

Vivacare Limited

Waterloo House

Inspection report

3 Nelson Gardens
Stoke
Plymouth
Devon
PL1 5RH

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Tel: 01752567199

Website: www.waterloohousecarehome.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Waterloo House is a residential care home providing personal care and accommodation for up to 19 people with mental health needs. At the time of this inspection there were 17 people living in the service.

Accommodation is spread over three floors. Waterloo House is an older style property in Stoke, a suburb of the city of Plymouth in Devon.

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

The inspection was prompted following concerns raised to the Care Quality Commission about staffing, leadership and management not listening to concerns raised. At the time of the inspection, the manager was not registered with the Care Quality Commission (CQC) and had been in post for four months.

The premises were in need of repair, redecoration and refurbishment. People, relatives, staff and health and social care professionals all commented on the poor environment. We identified an immediate high risk for people accessing the garden and the manager acted immediately and installed a temporary ramp, grab rails and undertook risk assessments to minimise the risk for people.

The service had a fire inspection and had been served with an enforcement notice of non-compliance which meant that the service was not meeting fire safety regulations and was not safe. The provider had responded to the fire enforcement notices, and contractors were working at the property to make sure the physical environment complied with fire safety requirements. It is of concern that the provider had not been proactive in addressing the risks to the premises until they were highlighted by other agencies.

Care plans would benefit from expansion to provide staff with more detailed information. For example, information on events that were likely to cause people anxiety and guidance for staff on how to provide support at these times. This could lead to people receiving inconsistent care.

People's risk in areas such as falls had not always been assessed. This meant that staff did not have a risk assessment that could inform, direct or guide them on how to minimise these risks.

The manager was new to the service. They had received some feedback, guidance and support in carrying out their role from the provider. People, staff and the management team told us that the provider was not visible in the service.

The review of records and care documentation evidenced there was poor oversight of the service, which was affecting aspects of the operation of the service. There were no formal auditing systems in place. We were not assured management were reviewing all incidents and identifying themes or learning to mitigate the risk of them happening again.

The manager was keen to learn from the inspection process and act on issues identified. Feedback from

people, a relative, staff and health and social care professionals were positive about the current management team. They felt changes to the service were now occurring. For example, changes to the premises, improved care records and communication and felt that, "morale has lifted". All stated that they felt able to approach the manager with any concerns about the service, or care and that they would be listened to.

People told us they felt safe and cared for. People were encouraged to report any concerns they may have about their welfare to the manager or senior staff.

People were encouraged to be involved in the interests and activities that they enjoyed and to maintain relationships which were important to them.

People and relatives were complimentary about the staff support and their skills. Comments from people included, "The staff are good people". A relative commented "All the staff are absolutely brilliant, the service they provide is wonderful, it's friendly, very helpful and pleasant, the way they interact with my mum is great as they have got to know her and they know how to manage her good days and her bad days now very well."

Staff told us they felt very supported by the new management team and had access to a range of training to support them in their roles.

Staff knew how to report and escalate any safeguarding concerns. People received their medicines safely.

People and relatives told us they felt that there were always sufficient staff on duty. The services recruitment practices were robust.

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's health conditions were well managed, and staff engaged with external healthcare professionals. Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being.

Concerns, raised by people, had been investigated thoroughly and a response provided to the complainant. From this the manager had reflected what learning could be taken from the concern raised and shared the findings with staff.

There was good communication within the staff team and staff shared information appropriately.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

The last rating for this service was good (published 16 December 2020).

Why we inspected

We received concerns in relation to staffing, leadership and management not listening to concerns raised. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and

well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waterloo House on our website at www.cqc.org.uk

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.

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 monitor the service and will take further action if needed.

We have found three breaches in relation to the premises, care records and the oversight and leadership of the service at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below

Requires Improvement ●

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 ●

Waterloo House

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 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 two inspectors

Waterloo House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about the care they received. We also spoke with six care staff, domestic and catering staff, deputy manager and manager. We reviewed a range of records. Including three people's care records, medication records, staffing information, the services training matrix and the services policies and procedures. We spoke via telephone with two care staff and a health and social care professional. We also received an email from staff about their experience of working at the service. We received three emails from health and social care professionals about their experience of working with the service. We also reviewed the various documents we had requested during the site visit.

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 good. At this inspection we have rated this key question requires improvement.

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.

