

Silver Healthcare Limited

Leahurst Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Leahyrst Care Home is a residential care home providing personal and nursing care for up to 41 people aged 65 and over, some of whom are living with dementia. At the time of inspection 33 people were living at the home.

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

Risks to people's care were not always managed safely, however, systems to assess and manage risks had improved since the last inspection. Infection prevention and control measures were in place but were not being followed. The manager took immediate action to address concerns on the day. This was followed up by the provider. People told us they felt safe and relatives told us they thought their relations were safe in the home. Medicines were managed safely. Accident and incidents were analysed to check for themes and reduce the risk of reoccurrence.

The provider had taken steps to address issues raised at the last inspection to ensure people's nutritional needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were aware of people's individual communication needs and respected their wishes and preferences. People's mental capacity and decisions made in their best interests were mostly well recorded. Training was mostly up to date and staff felt well supported.

Staff were kind, patient and caring with the people they supported. However, some of the staff approaches were not always person centred. People were treated with respect and their independence was encouraged. Staff knew the people they supported and how they liked to be cared for. Feedback from relatives about staff's caring manner and approach was very positive.

There was a new enthusiastic activities coordinator in place who planned activities for people specific to people's interests. Work was in progress to ensure care records were fully reflective of people's needs. There had been no complaints since the last inspection. People's relatives were confident the manager and the provider would deal with any matters of concern without delay.

Systems and processes with which to monitor the quality of the provision were beginning to be established and embedded however, we found concerns in relation to governance. Changes had been made to the management of the service since the last inspection. The manager was developing the culture and communication in the home through the involvement and development of staff. Staff were positive about the manager and changes that had taken place. Improvements had taken place in some key areas, such as redecoration and the replacement of floor coverings.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 13 March 2020) and there were multiple breaches of regulation across all domains. The service has been in special measures since March 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 we found improvements had been made, however the provider was still in breach of the regulations. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

Why we inspected

This was a planned inspection based on the previous rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care homes even if no concerns of risks have been identified. This is to provide assurance that the service can respond to coronavirus 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 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 the safety of the care delivered to people.

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 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Leahyrst Care Home

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 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 conducted by two inspectors, one medicines specialist 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. For the purpose of this inspection, that experience was in caring for people with dementia.

Service and service type

Leahyrst Care 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. There was a manager in post, they were in the process of applying for registration.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we have changed the way we inspect due to Covid-19 and needed to check with the manager what information we could review electronically and what we would need to look at on site.

Inspection activity started on the 16 December and ended on the 21 December 2020. We visited the care home on the 17 December 2020.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider 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 this information to plan our inspection.

During the inspection-

We spoke with seven members of the team including the manager, one senior care staff, two care staff, one domestic, one cook and the activities coordinator. We spoke with three people who used the service and five relatives over the phone. We reviewed a range of records. This included four people's full care records and sampled care records for three other people and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and for updates on the immediate actions we asked the provider to take.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate safety was effectively managed. This was a breach of Regulation 12 (Safe Care and Treatment), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach.
Assessing risk, safety monitoring and management.

- Not all risks to people's safety and welfare were assessed appropriately.
- Some individuals had specific health concerns or behaviours that can be challenging to others, however, there were no risk assessment or care plans in place to provide guidance on how to manage these risks.
- One person was prescribed a thickener for drinks as they could no longer swallow normal fluids safely. However, the amount that should be used changed depending on the scoop sent by the pharmacist. This was not recorded on the medication administration record (MAR) or in the person's risk assessment or care plan.
- There was a nutritional needs folder in place to inform staff of people's requirements. However, the information recorded was different to the care plan, which placed the person at risk. In one person's care plan the information differed to what was recorded on the nutrition assessment.
- The Personal Emergency Evacuation Plan folder had not been updated with the recent occupancy; it didn't include new residents but included people who were in hospital.

We found no evidence that people had been harmed, however, accurate, complete and contemporaneous records were not always kept. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during and after the inspection. They confirmed all the actions were now completed.

