emergency care. Staff said they accessed training regularly and during the pandemic this had been through online sessions. One member of staff remarked that room-based training sessions had recently re-started again, which they found more helpful for learning. New staff completed an induction process to make sure they

were competent in their role.

- The provider checked that qualified nursing staff maintained up to date registrations with the Nursing and Midwifery Council.

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

- People's nutritional needs were met.
- Care plans stated when people needed help to eat and drink. These were informed by nutritional risk assessments that staff regularly reviewed. Staff recorded how much people ate and drank so as to monitor this when required. We saw the provider had audited these plans and assessments to make sure they were up to date.
- People told us the food was "alright" or "excellent" and were able to request meal alternatives. The service also accommodated a person's individual dietary requirements based on dietician guidance and with family involvement.
- We saw staff offered people drinks and sat side by side people to help them eat and drink in an unhurried manner.

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

- Care plans and records demonstrated staff worked with health and social care professionals to help people to access additional support and healthcare. Health professionals told us the staff worked collaboratively with them and shared information about people's needs appropriately.
- We saw care plans set out how to support people safely with particular health conditions, such as living with epilepsy.
- Care plans set out the oral care that people needed and staff noted when this provided.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the principles of the MCA.
- The provider had worked with the local authority when it assessed a person lacked the capacity to agree to their care arrangements which may have amounted to a deprivation of their liberty. The provider recorded when a person's deprivation of liberty had then been authorised.
- Staff had completed assessments with people when they considered that a person may lack the mental capacity to make a specific decision about their care. For example, when a person refused advice or care designed to keep them safe. We saw the service had then worked with people, their advocates and other professionals when considering what may be in a person's best interests.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- We observed staff support people in a respectful and caring manner. For example, we saw staff introduce themselves to people and speak with them in a kindly way. A relative told us they had observed staff support their family member similarly stating, "They give [the person] time to respond and speak with [the person] respectfully." An adult social care professional told us, "[The staff] have always been positive and caring."
- Care plans recorded information regarding people's marital status, cultural background and religious beliefs. This meant staff were provided with some information to help them understand people's individual needs.

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

- The manager held meetings with people and visiting relatives and we saw these take place during our visit. These gave people opportunities to be involved in making decisions about their care and support. For example, people requested changes to the menu which the manager stated they would implement.
- A relative and another person stated they were able to choose to be supported by only female staff.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy.
- We saw staff interact with people in a respectful way. Staff described how they provided personal care in a manner that promoted people's dignity and privacy. For example, closing doors and curtains, speaking with people calmly and asking for a person's consent to provide care to them. One person told us, "All care here is done with dignity. I never feel awkward when personal care is done." An adult social care professional who visited the home regularly told us, "There's always dignity maintained."
- Care plans set out how to promote people's independence, such as describing support a person needed so they could clean their teeth.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

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

- The provider's arrangements to ensure people always received care in a planned way that recognised and reflected their individual needs and personal preferences were not always applied consistently. We raised these issues with the manager so they could address them.
- Care plans were not in place for two people who had recently moved into the home. This meant there was a risk that staff may not be able to always provide personalised care and treatment to meet those people's needs. We reported this and the manager then acted promptly to ensure staff completed these.
- Some people and relatives told us people's care sometimes required improvement. For example, soap not being fully cleaned from a person after personal care and not being supported to wear compression stockings appropriately, a person's hair not always being washed. Records of care indicated some people were not always supported to reposition to promote comfort and skin integrity in line with their planned care arrangements. One person said, "One or two of the carers are not up to much," and a relative remarked, "Some carers are still not good."

These issues indicated care was not always planned in a way to reflect people's individual needs and preferences and there was a risk that staff would not always know how to support people in a way that reflected their needs and personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had implemented digital care plans since our last inspection. Some relatives told us this meant care records were now not visible to them to see how their family member had been supported. The manager discussed accessing this at a meeting with relatives during our visit.
- Other people's care plans set out information about people's life history or background, their interests and preferences for their care.
- People and relatives also spoke positively about the care. Comments included, "There are those carers who go that extra mile and are really good," "My personal care is all done very well" and, "The housekeepers know how I like things to be done in my room and they listen. It's kept exactly how I like it to be." A social care professional said, "They have really good relationships with the residents."

Improving care quality in response to complaints or concerns

- The provider had a policy and arrangements for handling complaints, but these had not always been implemented consistently.

- When we visited, staff were not able to provide us with evidence of how complaints had been recorded and handled since our last inspection. However, the manager had recently developed a new complaints tracker which set out complaints issues and actions taken to address these.
- People we spoke with said they knew how to make a complaint and felt comfortable to do so.

#### Meeting people's communication needs

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

- Care plans recorded when a person lived with sensory or communication needs and what staff should do to support them with these. For example, where people did not use words to communicate, their plans set out the different ways they expressed themselves and how staff should interact with them.
- We observed staff promote people's communication effectively, such as ensuring a person was wearing their hearing aid so they could take part in a residents meeting.