Assessing risk, safety monitoring and management

- Some people sometimes found it difficult to express themselves or manage their emotions. This could lead to distressed behaviour which could put them, or others at risk. People's care plans did not always inform, direct or guide staff in the actions to take when people were becoming distressed and how to support them. The manager told us that some people in the service did not have a behavioural support plan. As staff had limited or no guidance when a person became anxious, this meant that there was no consistent understanding or approach in how to support people.
- People's risk in areas such as falls had not always been assessed. For example, a person was identified with mobility difficulties and no risk assessment was in place. This meant that staff did not have a risk assessment that could inform, direct or guide staff in how to minimise these risks.
- The service had a fire inspection and had been served an enforcement notice stating nine areas of non-compliance, which meant that the service was not meeting fire safety regulations and was not safe. The provider had responded to the fire enforcement notices and contractors were working at the property to make sure the physical environment complied with fire safety requirements. The manager told us further works, such as the installation of a new fire system was to be installed. These works remained in progress.
- We toured the environment and identified parts of the premises were in need of repair. The provider had no or limited environmental risk assessments and had not considered the level of risk of potential harm to people who use the service, staff and visitors. This is discussed further in the effective section of this report.

The provider had failed in that risks were either not assessed or ways to mitigate these risks were not in place. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe and cared for. People were encouraged to report any concerns they may have about their welfare to the manager or senior staff.

- Relatives said they were confident their family members were well cared for and were safe.
- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at regular staff meetings.
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them.
- There was a robust system to ensure that people's monies were accounted for.

Staffing and recruitment

- People told us they felt that there were sufficient staff on duty at all times. People told us, and we saw, staff responded in a timely manner when people called for assistance.
- Staff told us they felt staffing levels had 'improved' as they had more staff on at weekends than previously.
- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs.
- The service did not use agency staff. Staff absences were covered by existing staff and management. This meant people always received care and support from staff they knew and trusted.
- The services recruitment practices were safe and all necessary pre employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

Using medicines safely

- People received their medicines as prescribed by their doctor. Staff were competent in the safe management and administration of medicines. Staff completed relevant records following good practice. This meant where people needed support with their medicines, the support they received was delivered safely.
- A person administered their own medicines in order to develop confidence in their independent living skills. A risk assessment was completed and recorded how the person would like the team to support them to manage their medicines. This was reviewed weekly.
- People were asked where they would like to take their medicines; the medicine room, in the dining area or in their own bedrooms, and this was respected.
- Staff had completed medicines training and felt confident to administer medicines.
- Some people were prescribed medicines to be taken when required. People's care plans included specific protocols detailing the circumstances in which these medicines should be used.
- The provider had policies in place to guide and support staff with the management of medicines and a robust system in place to provide oversight of medicines management.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. Including testing and use of PPE.

Learning lessons when things go wrong

- The manager was new to post and wanted to learn from issues and incidents. There was no documentary evidence recording how the service reflected and learnt from issues and incidents when things went wrong. There was limited use of systems to record and report concerns. This is discussed in the well led section of this report.
- The service worked closely with other health and social care professionals in order to adapt and change the way people were supported if issues arose.

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 good. At this inspection we have rated this key question requires improvement.

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

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

- People, relatives, staff and health and social care professionals all commented on the poor environment. Staff said "We need a lot of stuff done. There has been limited updates in the last 15 years and it all needs doing now", "There's lots of work going on, it took so long to get anything done now it all needs doing at once", "The home is in dire need of TLC" and "Since [managers name] has come it feels like things are getting better with the environment. Jobs are now being done." A health and social care professional commented "The premises need a lot doing to it, but since [managers name] has come the home feels brighter. Changes are being made."
- We toured the environment and found large parts of the premises in need of repair, refurbishment and redecoration. For example, there were broken tiles, damp patches on walls, flooring needed replacing, rooms needed redecoration and furniture replaced. The internal premises were not attractive or safe to use.
- The garden was unkempt with tall weeds, uneven paving, broken garden furniture, and was not tidy with broken glass on the floor and lots of cigarette ends. Staff told us they were meant to sweep the area twice a day, but it did not happen. The garden area was not attractive or safe to use. This did not show respect to the people living at the service.
- The door leading out to the garden was a high risk for some people at the service. A person had fallen in this area the evening before and needed medical attention. The French style door only opened one half of the doorway as the other door was broken. This meant there was a small entrance to get in/out of the property, which was not sufficient for mobility aids to go through. On walking through the door there was a drop in level, and a grab rail that was not within reach, and was insecure. We witnessed a person on two occasions trying to use the door and was not able to use their mobility aid as it would not fit. We told the manager that this doorway presented a high risk of falls and action was needed to address this immediately. The next day the manager and maintenance contractor installed a temporary ramp and placed a new handrail to this area. We received photographs of the work completed and were reassured that the area had been made safer. However, the manager was aware that this was a temporary fix and a more permanent installation was needed.
- The maintenance contractor had a plan of works which was dated March 2021. Whilst it was appreciated that works were being undertaken from this plan, an up to date review of the environment and planned works needed to be completed in a timely manner.
- Due to the condition of the premises there was a current risk of harm to people, visitors and staff. The provider had not been proactive in addressing the risks to the premises until they were highlighted by other