Preventing and controlling infection

- The home was not following infection prevention and control guidelines to ensure people's safety.
- We were not assured staff were using PPE effectively and safely to safeguard people using the service. Staff were observed not to be wearing PPE and not following good hand hygiene practices when putting on/taking off PPE.

- Staff were observed not to following social distancing guidelines during the handover period.
- Staff were observed not to be wearing a surgical mask whilst delivering personal care.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate risks to health and safety were managed safely. 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.

The manager took immediate action in relation to the concerns we identified. The provider responded immediately after the inspection by visiting the service and confirming the actions implemented by the manager were still in place. We have also signposted the provider to resources to develop their approach.

- The home had no unpleasant odours and there were systems in place to ensure continuous cleaning had been carried out.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes were operating effectively to prevent the abuse of service users. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had appropriate systems in place to safeguard people from abuse. People told us the service was safe. Comments included, "Oh yes (safe), they are wonderful carers, they help me", "Yes, absolutely, they are always here on call, if you buzz them they come" and "I do feel safe. They always check you late at night, when you are sleeping."
- Relatives told us, "Yes safe, one of the carers has been sending photos. They have sent quite a few. It gives me some reassurance, it's the little things you can see, like they have done her hair." "Absolutely safe, from the start of the lockdown. Before the official lockdown, they anticipated it and they have not had any cases of Covid." "Yes, really, really, really happy, [Relative] has not been in hospital since they have been there. [Relative] has put weight on and seems to be thriving."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident any safeguarding concerns would be dealt with appropriately. However, we noted that some staff safeguarding training had not been refreshed. The manager had identified this, and training was planned.
- The manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably qualified staff to ensure people's safety. This was a breach of Regulation 18 (Staffing), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were enough staff to ensure people received safe care. Staffing levels were reviewed on a regular basis.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Using medicines safely

At our last inspection the provider had failed to ensure there were robust systems in place to demonstrate medicines was effectively managed. This was a breach of Regulation 12 (Safe care and Treatment), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- Medicines were overall managed safely. One person who had recently moved into the home had a handwritten medication administration record (MAR) in place. The person had been prescribed nutritional supplements, however, these were not recorded on the MAR. Other records demonstrated the person was receiving the supplements.
- People received their medicines as prescribed. There were systems in place to ensure the safe management and supply of medicines were effective and did not place people at the risk of harm.
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked annually. Records showed staff were up to date with medicines training.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care;

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate people's nutritional needs were effectively managed. This was a breach of Regulation 12 (Safe Care and Treatment), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's nutritional and hydration needs were met. Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.
- Where people needed their food and fluid intake monitored, we saw staff kept records. However, the charts were not totalled daily to demonstrate people were receiving the correct levels of fluid. Where people had been offered nutritional supplements, this wasn't recorded on the charts. There were no records to demonstrate charts had been audited. We discussed this with the manager during the inspection, they assured us this would be addressed.
- People told us, "The food is nice, I can eat in my room." Relatives told us, "They get plenty of food, it is of reasonable standard" and "[Relative] is thriving and they have put weight on".
- The service worked with other agencies and professionals to ensure people received effective care. One visiting professional told us, "We visit daily and do not find any issues. The staff are caring and good at getting health professional input, pressure care is good, we have no concerns."
- Relatives told us, "They rang me a few week ago, [Relative] had a concern. They had ordered some equipment for this. When they ring me, they tell me what's happened and what they have done to address this."
- Where people required support from other professionals this was provided, and staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support, training and

professional development, to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 (Staffing), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they were provided with training. Staff were trained to be able to provide effective care. The training matrix showed some staff training was out of date. The manager explained there was a plan in place to bring staff up to date.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The induction covered topics such as moving and handling, safeguarding, whistleblowing and person-centred care. However, through observations of some staff they had limited understand of what person-centred care meant.
- We saw the manager had implemented regular supervision and appraisal to ensure staff performance and practice was monitored and supported, which staff told us they found useful. One staff member told us, "This (supervision) has been better since [Manager] came, we've all had them. We are all really happy."