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 and relatives spoke positively about the activities on offer and the support from the activities team. One person told us, "The best thing about being here are the activities, there is so much to do" and "The activities team do things that help us to get to know each other."
- People were offered a range of activities throughout the day. These included a sensory session, crosswords, reading, socialising, watching TV and a word game led by a visiting volunteer.
- The manager planned to introduce individual activities plans for each person to help provide activity provision for people who stayed in their rooms. The service was working with a relative who had been trained in how to use a 'magic table' the provider was looking to purchase now COVID-19 visiting restrictions had eased. A 'magic table' is a digital table device that can help provide visual stimulation and interactive opportunities for people.
- Care plans identified where people might be at risk of social isolation and actions for staff to support people to avoid this. We saw staff support a person to use a computer tablet in their room to have video call with their relatives.

#### End of life care and support

- People were supported at the end of their life to have a comfortable and dignified death.
- People's care plans contained information about their wishes at the end of their life. The interim clinical lead had recently audited these and the provider also monitored the service to ensure people had end of life care plans in place when they needed them.
- The service worked in partnership with other health care professionals to provide appropriate palliative support. One professional told us, "I feel confident with end of life care there."

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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; Continuous learning and improving care

At our inspection in October 2020 the provider had not always ensured systems were always either in place or robust enough to demonstrate safety and quality and was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There were a range of checks and audits to monitor the quality of the service. This system had not always been effective as it had not enabled the provider to identify and take timely action to address some of the areas for improvement we had identified.
- The assurance systems had not ensured that infection prevention and control measures were implemented consistently, medicines support was always managed safely, or care plans were always in place for people.
- Staff had completed audits of different themes of people's care, such as falls management, to ensure these were provided safely. However, some staff could not explain to us the meaning of some elements of the forms used to record these audits. This meant there was a risk some quality assurance systems may not be as effective as intended.
- Some people's care and risk management plans indicated they needed support to reposition their bodies to help maintain their skin integrity. However, daily care records did not always note that this support took place as regularly as required. This meant the provider did not ensure there were always accurate, complete and contemporaneous records of people's care to provide assurance people were always supported to avoid harm.
- We saw the office on one unit that held care documents and other information about people had been left open and unattended while external contractors worked nearby. This meant the provider could not be assured that records were kept secure at all times. We informed a nurse of this so they could secure the office.

These issues indicated systems were either not in place or robust enough to demonstrate safety and quality



was effectively managed. This placed people at risk of harm. This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager. The manager was responsible for the day to day running of the service and told us they would be applying to register in the near future. The provider confirmed this. There was no permanent clinical lead at the service either and a senior member of the nursing team was acting temporarily in this role. The manager was recruiting to this post when we visited and informed us after the inspection that this recruitment had been successful.
- The manager ensured there were daily staff meetings with representatives from each department to report on and monitor the service. We observed the manager conduct this meeting effectively.
- The previous inspection ratings were displayed at the home and on the provider's website. This helped people to find out about the quality of the service.

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

- Staff, relatives and residents all gave positive feedback about the new manager, stating they found them approachable, professional, with an "open door" and caring manner. A relative said, "[The manager] listens, giving you a positive approach." They told us this had not always been the case with the previous management. Professionals also spoke well of the manager and one commented, "[The manager] is really lovely [and] knows what needs to happen."
- The manager stated they felt supported by the provider to continue to make required improvements to the service.
- Adult social care professionals generally spoke favourably about the service and commented, "A really good home in my opinion" and "One of the better homes."

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

- We received mixed feedback from people about being involved in the running of the service.
- Some people and relatives told us that prior to our visit they had found the attitude of management staff sometimes to be over-bearing and they did not always feel engaged or valued. People reported that service changes, such as amendments to physiotherapy provision, had not always been communicated well. They stated this was not the case now and had recently improved with the new manager.
- There was a chapel on site and people said they could attend services there. One person told us, "Religious needs are well catered for." The manager explained they planned to introduce more ways of celebrating people's birthdays at the home.
- The provider trustees had recently re-instigated visits to the home as COVID-19 restrictions had lessened. This enabled people and relatives to meet with the provider and provide feedback about the service provision. People told us the manager also circulated weekly newsletters to keep them informed about developments with the service.
- The manager and the provider were in the process of developing a new system to support staff to raise with confidence issues or concerns about management staff. This indicated the provider was working to ensure staff voices about the service could be heard and acted upon.

Working in partnership with others

- The service worked in partnership with other agencies, such as healthcare professionals and social workers, to help to provide coordinated care to people.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had failed to ensure that service users' care and treatment was managed in a way that ensured it was always appropriate, met their needs or reflected their preferences. Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person did not always ensure care and treatment was provided in a safe way for service users Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person did not always effectively operate systems and processes to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risk Regulation 17(1)