agencies. For example, the fire issues were only addressed following the issue of the enforcement notice and only responded to the risk of the door since our inspection visit.

The provider had failed to ensure that the premises had been maintained to a safe standard and that surroundings promoted people's well-being. This was a breach of Regulation 15 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively.
- The need assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the service

Staff support, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- People and relatives were complimentary about the staff support and their skills. Comments from people included, "The staff are good people." A relative commented, "All the staff are absolutely brilliant, the service they provide is wonderful, it's friendly, very helpful and pleasant, the way they interact with my mum is great as they have got to know her and they know how to manage her good days and her bad days now very well."
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meeting's were held to enable staff to raise any issues and share ideas.
- Staff told us they felt very supported by the new management team and had access to a range of training to support them in their roles.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

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

- People were satisfied with the quality and quantity of food and drinks available. Comments included, "The food is good. We choose what we have" and "I make my own coffee when I want one."
- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Some people had specific guidelines in place to support them in this area. The cook was aware of people's individual dietary needs and catered for them. Staff were able to describe the support people needed and understood why this was important.
- People's weight was regularly checked to ensure that their health needs were monitored. Hot and cold drinks were served regularly throughout the day to prevent dehydration.
- There were records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration. Staff promptly raised issues in respect of people's dietary needs with relevant health professionals.

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

- People told us that staff contacted relevant health professionals for health check-ups and if they felt

unwell.

- Relatives felt that the provider was quick to identify any health issues and act appropriately.
- People's health conditions were well managed, and staff engaged with external healthcare professionals for example GP's, district nurses, community psychiatric nurses and speech and language therapists. A health care professional told us the manager was "Very open to suggestions and communicated well" with them.
- People were given information and support to encourage them to adopt a healthy lifestyle. Staff supported people to continue to mobilise independently.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently. A health care professional told us that when people had capacity staff recognised that it was the persons choice to make their own decisions, even if it might impact on their lifestyle.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

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 good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Prior to the inspection we had received some concerns from people about the service telling us their issues had not been heard. We reviewed the complaints folder and found that concerns raised by people had been investigated thoroughly and a response provided to the complainant and had been resolved. From this the manager had reflected what learning could be taken from the concern raised and shared the findings with staff. The manager implemented a monthly questionnaire for all people using the service to complete to encourage them to raise any issues so that they could be dealt with promptly.
- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People and relatives knew how to make complaints and told us they had no concerns at this time.

Planning personalised care

- People's care plans included information about their needs, routines and preferences. We discussed with the manager that the care plans were a good foundation in describing people's care needs. However, the care plans would benefit from providing additional information, direction and guidance to staff in how to meet a person's specific needs. For example, provide direction for staff in how to support a person when anxious.
- Care plans were reviewed and updated regularly with the involvement of the person and their relative. This meant staff had information which reflected people's current needs.
- Multi-disciplinary meetings were held to review the persons care and identify future goals.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.

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, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.
- Care plans detailed what support people might need to access and understand information, such as how to phrase sentences or what manner staff should use to ensure people understood.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People were encouraged to be involved in the interests and activities that they enjoyed. Staff described the impact of the COVID-19 pandemic on people's presence and participation in their communities. Some people were now returning to the local community club as it had reopened.

- People were supported to maintain relationships which were important to them, with friends and relatives. Some people had chosen to visit family during the inspection and had travelled to see them independently.

- Some people needed staff support when they went out and we saw this was available during the inspection.

- Planned activities were on display for people to attend if they wished. These included baking, quizzes, puzzles, watching films, going out to local amenities and trips.