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

At our last inspection the provider was not compliant with the requirements of the MCA. This was a breach of Regulation 11 (Consent to Care), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- The service ensured people's capacity to make decisions was assessed when needed and relevant people were involved in making best interest decisions.
- One person had conditions on their DoLS to offer regular interactions and activities in the community. The conditions had not been added into the persons care plan. Through discussion with the manager they understood the need to include any conditions in the care planning process to demonstrate they had been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- Assessments of people's needs were completed, outcomes were identified, and care and support regularly reviewed. Care plans were being developed to include more personalised information.
 - The manager told us they were taking steps to improve the culture in the service, so care delivery was based around people's needs rather than tasks and routines to be done.
 - Care records showed health and social care professionals were involved in people's care and support and appropriate referrals were made.
 - Relatives told us their family members' healthcare was supported well. One relative told us, "They have good relations with the GP surgery, which is next door to the home, their relationship is first class.
- Adapting service, design, decoration to meet people's needs
- The home had undergone recent refurbishment, the home had been redecorated and new flooring purchased.
 - General redecoration and refurbishment was on-going to make sure people were provided with a nice environment.
 - Specialist equipment was available when needed to deliver better care and support.

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 remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received good care and support from staff. Comments included, "They ask me if I am alright about four times a day. They are getting to be like friends, that includes the domestics, kitchen and laundry staff. It is really good, I can't grumble" and "They are very nice and always check on me."
- Relatives told us, "I think they are very caring, and empathy is the biggest compliment. They treat [Relative] nicely with compassion, I didn't see any problems when I was there," and "We have seen examples of that (caring), when we have been with [Relative]. They say are you alright love and they talk to [Relative]. They have settled so quickly. It's the way they talk to [Relative], it's very warm. I've never heard anything that makes me concerned."
- We observed some positive interactions between people and staff; however, most staff were very task centred. We observed a staff member assisting a person to have their meal. The staff member left them for 20 minutes. Another staff member then came and continued to assist the person to finish their meal which was cold.
- Staff we spoke with were positive about their role.
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.

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

- When people had expressed their views about their preferences these were not always respected. We observed two separate mealtimes where people wanted to sit in a place of their choice but were directed to sit elsewhere by staff. We observed one staff member say to a person, "You're making this very difficult for me."
- People were supported to express their views and to be involved in making decisions about their care and support, as far as possible. One staff member told us, "I speak to the residents and involve them and show them things to help them make a choice. For example, I will get various outfits out for them each day so they can point to which one they prefer."
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to be as independent as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence.

- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.
- One relative told us, "[Relative] used to always take care of her appearance. In the home, they are taking time out to look after [Relative's] appearance. It does say a lot about the care. They talk to the residents with respect."

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 inadequate. At this inspection this key question has now improved to requires improvement. 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; 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

At our last inspection care was not always designed or delivered in a way that met people's needs and preferences. This was a breach of Regulation 9 (Person Centred Care), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach.

- The manager had taken steps to ensure people received person-centred care, rather than their care being centred around the necessary tasks of the day. However, the mealtime routines were still institutionalised. We observed people being told it was too early to go in the dining room and moved into a lounge to wait.
- People had an individualised plan of their care, drawn up with them and other professionals where appropriate, based on an assessment of their needs. Plans were reviewed regularly, however the reviews were not always effective. For example, where there had been changes recorded in people's care documents this wasn't reflected in the reviews. We discussed this with the manager who was aware of this and working with staff to improve.
- One relative told us, "There is a care plan in place that is visited annually. I have gone in a few times to make sure it is up to date."
- People's care plans were detailed and contained information about people's likes, dislikes, specific needs, their personal preferences, and how staff should best support them to live happy, contented lives. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- The home had recently recruited an activities coordinator who was in the process of creating activity plans based on people's interests. People engaged in activities which were planned and supported by the activity coordinator, who was enthusiastic in their approach. Some people were happy to join in, for people who didn't like to be with others the coordinator would spend time with them on a one to one basis.
- People told us they had regular contact with their family.
- Relatives told us social isolation was a concern for their family members due to the Covid-19 pandemic but said there had been good communication from the home so they had managed to maintain contact. One relative told us, "They did a lovely birthday party. They have put pictures on their Face Book page, I feel I can be in touch with [Relative]."