- Due to the health needs of some people they spent their time in their room or in bed. Staff checked on people's welfare and held conversations with them.

Does the service provide end of life care?

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.

- When people were receiving end of life treatment an advanced care plan was developed with the involvement of the person, any one important to them and relevant health and social care professionals. This ensured the persons preferences and wishes would be understood and respected.

- There were positive links with external professionals, such as GPs and community nurses to support care at this time.

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 good. At this inspection we have rated this key question 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; Continuous learning and improving care

- There was no registered manager in post. The current manager commenced their post four months ago. They had not submitted their application to be the registered manager for the service and were considering this.
- The previous registered manager left the service and did not provide the current manager with a full induction to the service. From reviewing the manager's personal file, it was evident that the induction they completed was for a support worker position and it did not cover the role and responsibilities of a manager's position. The manager had not had a probationary review or supervision sessions with the provider. The manager had received some feedback or guidance or support in carrying out their role from the provider.
- People, staff and the management team told us that the provider was not visible in the service. Comments included, "If the owner came in, I wouldn't recognise him, I've never spoken to him and I've worked here for over 18 months". Others said that the provider was 'distant' and was 'not interested in the place.'
- The review of records and care documentation evidenced there was poor oversight of the service which was affecting aspects of the operations of the service. For example, staff did not consistently record where people displayed behaviours that challenged. Therefore, we were not assured management were reviewing all incidents and identifying themes or learning to mitigate the risk of them happening again.
- The provider's systems and processes had not identified that daily care records were not sufficiently detailed and did not always accurately report on the care and support provided by staff. For example, a daily log stated a person had eaten their meal when they were not at the service all day, another stated the person had eaten three main meals on the same day.
- The manager acknowledged there was no formal auditing systems in place. The manager was sending weekly emails to the provider to update them about the service. However, there was no formal quality assurance process in place to have an overview of the service, identify where improvements were needed or have an action plan about how this would be addressed. For example, the provider's systems and processes had not identified the lack of risk assessments or the issues with the environment, or the issues with fire regulations.
- The manager had not informed CQC of notifiable incidents in line with the regulations. This was discussed with the manager and following the inspection notifiable incidents were reported to us and how they would

learn from them.

The provider's governance systems were either not in place or robust enough to identify issues and make improvements to the service people received. The providers systems and processes had not identified the lack of risks assessments or the issues with the environment, or the issues with fire regulations.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was keen to learn from the inspection process and act on issues identified. For example, the manager promptly acted on feedback from the inspection to ensure that people were not placed at unnecessary risk and installed a temporary ramp so that people could access the garden safely and updated risk assessments in this area.
- Feedback from people, a relative and staff were positive about the current management team. They felt changes to the service were now occurring, for example changes to the premises, improved care records and communication and felt that "morale has lifted." All stated that they felt able to approach the manager with any concerns about the service, or their care and that they would be listened to.

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

- We received positive feedback in relation to the care and support people received. People commented, "[staff member's name] is a diamond, I must admit all the staff here are really good. They are looking after me but [staff member's name], I would put my life in his hands. I trust him 100%" and "It is a good place to live."
- Relatives were complimentary of the service and told us that the manager and staff communicated well with them and knew their family member well. Comments included, "I cannot at this time say anything negative about them. Great Job."
- Feedback from health and social care professionals was also positive in respect of the manager and staff. Comments included, "[Manager] is efficient, calm, measured, has great communication skills, and most importantly has the interests and welfare of the residents at the heart of what [they] do. This positive culture has filtered down throughout the staff."
- Staff were motivated and fully focused on ensuring people's needs were met. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.

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

- People, and relatives were asked for their views of the service through questionnaires and informal conversations with the manager and staff. The manager had also reintroduced resident's meetings so that people could share their views on how the service was run. People and relatives told us communication was "good".
- Staff team meetings were held and provided opportunities for staff and the management team to discuss any issues or proposed changes within the service.
- Managers and staff understood equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by the provider.

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

- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they

were confident concerns would be listened to and acted on.

- The provider took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

Working in partnership with others

- The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed in that risks were either not assessed or ways to mitigate these risks were not in place. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure that the premises had been maintained to a safe standard and that surroundings promoted people's well-being. This was a breach of Regulation 15 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance systems were either not in place or robust enough to identify issues and make improvements to the service people received. The providers systems and processes had not identified the lack of risks assessments or the issues with the environment, or the issues with fire regulations. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act</p>