Improving care quality in response to complaints or concerns

At our last inspection the provider did not have effective systems in place to monitor and improve the quality and safety of the services provided, including the records of any complaints or concerns raised. This was a breach of Regulation 17 (Good Governance), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- No complaints had been received, however, there was a system in place to manage them.
- Relatives were confident complaints and concerns would be responded to without delay. One relative said, "I have a good relationship with [Manager] I would speak to them."

End of life care and support

At our last inspection we found care was not always designed or delivered in a way that met people's needs and preferences at the end of their lives. This was a breach of Regulation 9 (Person centred care), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The manager informed us they were currently providing care for one person at the end of life. The person's file contained information in relation to involvement from other services. A visiting professional told us staff were caring and they had no concerns in relation to the care the person was receiving.
- The service had not explored all people's preferences and choices in relation to end of life care in case a sudden death may occur. We discussed this with the manager, who informed us they are currently working with other services to develop personalised end of life plans.

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.

- The manager understood their responsibility to ensure people were given information in ways meaningful to them.
- The manager said work was continuing in this area. Pictorial menus were available to support people living with dementia to make choices about their meals.

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 inadequate. At this inspection this key question has now improved to 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; 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; Continuous learning and improving care

At our last inspection the provider did not have effective governance systems in place to ensure people receive safe and consistent care to meet their needs. This was a breach of Regulation 17 (Good Governance), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- Action plans and audits were beginning to be established and showed matters which had been identified and completed or planned to be addressed, along with timescales and signatures. However, these hadn't always been effective, due to not identifying all of the concerns we found and more time was required for them to become fully embedded and effective.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This was a breach of regulation 17 Good governance, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Accountability arrangements were clear. A new manager had been appointed to take responsibility for the running of Leahyrst Care Home and had a clear vision for the priorities to drive improvement. They were supported by deputy managers and administrative staff, who had a lot of knowledge and experience of managing the home. The manager was in the process of completing her application to become registered.
- The manager was developing ways to involve, include and empower staff in their roles. Systems and processes for assessing and monitoring the quality and safety of the service delivery were in place and being developed further.
- Staff told us they felt supported and valued in their work and confident to seek support and advice from the management team. Staff felt the provider was making positive changes in the quality of the service. One staff member told us, "The dealings I had with the manager have been outstanding. They have given me help and reassurance."

- The manager told us they were working hard to improve the culture in the home, and they were committed to ensuring the right attitudes, values and behaviours were embedded in practice.
- The manager was open and transparent with the inspection process, with realistic expectations of improvements being made. The manager was aware of their responsibilities under the duty of candour.
- The provider told us they had worked hard to address the concerns raised at the last inspection and was committed to ensuring the improvements were sustained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager was visible in the service and spent time speaking with people and staff and visiting professionals. Where visits were limited due to the Covid-19 pandemic, communication was carried out virtually.
- Relatives told us, "There is a new permanent manager. I have not met them, but I did get a letter saying they had been employed, it was a welcoming letter saying looking forward to meeting you".
- Staff morale and feedback about management was positive. Staff told us they felt supported. Incentives, such as carer of the year were available to motivate staff and recognise their contribution. One staff member told us, "[Manager] has improved so much, the home has been redecorated, it feels better. There is a positive atmosphere. [Manager] has made us a lot happier".
- One relative told us, "They send me a questionnaire every year" however, another relative told us they had not received any questionnaires. Systems for obtaining meaningful feedback were being further developed.
- There was evidence of partnership working with other professionals, such as the pharmacy and community healthcare teams, as well as the local authority.

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 12 HSCA RA Regulations 2014 Safe care and treatment Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. 12 - 2 (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided 17.2. (b) (c)